

TENNESSEE HOSPITAL ASSOCIATION

# 2019 ANNUAL REPORT



TENNESSEE HOSPITAL ASSOCIATION



# CHAIRMAN'S REPORT



**WRIGHT PINSON, M.D.**  
Chief Executive Officer  
Vanderbilt Health  
System  
Nashville, TN

It has been an honor to serve as chairman of the THA Board of Directors this year.

THA had a very busy and successful year. Always a key legislative initiative for THA, the hospital assessment legislation approved a slight rate increase from past years to address changes in the state's federal match rate for items covered by the assessment. With the new rate of 4.87 percent, the assessment will provide \$602 million in state funding, for a total of \$1.7 billion for TennCare.

Our work resulted in \$144 million in additional supplemental pool payments to hospitals to further offset unreimbursed and uncompensated care losses.

THA also supported legislation to update the Tennessee Nurse Practice Act. This bill addressed issues cited by the Centers for Medicare & Medicaid Services (CMS) in hospital emergency departments related to the Emergency Medical Treatment and Active Labor Act (EMTALA).

On certificate of need (CON), numerous bills were filed last session. There was support in both the House and Senate for CON reform. After THA agreed to work with legislators on a reform strategy over the summer, action on all CON bills was deferred. THA has worked with its members and the Board throughout the summer and fall to develop THA's position and recommendations for CON reform, which will guide the Association's work on the issue in 2020.

At the federal level, we supported changes made to the Medicare area wage index through federal rulemaking after advocating for this reform for nearly three decades. These changes will ensure hospitals in Tennessee are more equitably reimbursed, especially those in rural areas.

We also worked with the congressional delegation to temporarily delay cuts to Medicaid DSH payments and provided feedback on legislative proposals to address surprise billing practices. Both of these issues remain active topics of discussion in Washington requiring continued THA engagement.

The Tennessee Center for Patient Safety continued its efforts to improve quality and patient safety in hospitals across the state. In the past year, the center has focused on health equity, launched a statewide MRSA campaign to reduce infections in hospitals, implemented a six-month Opioid Light Emergency Department pilot with 30 hospitals, and worked with 42 hospitals to reduce sepsis in hospitals.

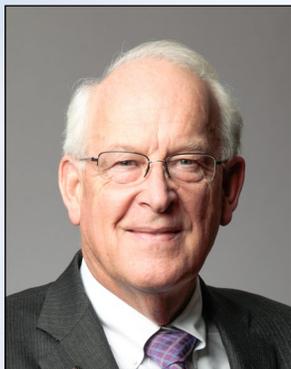
The Association partnered with the state and the Tennessee College of Emergency Physicians to develop a report on hospital emergency department boarding of patients with mental health needs. It will be used to help improve the mental health delivery system in Tennessee. The report highlighted the need for increases in TennCare payments to inpatient psychiatric providers to allow them to care for sicker, special needs patients. It also pointed to crisis units and walk-in centers as viable alternatives to hospital emergency rooms. Through a partnership with the state, a group of Tennessee recovery navigators, which are certified peer recovery specialists, were deployed to 29 hospitals in 16 counties. To date, more than 800 people have benefited from this program.

Finally, this year we conducted a search for the new President and CEO of THA. Over 30 people applied for the job. The Search Committee interviewed six candidates. The committee unanimously voted to select Wendy Long, M.D., as the next President and CEO of THA.

I would like to thank Craig Becker and the THA staff for the outstanding work they do on behalf of the members. We wish Craig the very best in his retirement, and thank him for making it one of the premiere organizations in the country.

Thank you again for allowing me to serve as THA chairman this year.

# OUTGOING PRESIDENT'S REPORT



**CRAIG BECKER**

President/CEO  
Tennessee Hospital  
Association  
Brentwood, TN

THA had a very successful legislative session this year, which is discussed in detail in the chairman's report of Wright Pinson, M.D.

The Association worked with the Centers for Medicare & Medicaid Services (CMS) and Tennessee's congressional delegation to make significant changes to the Medicare hospital area wage index. These changes will ensure hospitals are more equitably reimbursed, especially in rural areas. Tennessee has been at a disadvantage in this program for many years, and I am very happy we have made significant progress on this important issue. I encourage you to thank your congressional representatives for their support when you see them.

In the area of rural health, THA worked with the Tennessee delegation on legislation to reduce barriers to telemedicine, improve broadband investment, increase healthcare workforce assistance and extend funding for rural clinics.

We also worked with the state and the Tennessee Suicide Prevention Network to develop a toolkit of resources for hospitals to use to help patients at risk of suicide.

In addition, we worked with the state, the Tennessee Sheriff's Association and other stakeholders to develop a new transportation system for mental health patients. It is designed to decrease the mental health stigma, provide a safer and more humane transport and relieve the state's law enforcement officers of transporting people who are not criminals.

The Tennessee Center for Patient Safety placed a great emphasis on workplace safety and preventing violence and injuries related to the handling of patients. We sponsored and conducted several programs on this important issue this year.

THA also continued its statewide hospital awareness campaign to bolster conversations about healthcare and tell the great stories of hospitals serving their communities in a variety of ways. Its focus included National Hospital Week, the area wage index, sepsis and MRSA.

Earlier this year, THA Solutions Group changed its name to the THA Center for Innovative Solutions and continues to provide programs and services for members. Its current portfolio consists of 23 programs that focus on innovative workforce, financial, operational and data solutions, and we encourage you to take advantage of these programs.

I would like to thank James Ross, THA's chair-elect, for his leadership and commitment as the 2019 chair of *Friends of THA*, the association's political action committee. He has raised more than \$153,000, which exceeded the \$125,000 campaign goal.

Last year, I talked about the pending retirement of Mary Layne Van Cleave, THA's executive vice president and chief operating officer. Due to various circumstances, that did not happen but she assures me she will definitely retire this year. Her contributions to THA and our members are far too many to count, but we are grateful for her 23 years of service to this organization and Tennessee hospitals. She will definitely be missed by so many people.

I would like to thank Wright Pinson for serving as chairman this year. His commitment and leadership were greatly appreciated.

I also would like to thank the THA board and the entire membership for their support for the past 26 years. I encourage you to welcome new THA President and CEO Wendy Long, M.D., to the Association family. She is the right choice and will do a great job.

# NEW PRESIDENT'S REPORT



**WENDY LONG, M.D.**

President/CEO  
Tennessee Hospital  
Association  
Brentwood, TN

I am incredibly honored to have been selected to serve as president and CEO of the Tennessee Hospital Association (THA) and to have the opportunity to lead an organization with which I have had the pleasure of collaborating for many years.

As many of you know, I spent the majority of the last 15 years as the deputy director and, more recently, as the director of TennCare. In those roles, I had the opportunity and challenge to work with a wide array of stakeholders, including multiple associations.

THA was, hands down, the most effective advocate and the most respected partner among that group of organizations. I attribute that strong effectiveness to three things:

- The strength that comes from the diversity and comprehensiveness of THA's membership
- The exceptional team of talented and dedicated staff at THA
- The willingness of members to get involved, whether serving on the THA Board of Directors, councils or committees, engaging in statewide quality initiatives or interacting with local leaders and legislators regarding issues that affect all hospitals

THA's success is a testament to the fact that hospitals recognize they have far more goals in common than there are issues that divide us and by working together, we can achieve far more than the sum of our individual efforts.

I could not think of a better way to have started my tenure at THA than at this year's Annual Meeting, where I had the opportunity to meet so many members. There are many challenges that lie ahead and in true THA fashion, we will face these issues head on and work together on solutions that best serve patients and ensure continued viability for Tennessee's hospitals.

I look forward to the years ahead.



ADVOCACY



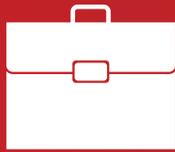
INFORMATION AND TECHNOLOGY



QUALITY AND PATIENT SAFETY



EDUCATION



PRODUCTS AND SERVICES



SERVING AS A NEUTRAL FORUM

# THE WORK OF THE TENNESSEE HOSPITAL ASSOCIATION (THA) IS BASED ON THE SIX PILLARS OF THE ASSOCIATION:

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 2019.

# STATE ADVOCACY

This year's legislative session included a number of bills of importance to hospitals, including those on THA's legislative agenda. It also included working with a new governor, 32 new legislators and new leadership in the House of Representatives.

Throughout the session, THA secured positive outcomes for its agenda. This included passage of the annual hospital assessment, a clean-up to previous legislation concerning out-of-network notices and a much-needed update to the Nurse Practice Act, as well as delay of action on reform of the state's certificate of need (CON) program.

THA also continued to work with TennCare on innovative solutions to help the agency and hospitals continue to provide the best care to their communities.

## HOSPITAL ASSESSMENT

The Annual Hospital Coverage Assessment Act of 2019 established the rate for the FY 2020 hospital assessment at 4.87 percent of a hospital's net patient revenue from its 2016 Medicare cost report. This is a slight increase from past years, which was needed to address increases in costs for items covered by the assessment, as well as changes in the state's federal match rate.

The assessment generates roughly \$602 million in state funding for the TennCare program for a total of more than \$1.7 billion with federal matching funds. This funding keeps in place several benefits for enrollees, including physical, speech and occupational therapies, and avoids steep reimbursement cuts to hospitals and physicians.

This year's assessment included state funding for an additional \$144 million in supplemental pool payments for hospitals to help further offset unreimbursed and uncompensated care losses.

*Enacted as [Public Chapter 434](#). Effective dates of May 22, 2019, and June 30, 2019.*

# STATE ADVOCACY

## CERTIFICATE OF NEED

Certificate of need (CON) emerged as a top legislative issue in 2019, with numerous bills introduced that sought to eliminate specific requirements for freestanding emergency departments, home health agencies and nursing homes, among other categories. In addition, legislation was filed to ultimately eliminate Tennessee's CON program altogether.

THA focused conversations with legislators on the factors that prevent healthcare from being a free market, such as the industry's disproportionate amount of government reimbursement through Medicare and Medicaid, as well as the uneven playing field that exists between hospitals and other providers.

These efforts steadily shifted conversations about CON from talk of full or near-repeal of the law to an effort to reform the program to allow for some free market approaches to be introduced.

Action on all CON bills was deferred in the 2019 session, though a study committee was appointed. THA committed to working with the committee on this important task, using the Association's standing CON Workgroup and Board of Directors' recommendations for reform.

## TENNCARE BLOCK GRANT

Governor Bill Lee submitted an amendment to the existing TennCare II waiver to obtain a block grant to the Centers for Medicare & Medicaid Services (CMS), as required by legislation passed this year. The proposal covers TennCare's core medical services provided to the core beneficiaries, while excluding portions of the program, such as pharmacy cost, administrative cost, funds that go to the Tennessee

Department of Children's Services and Tennessee Department of Intellectual and Developmental Disabilities, and uncompensated care payments to hospitals.

Any negotiated agreement between the federal government and the state must be approved by a joint resolution of the General Assembly.

THA and its member hospitals participated in public hearings and other meetings on the proposed block grant and submitted comments requesting certain changes to address hospital concerns and asking for another comment period after negotiations with CMS conclude. THA also conducted member-only webinars on the proposal.

*Enacted as [Public Chapter 0481](#). Effective May 24, 2019.*

## CLARIFYING TENNESSEE'S NURSE PRACTICE ACT

THA brought legislation to update Tennessee's Nurse Practice Act to address deficiencies cited in hospital emergency departments by the Centers for Medicare & Medicaid Services (CMS) related to the Emergency Medical Treatment and Labor Act (EMTALA).

As passed, the bill affirms that patient assessments performed by a registered nurse (RN) to determine if an emergency medical condition exists do not constitute a diagnosis and, therefore, do not violate the Nurse Practice Act. This update to the law ensures continued collaboration between nurses and physicians in emergency situations to appropriately care for patients and avoid confusion in the law.

*Enacted as [Public Chapter 0012](#). Effective March 20, 2019.*

# STATE ADVOCACY

## OUT-OF-NETWORK NOTIFICATION

Legislation was enacted in 2018 that updated required hospital notices to patients relative to out-of-network services. With the support of THA, legislation passed this year to clarify and improve those notice requirements. The updated law continues to only apply to commercial insurance assignment of benefits for healthcare facilities licensed by the Tennessee Department of Health under Title 68.

Enacted as [Public Chapter 0239](#). Effective April 30, 2019.

## MENTAL HEALTH TRANSPORTATION

This legislation created a grant program through the Tennessee Department of Finance and Administration, in consultation with the Tennessee Department of Mental Health and Substance Abuse Services and TennCare, to assist sheriffs in their required emergency mental health transport of persons to a hospital or treatment resource. It authorizes a sheriff to contract with one or more third parties or other law enforcement agencies to transport persons to a hospital or treatment resource.

Enacted as [Public Chapter 512](#). Effective on June 3, 2019, and July 1, 2021.



The 2019 *Friends of THA* fundraising campaign surpassed its \$125,000 goal, bringing in more than \$153,000 to support candidates for state offices. This year's fundraising efforts were led by James Ross, president and CEO, West Tennessee Healthcare, Jackson, who also served as THA's chairman-elect.



# FEDERAL ADVOCACY

The first session of the 116th Congress welcomed several new members of the Tennessee congressional delegation: Former U.S. Rep. Marsha Blackburn became the new junior senator from Tennessee and Reps. Tim Burchett (R-TN), Mark Green (R-TN) and John Rose (R-TN) joined the Tennessee House delegation.

The federal legislative year began with the longest government shutdown in history, ending after 34 days on Jan. 24. Congress quickly moved beyond the slow start to a very busy spring and summer, and THA worked closely with the Tennessee congressional delegation on a range of issues important to hospitals. These items include the following:

## **MEDICARE AREA WAGE INDEX INCREASE**

It has long been a priority for THA to obtain, through legislation and regulation, greater equity in the Medicare area wage index (AWI) reimbursement for Tennessee hospitals, which have some of the lowest AWIs in the nation. This year, the effort accelerated with numerous meetings at the White House and with top officials at the U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS), during which solutions to the AWI issue were presented. In the FY 2020 Medicare inpatient prospective payment system (IPPS) final rule, CMS finalized a change to increase the AWI for hospitals below the 25th percentile for at least the next four years. This success was a long and hard-fought victory for Tennessee hospitals.

# FEDERAL ADVOCACY

## MEDICAID DSH CUTS DELAY

A bipartisan letter was sent to House leadership with more than 300 signatures urging action to delay the FY 2020 scheduled Medicaid disproportionate share hospital (DSH) cuts. U.S. Reps. Tim Burchett (R-TN), Steve Cohen (D-TN), Jim Cooper (D-TN), Chuck Fleischmann (R-TN), David Kustoff (R-TN), John Rose (R-TN) and Phil Roe (R-TN) co-signed the letter. The Senate Committee on Health, Education, Labor and Pensions (HELP) and House Energy and Commerce Committee passed separate bills to prevent the scheduled Medicaid DSH cuts.

President Donald Trump signed a spending package in late December 2019 that delayed the Medicaid DSH cuts until May 22, 2020, and THA will continue to work with the delegation to get that delayed for another two years. While Tennessee does not receive full Medicaid DSH payment through the regular statute, this effort avoids reductions to the state's virtual DSH and bolsters efforts towards a long-term solution.

## SURPRISE BILLING

Out-of-network or surprise billing proposals continued to receive consideration, with action already taken by the Senate HELP and House Energy and Commerce Committees. THA communicated its support for legislation that meets the following goals: 1) protects patients from surprise bills so no patients would be required to pay more for care than they would have if the service had been rendered in-network; and 2) ensures a fair and equitable reimbursement structure

is created that does not diminish the incentive for payers to negotiate fair rates or encourage providers to leave a health plan's network.

## RURAL HEALTHCARE

THA worked with the Tennessee delegation on legislation to reduce barriers to telemedicine, improve broadband investment, increase healthcare workforce assistance and extend funding for rural clinics. Several of these and other key bills were passed through the Senate HELP committee with Sen. Lamar Alexander's (R-TN) leadership and support. THA also thanked Sen. Marsha Blackburn (R-TN) for her rural health legislation, which would reduce barriers to telemedicine, increase loan forgiveness for rural health practitioners and provide funding for rural urgent care clinics.

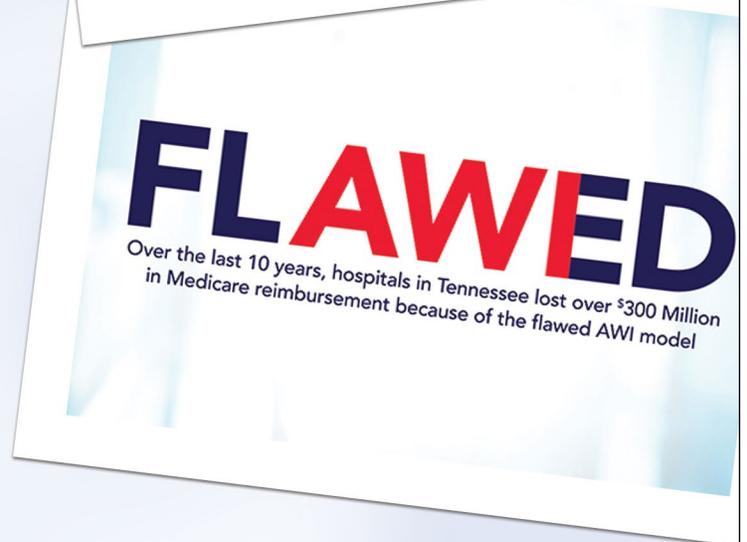
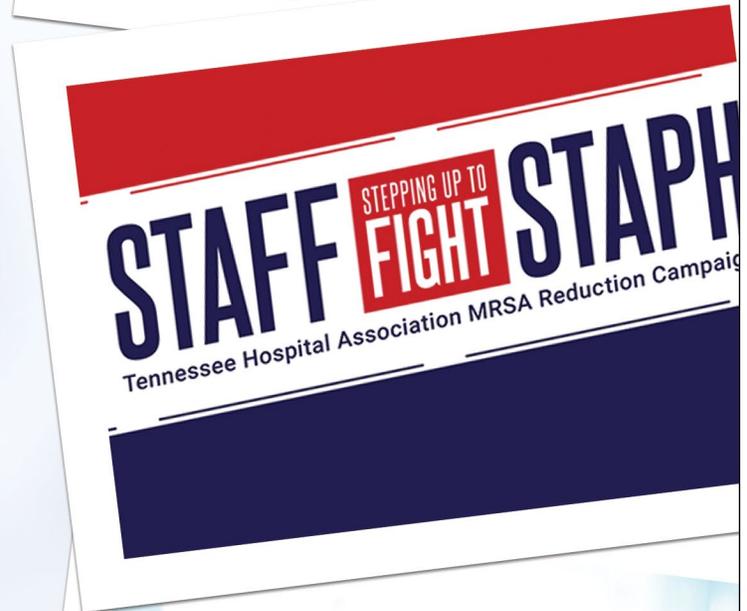
## ANALYSES, BRIEFS AND COMMENT LETTERS

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

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



# NEUTRAL FORUM



THA continued its statewide hospital awareness campaigns to bolster positive conversations about healthcare and tell the great stories of hospitals serving their communities in a variety of ways. Initiated during National Hospital Week, its focus included the area wage index (AWI), sepsis and Methicillin-Resistant Staphylococcus aureus (MRSA).

# PROGRAMS AND SERVICES

## REDUCTIONS IN HOSPITAL-ACQUIRED CONDITIONS

Through the Tennessee Center for Patient Safety (TCPS), hospitals continued to work toward zero preventable harm and collectively made significant improvement in reducing harm and associated costs in the past year:

- 548 fewer healthcare-associated infections (HAIs) at an estimated cost avoided of \$15,016,761
- 24 percent reduction in ventilator-associated conditions (VAC) for an estimated cost savings of \$3,826,278
- 28 percent reduction in Clostridium difficile infections (CDI) for an estimated cost savings of \$8,336,580
- 11 percent reduction in central-line associated bloodstream infections (CLABSI) in the ICU for an estimated cost savings of \$1,395,132
- 44 percent reduction in pressure injuries for an estimated cost savings of \$652,770
- 7 percent reduction in sepsis mortality for an estimated cost savings of \$3,043,000
- 25 percent reduction in adverse drug events for anticoagulants for an estimated cost savings of \$6,699,836

Reductions are based on the THA Tennessee Center for Patient Safety performance period of July 2018-June 2019 compared to July 2017-June 2018. Cost estimates are based on AHRQ 2017 National Scorecard on Hospital-Acquired Conditions.



# PROGRAMS AND SERVICES

## CULTURE OF SAFETY

Through TCPS, 52 hospitals administered the Hospital Survey on Patient Safety Culture in 2019, with over 7,000 employees providing feedback on the culture of safety in their facilities.

## BUILDING QUALITY AND SAFETY CAPACITY AND PROFESSIONAL SKILLS

TCPS conducted a two-day quality bootcamp providing leaders with best practices to support and create a quality improvement culture in the hospital, equipping quality improvement professionals with the principles of improvement and the tools and resources needed to develop, launch and implement quality projects.

The center also held a three-day boot camp for infection preventionists (IPs) in acute settings with less than five years of experience to learn from state and national experts on designing and managing effective infection prevention programs and implementing strategies to prevent healthcare-associated infections.

## HEALTH EQUITY

The center provided resources and strategies to support hospitals in addressing healthcare disparities. TCPS began collecting health equity data from hospitals on a quarterly basis, with more than a 70 percent response rate. A health equity summit featured experts from the Disparities Solutions Project, who shared national best-practice strategies for reducing disparities.

## MRSA

TCPS launched a statewide collaborative campaign to reduce the incidence of hospital-onset Methicillin-Resistant Staphylococcus aureus (MRSA) bloodstream infections across Tennessee. The THA Board of Directors unanimously voted to ask all acute care hospitals in Tennessee to implement evidence-based practices to reduce the incidence of hospital-onset

MRSA across Tennessee and sign a commitment letter to participate and implement the recommended strategies. One hundred percent of THA member acute care hospitals have committed to and are participating in the MRSA reduction campaign.

The strategy targets universal decolonization in intensive care units and high-risk surgeries based on guidance from the Centers for Disease Control and Prevention (CDC) released in March 2019. The safety center is conducting a public awareness campaign and providing education and coaching to hospitals by national and local experts on implementing core strategies to reduce MRSA infections.

## OPIOIDS

TCPS completed a six-month Opioid Light Emergency Department pilot with 30 hospitals. This pilot project achieved a 20 percent reduction in the use of opioids and 26 percent reduction in morphine milliequivalents. Cohort 1 hospitals were recognized at the medication safety summit in February, which focused on opioid reduction and hypoglycemic management. TCPS launched Cohort 2 of the Opioid Light collaborative in June, with 22 hospital participants.

## SEPSIS

The TCPS sepsis collaborative includes 76 representatives from 42 hospitals, with a primary mission to identify and spread best practices in sepsis care. In June, the center partnered with a sepsis mentor hospital, Cookeville Regional Medical Center, to deliver a statewide sepsis update, featuring hospital best practice sharing.

TCPS conducted a social media campaign for September Sepsis Awareness Month, providing staff and public education and featuring video vignettes from Tennessee hospitals. Another project focused on improving time to the initial antibiotic, an evidence-based strategy to reduce sepsis mortality.

# PROGRAMS AND SERVICES

## WORKPLACE SAFETY

TCPS focused on preventing violence in the workplace and injuries to employees related to patient handling. It sponsored a workshop with West Tennessee Healthcare on current issues and successful strategies in preventing violence in the workplace. Two additional workshops concentrated on safe patient handling and mobility to prevent worker injury and patient harm.

## PATIENT SAFETY ORGANIZATION (PSO)

The Tennessee Hospital Association PSO brought timely patient safety services to its 65 members through PSO safety huddles, educational webinars, member updates and user group calls. The PSO Advisory Council initiated work on a member guide for release in 2020 that provides resources and instruction in a concise digital document. Personalized member feedback and the launch of interactive data dashboards enhanced member opportunities to learn from reported events.

## SAFE SLEEP SAVES LIVES

In partnership with the Tennessee Department of Health, TCPS worked with Tennessee hospitals to promote safe sleep practices. Tennessee's infant mortality rate is at its lowest point in three years, with 38 fewer infant deaths in 2018 than 2017. The partnership works to reduce the risks of infant deaths through family education and resources provided by hospital nursing staff.

## RURAL SERVICES

After passing legislation to create the Rural Hospital Transformation Program, which included a \$3 million appropriation over three years, THA served on a statewide taskforce to create a request for proposal, guidelines and a funding mechanism for the development of hospital-specific transformation plans.

THA secured grant funding and provided three educational opportunities and technical assistance to rural communities and hospitals to support key interventions for hospitals, emergency departments and other clinical care settings related to the opioid crisis and other drug-related issues.

THA engaged the Berkeley Research Group, LLC (BRG) to evaluate a global payment model and prepare a white paper about its potential for Tennessee hospitals.

THA participated in a series of listening sessions hosted by Gov. Bill Lee, along with other key stakeholders and commissioners of state agencies involved in healthcare, and presented the most critical issues facing rural hospitals in Tennessee and potential solutions.

THA, in partnership with the Tennessee Department of Health and Rural Health Association of Tennessee, participated in a national site visit that included numerous agencies within the Health Resources and Services Administration (HRSA).



# PROGRAMS AND SERVICES

Gov. Bill Lee included the Tennessee Center for Health Workforce Development (TCWD) in his administration's plans to support rural healthcare access in the state, including a 200 percent increase in funding.

TCWD made 20 placements through Sept. 2019 and over 180 placements since its inception. This year's placements included: 11 family medicine physicians, three dentists, three OB/GYNs, two pediatricians and one internal medicine physician.

TCWD awarded four community incentives, which provides \$30,000 to assist hospitals and health centers with recruiting established physicians and psychiatric nurse practitioners to underserved areas.

TCWD awarded an incentive to four students in the inaugural round of the psychiatric nurse practitioner student incentive. This program offers \$40,000 over two years of education in exchange for a service commitment in rural and/or underserved areas of Tennessee.

The TCWD Board of Directors approved three new incentives that currently are in development:

- A faculty incentive that will expand the residency incentive to include newly graduated physicians who have elected to become full-time faculty in a primary care residency program
- A physician incentive that will extend TCWD recruitment and incentive efforts beyond residents to practicing physicians
- A behavioral health incentive designed to bring behavioral health services to underserved populations and may include licensed clinical social workers, psychologists and mental health techs

TCWD created a new marketing video featuring Henry County Medical Center, Paris, which demonstrates the necessity of placing physicians in rural communities and the important role TCWD serves in bringing together doctors and communities.

TCWD helped bring together clinical and academic nurse leadership to address regional nursing issues in the hospital environment. Groups met in Memphis, Jackson and Middle Tennessee, with planned expansions in Knoxville, Chattanooga and East Tennessee.

Academic scholarships totaling \$8,000 were awarded to seven outstanding Tennessee students interested in pursuing a career in healthcare and two \$2,000 awards were given to exceptional HOSA advisors at the high school and middle school level.



# INFORMATION TECHNOLOGY AND DATA

## CONNECTN

THA continued to enhance the scope and utility of ConnectN, the encounter notification system that allows the sharing of real-time admission, discharge and transfer (ADT) data from THA member hospitals to other providers to support case management and care coordination efforts. The scope of the initial project was expanded to include ADT data from rehabilitation hospitals, which will enhance the value of the data. THA also began sharing the data with physician groups and member-owned accountable care organizations (ACOs).

While one of the original purposes of ConnectN was to provide data to TennCare patient-centered medical homes (PCMHs) and HealthLink providers, information services staff worked with TennCare and the staff of the managed care organizations (MCOs) to create a pilot program to more broadly share ADT data with the MCOs. The information still would be used by the MCOs for case management and care coordination, but not be limited to sharing with physicians participating in the formal PCMH or HealthLink programs. The pilot also will test the utility of the data to eliminate an MCO notification requirement that will reduce the administrative cost and burden for hospitals and MCOs.

## THA HEALTH INFORMATION NETWORK

Understanding the importance of having data to address mental health and substance use issues in the state, THA worked with the Tennessee General Assembly to pass a bill last year to alter the requirement for hospitals to report claims data to the

Tennessee Department of Health to include psychiatric hospitals. THA worked closely with those facilities this year to educate them about the reporting requirement and assist them in reporting accurate data. Most of those facilities now are submitting data that can be used to better understand the use of services and specific diagnoses for patients with mental health or substance abuse issues.



To assist Tennessee hospitals and other stakeholders in understanding sub-county level community health status, THA is providing Tennessee zip code-level health rankings through a new website, [exploreTNhealth.org](http://exploreTNhealth.org). exploreTNhealth delivers up-to-date information on the health and social well-being of populations living across Tennessee's 95 counties and 600 zip codes. The data provided by exploreTNhealth were generated by Tennessee hospitals between fiscal years 2015 and 2017, the 2016 American Community Survey of the U.S. Census Bureau and the 2017 County Health Rankings and Roadmaps.



THA Center for Innovative Solutions

With nearly 50 years of experience in the hospital industry as a subsidiary of THA, THA Solutions Group now is the THA Center for Innovative Solutions (TCIS). An added benefit of THA membership, TCIS provides or finds solutions that meet THA member needs. TCIS' current portfolio consists of 23 programs that focus on innovative workforce, financial, operational and data solutions.

# THA CENTER FOR INNOVATIVE SOLUTIONS

# MEMBER SERVICES

## MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

THA continued its efforts to improve the state's mental health delivery system through a number of workgroups, coalitions and partnerships with state experts and policymakers.

In partnership with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and Tennessee College of Emergency Physicians, THA completed work on the second edition of a statewide report on hospital emergency department boarding of patients with mental health needs. The 2019 report outlined several key recommendations.

- There is not a need for new/additional regional mental health institute (RMHI) beds beyond those currently planned. Instead, real investments should be made in:
  - RMHI staff and resources to improve patient assessment and throughput capabilities
  - Increased TennCare payments to the existing inpatient psychiatric providers to allow them to care for sicker, special needs, pediatric/adolescent patients
  - Crisis units and walk-in centers as viable alternatives to emergency departments
- Continue to expand the use of the hospital emergency mental health protocols and other resources to treat people in the emergency room
- Address medical clearance as current barrier to mental health inpatient and crisis center admissions

## TENNESSEE RECOVERY NAVIGATORS (TRN)

Through a partnership with TDMHSAS and THA member hospitals, these certified peer recovery specialists meet in the hospital with patients suffering from substance use disorders (SUDs) and help connect them to treatment and recovery services. To date, more than 1,600 people have benefitted from the TRN program through 29 hospital partnerships in 16 counties.

# MEMBER SERVICES

## SUICIDE PREVENTION

At the direction of the THA Board of Directors, the Association, along with TDMHSAS and the Tennessee Suicide Prevention Network, developed a toolkit of resources for hospitals to use to help patients at risk of suicide.



## PATIENT MATCHING WEB PORTAL

In partnership with the Tennessee Department of Health, a new web portal was developed to help hospital case managers find available inpatient mental health services in real time. The portal uses patient characteristics from the referring facility to connect with available services at a receiving facility that cares for patients with those needs.



## HOSPITAL GOVERNANCE

The THA Trustee Council hosted an all-day forum for hospital board members focused on governance best practices. Karma Bass, a nationally recognized expert in hospital board governance, led more than 40 hospital trustees and executives through a series of interactive sessions to improve hospital board performance related to quality and financial outcomes and strategic planning.



## PALLIATIVE CARE

THA received a five-year grant from the Tennessee Department of Health to provide palliative care education in the state. In the third year of the grant, THA partnered with the State Palliative Care Advisory Council and 15 other state agencies and associations to offer a palliative care conference featuring Diane Meier, M.D., founder and director of the Center to Advance Palliative Care (CAPC).



# EDUCATION

THA's 2019 Annual Meeting was *Our Priority, Our Patients* and included presentations on innovative ways to improve patient experiences in hospitals. The meeting focused on topics such as how to improve increased engagement of frontline staff, physicians and patients, patient safety and best practices, redefining the future of healthcare, better mental health in the emergency department setting, an innovative collaborative partnership addressing the rural nursing shortage, and diversity and inclusion.

The THA Summer Conference featured topics such as *In Shock: My Journey from Death to Recovery; Patients Come Second; The Disruptors: How Amazon, Google & Apple Plan to Change the Face of Healthcare; The Story of New Ulm: A Pursuit of Health Transformation; Healthcare Organizations in Tennessee: The Image of Success; and Build and Lead Unstoppable Teams: The Four Essential Actions of High-Performance Leadership.*

Sessions at the THA Small and Rural Hospital Conference included the *Landscape of Rural Health, Pennsylvania Rural Health Model: Accelerating Healthcare Innovation, Developing a Global Budget Model for Rural Hospitals in Tennessee, Rural Healthcare Transformation, Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care, and federal and state legislative updates.*

Other education programs and webinars were hosted throughout the year. Topics included a table-top exercise on Candida auris, infection prevention bootcamp, legionella infection series, workforce resilience, EMTALA 2019, antibiotic stewardship, Tennessee Nurse Practice Act and OB EMTALA compliance, evidence-based training in the assessment and treatment of suspected opioid overdoses for first responders, table-top exercise on opioid outbreak response, and life safety bootcamp.



TENNESSEE HOSPITAL ASSOCIATION  
**2019 ANNUAL MEETING**  
→ **OUR PRIORITY, OUR PATIENTS**



TENNESSEE HOSPITAL ASSOCIATION  
**SUMMER CONFERENCE**  
JULY 10 - 13, 2019 • SANDESTIN GOLF AND BEACH RESORT • MIRAMAR BEACH, FLORIDA

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