

# 2022 NCHA Annual Report



# NCHA MISSION

To improve the health of the communities where we live and work by advocating for sound public policy and collaborative partnerships.

# NCHA VISION

A North Carolina where high-quality healthcare is equitable and accessible for all.

# NCHA VALUES

Respect • Integrity • Teamwork  
Accountability • Perseverance

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## A Message from the President & CEO

NCHA is committed to making sure our hospitals and health systems have the resources they need to provide access to the high-quality health care North Carolinians rely on — 24 hours a day, seven days a week.

This commitment has never been more critical during this unparalleled year as our hospitals continue to face a series of pandemic-related challenges — severe staffing shortages, rising expenses, decreasing revenue, capacity challenges, supply chain disruptions and record-high global inflation.

It's not an overstatement to say North Carolina needs financially healthy hospitals. We need healthy hospitals to build and sustain a robust healthcare workforce to care for growing populations, to expand behavioral health services, to reduce health disparities, to be there in the next crisis, and to meet our shared mission of a healthier North Carolina.

That is why passage of the Healthcare Access and Stabilization Program is so essential. We've all valued getting back together in-person this year. Inviting your lawmakers to visit your hospital for in-person conversations is vital so they can make decisions based on the realities you face now. Our success will be rooted in the strong relationships we maintain and build.

Despite these pressures, North Carolina's hospitals and health systems continue to innovate and partner with impactful programs and services that are making strides towards healthier communities.

Going into 2023, we have a lot of reasons to be proud and hopeful for a better road ahead. This report highlights a few of the key successes NCHA has achieved with your support and engagement this year. I'm proud to report that for every dues dollar in 2022, your association generated a return of \$95 of value for hospitals and health systems.



**Stephen J. Lawler**  
NCHA President & CEO

**\$95**  
**2022 ROI**





# Advocating Together

## NC General Assembly

Lawmakers understood your need for regulatory flexibility in 2022, and through the state budget added language to the General Statute to keep the current COVID-19 waiver flexibilities beyond the end of the public health emergency.

The House and Senate both inserted Medicaid expansion into existing bills during the short session, but neither made progress before the NC General Assembly adjourned on July 1. NCHA's priority this session was to pass HASP, hosting multiple Advocacy Days for members to discuss the program with legislators.

While HASP language passed both chambers in different bills, it did not do so in a vehicle that was ratified.

To get stalled negotiations moving, NCHA delivered a board-approved proposal to House and Senate leadership and the Governor in September requiring the quick passage of HASP, allowing North Carolina hospitals to help pay for Medicaid Expansion. It also included Certificate of Need (CON) reform with recommendations for patient safety and protection for rural hospitals. The CON offer was a response to the Senate's insistence that CON reform be part of Medicaid expansion.

After the November elections, House and Senate leadership announced they would not meet to discuss expansion this year.

Our priorities going forward include getting HASP passed right away. In 2023, we will continue to push for Medicaid expansion, behavioral health improvements, telehealth expansion

## Federal Advocacy

Congress returned to a pre-COVID pace in 2022, passing fewer bills than those seen during the pandemic. NCHA has continued to engage with our Washington DC representatives and regulators to ensure that lessons learned during the COVID public health emergency are not forgotten. Federal priorities in 2022 included telehealth expansion, protecting 340B, preventing the Statutory Pay-As-You-Go Act of 2010

(PAYGO) Medicare reductions, extending the flexibilities allowing certain acute hospital care to be provided in a patient's home, and exploring the creation of permanent home hospital programs, restoring cuts to Medicaid disproportionate share hospital funds, and making permanent certain COVID-19 public health emergency waivers, including modernizing the Emergency Treatment and Active Labor Act (EMTALA).

NCHA hosted virtual roundtable events with delegation staff to give members an opportunity to participate in federal advocacy work. NCHA also hosted a reception in Washington DC for members who attended the American Hospital Association Annual Meeting. Senator Richard Burr, Senator Thom Tillis, and Congressman Greg Murphy attended the event.

Congress returned recently for its lame duck session where the priority will be passing an omnibus package that funds the government for the remainder of fiscal year 2023. The federal government is currently being funded through a continuing resolution that expires on December 16. This package will be the main piece of legislation that moves during the final stretch of calendar year 2022, and as a result, will become the vehicle for health policy priorities. It is likely that a large omnibus bill, including many priorities for NCHA, will pass right before the holiday break.

## 2022 HOSPAC Campaign

The 2022 HOSPAC Campaign has raised **\$190,378** (87%) of our \$220,000 goal. HOSPAC distributed over \$140,000 in campaign funds in 2022 to those who have a history of legislative support and those who are Chamber leaders. The contributions were based on metrics developed and applied by the Government Relations Officers. Pictured right to left:

Teresa Watson, vice president, facility executive at Atrium Health Lincoln presents HOSPAC check to Representative Jason Saine.





Advocating for HASP: Northern Regional Hospital visited State Legislature, urging the General Assembly to authorize federal funding to stabilize healthcare operations to allow for better access to care in rural communities.

## Grassroots Action

During the legislative short session, NCHA hosted a successful Advocacy Day for hospital leaders to come to Raleigh and speak to their legislative delegations about HASP. Over 70 participants were a part of the day. This success was achieved only through the help of Government Relations Officers and with support from hospital leadership. NCHA's Regional Policy Councils also had the opportunity to participate in their own advocacy days, and NCHA looks forward to increasing their advocacy participation in the future.

NCHA partnered again with *You Can Vote* to assist the membership with voter drives, voter education, and general get out the vote efforts. Candidate information was also sent to help educate members on their candidates and to help everyone make educated decisions on who they should vote for. NCHA membership was encouraged to learn about the candidates on the ballot and to educate friends and family and bring them to the polls.

## Monitoring Regulations and the Courts

So far in 2022, NCHA submitted 7 comment letters to federal and state regulators. This year, the North Carolina Division of Health Service Regulation (DHSR) had the re-adoption process for hospital rules. Most notably, DHSR successfully adopted NCHA language regarding the retention of medical records rule, a top priority for members resulting in cost savings. NCHA will continue to work with government relations officers and legal counsel in 2023 to achieve the best outcome regarding the hospital rules readoption process. In addition, NCHA partnered with Duke Health to establish the Transitions of Care Committee. This Committee is responsible for providing the basis for identifying potential opportunities for regulatory, legislative, and clinical improvements with critical patient groups.

In the courts, NCHA was successful in helping to preserve the Certificate of Need law, which had been challenged as unconstitutional. The North Carolina Court of Appeals upheld the law as constitutional in a unanimous decision issued in June. NCHA was an amicus party before the Court.



## Engaging Members in Policy Development

The Policy Development Committee (PDC) and Regional Policy Councils (RPCs) guided policy development to address healthcare workforce challenges to include pipeline, retention, burnout, and responding to workplace violence. Based on initial assessment and recommendations by the RPCs, the NCHA Workforce Advisory Group drafted an Association strategy to address short-, mid-, and long-term goals. The PDC adopted RPC charter changes to expand member engagement and leadership, including addition of appointed seats to each member hospitals and creation of a vice chair position. RPC members had the opportunity to engage in advocacy for top priorities, including advocacy days at the NC General Assembly for Medicaid Expansion and HASP.

The PDC formed a new sub group, the Behavioral Health Advisory Group, to drive member-led solutions to address the behavioral health crisis. NCHA has advocated on behalf of members to craft a new reimbursable service for behavioral health care provided in

the ED after 30 hours of observation, which will be implemented on Dec. 1, 2022. This service, pending approval from the Centers for Medicare and Medicaid Services, will provide a national standard to allow other states to pursue a similar policy. In addition, NCHA successfully influenced the scope and timeline of BH-SCAN, the new statewide bed registry for behavioral health beds as advised by members.

NCHA engaged consultants to produce recommendations for CON reform for ambulatory surgery centers, while protecting access to care (particularly in rural communities) and patient safety as guiding principles for reform. Along with an estimated financial impact to members, the analysis focused on a comprehensive review of the repeal of single specialty ambulatory surgery centers in Georgia to inform policies to adequately protect patients and safety-net services.

## ADDRESSING WORKFORCE CHALLENGES

NCHA PDC and RPCs guided policy development to address healthcare workforce challenges to include pipeline, retention, burnout, and responding to workplace violence.



## Protecting Fiscal Well-Being

One year into the transition of Medicaid managed care, NCHA and its Medicaid managed care taskforce continues to help NC hospitals receive payment for the services they provide, minimize administrative burden, and safeguard from prepaid health plans (PHP) underpayment tactics.

In 2022, NCHA and its member workgroups focused on:

- resolving statewide claims and reimbursement issues
- advocating for network adequacy for Medicaid beneficiaries
- ensuring necessary PHP compliance in Medicaid managed care
- removing unnecessary administrative burden and streamlining claims processes
- discussing best practices for resolution on billing issues for other commercial payers

**NCHA protected hospital base rate payments in the transition to managed care by establishing a rate floor, or minimum payment hospitals could receive from prepaid health plans (PHPs). The rate floor resulted in \$1.2 billion in net Medicaid revenues to hospitals to offset Medicaid and uninsured losses in 2022.**

NCHA Financial services provides financial data analyses to NCHA members on potential and forthcoming legislative and regulatory changes impacting NC hospitals. These data analyses assist members in navigating potential and future budgetary changes at a state and federal level.

In 2023, NCHA will complete the development of an NCHA Payor Scorecard that will demonstrate denial trends NCHA members are experiencing in Medicaid managed care. The scorecard should assist NCHA in its payor advocacy efforts.

Lastly, the NCHA Implementation Committee continues to work with central staff of the North Carolina General Assembly and the Department of Health Benefits (DHB) to ensure accurate funding provisions are in place on any potential legislative action for HASP and Medicaid expansion.

## Improved Outcomes Through Analytics

Data-informed decisions are a cornerstone of NCHA's mission to transform the health care delivery system in North Carolina to achieve top-tier performance in safety, quality, value, service, and population health. NCHA members and the Association have known for years that it is not enough to evaluate North Carolina-specific data. To that end, NCHA is proud to announce a new agreement with the Tennessee Department of Public Health that will allow reciprocal data sharing between health systems from both states. Access to non-NC health care data can help members better understand how patients move across state lines when seeking treatment.

In light of COVID-19 and the potential for newly emerging epidemiological threats, the NCHA Data Policy Committee charged staff with expanding the surveillance capabilities of the North Carolina Emergency Surveillance System (NCHES) to include all hospital-owned urgent care centers. NCHA has now onboarded 143 out of approximately 170 total hospital-owned urgent care facilities in North Carolina. Other enhancements have also been made to the data that flows to NCDETECT for surveillance, including a new length of stay variable. NCHA staff are currently in talks with our technology partner, CareEvolution, to ensure the state is prepared for new CMS race/ethnicity reporting requirements that will take effect in January 2023.

NCHA's technology partner the Hospital Industry Data Institute (HIDI) made several improvements to our data programs by deploying its new Business Intelligence offering called HIDI Advantage Optics. Care Optics® provides enhanced quality metrics and data tools through Hospital Acquired Conditions (HAC)-related dashboards, as well as Agency for Healthcare Research and Quality (ARHQ) visualizations and reports. HIDI also released the Advantage Fundamentals, providing access to resources such as just-in-time recorded video tutorials, a technical navigation guide, and other announcements in order to improve user experience.

NCHA staff have also embarked on a new Readmissions Data Initiative (RDI) to assist members in identifying and remediating preventable hospital readmissions statewide. Participating members will receive a three-year rolling readmissions deliverable that will include the CMS condition-specific measures as well as hospital-wide data elements. The offering will include a new Risk-Adjusted Readmissions Dashboard as part of HIDI's Advantage Optics suite.





## Elevating the Hospital Story

NCHA continues to inform the public and statewide business community about our members' current challenges and recent successes. NCHA was a sponsor of the NC Chamber Healthcare Conference in September and will release a report in December describing how health systems and hospitals contribute to the state's economy and improve the health and well-being of patients and communities.

NCHA held two virtual statewide town halls in 2022, one on rural health care and the other on accelerating health equity and addressing disparities in care. Both featured a panel of North Carolina hospital leaders.

During the short session, NCHA communications issued several statements and op-eds about the association's support for Medicaid expansion and the Healthcare Access and Stabilization Program (HASP) and ran sponsored ads and articles in digital publications such as North Carolina Tribune and NC Capitol (WRAL-Raleigh). NCHA will also sponsor a roundtable discussion in December about advocacy priorities for 2023 with Business North Carolina magazine.

NCHA has also recognized the healthcare workforce for their dedication to patients and communities in a variety of ways, including sponsoring monthly ads in Our State magazine and running a second annual recognition campaign with North Carolina State University Athletics.



Katie Pierce, RN, UNC Hospitals Hillsborough Campus, was honored as a Healthcare Hero by NCHA and NC State University Athletics.

## Understanding Healthcare Complexities with Education

NCHA Education Services engaged and collaborated with over 2,000 member participants in 2022, in a combination of online and in-person events. Most importantly, 2022 saw the return of NCHA's annual in-person Summer Meeting with over 260 attendees in Myrtle Beach, SC. The meeting was focused on innovation and featured presentations from, Paul Keckley, Tara Stejskal, Scott Zeller and Rev. Nontombi Tutu.

Online offerings and Webinars formed much of Education Services outreach and 41 webinars were offered in areas including Diversity, Equity and Inclusion, Lean Management, Bed Management, Antibiotic Stewardships and our first ever Case Management Series with continuing education credit, as well as multiple other topics. NCHA also collaborated with SCHA for a second year in a row to offer a Governance Series which will continue in 2023.

## Delivering Member Value

NCHA met our 2022 goals of retaining top quartile performance and value for our members.

**88%**  
all-time high favorability  
in member value

**86%**  
overall favorability



## Celebrating Excellence

NCHA is honored to recognize leaders and teams in North Carolina hospitals and health systems who are committed to improving the health of their communities through innovative, high-quality care.

At NCHA's Summer Membership Meeting, NCHA awarded **Greg C. Wood**, CEO of Scotland Health the association's highest honor — the **2022 Distinguished Service Award**. The award is given to an NCHA member executive whose contributions to the healthcare field have had a positive and lasting impact at the local, regional, state or national level. In addition to his 32 years as president and CEO at Scotland, Greg has twice served on the NCHA Board of Trustees, is a current mentor in the NCHA Diverse Leaders Mentorship Program, serves as an NCHA Regional Policy Council member, and is the Chair of the NCHE Workers Compensation Fund.



Greg Wood, left, with Steve Lawler.



Left to right: Dr. Roxie Wells, Dr. Eric Eskioglu and Steve Lawler.

**Dr. Eric Eskioglu**, Chief Medical & Scientific Officer with Novant Health, received NCHA's **2022 Clinical Leadership Award**. This award honors an individual who has demonstrated exemplary clinical leadership in care transformation through innovation and improvement. Dr. Eskioglu is co-director of Novant Health's Institute of Innovation and Artificial Intelligence, which was launched before the pandemic. Novant Health uses AI to enhance personalized patient care.

The **Highsmith Award for Innovation**, named for John Highsmith, the first President of the North Carolina Healthcare Association, recognizes organizations for innovation that creates value for patients and consumers.



Dr. Barbara Griffith of Duke Health; Susan Marston of Atrium Health; Greg Wood and Jamie Cicali of Scotland Healthcare System; Theresa Thacker of UNC Health; and Jennifer McLucas-Ingold of WakeMed; Kim Bradley of Sentara Albemarle Medical Center; and Dr. Eric Eskioglu of Novant Health.

In 2022, NCHA decided to award **all the Home Hospital programs in North Carolina**. The winners are Atrium Health, Duke Health, Novant Health, Scotland Healthcare System, Sentara Albemarle Medical Center, UNC Health, and WakeMed Health & Hospitals. These seven North Carolina health systems have shown great leadership in advancing the home hospital model. Their work is helping to build the evidence base that this innovative model is viable and effective.

The **2022 Healthier Communities Award** was presented to the **Statewide Patient Movement Coordination Team** by Kimberly Clement, the NC Healthcare Preparedness Program Director and Medical Surge Lead during COVID-19. The team members from hospital transfer centers across North Carolina worked tirelessly during the pandemic to ensure critical patients needing higher levels of care were transferred or provided additional clinical support. This team assisted 35 facilities not formally connected with the 13 transfer centers across the state who had critical patients needing higher levels of care. In total this team reviewed 765 patient movement requests during the Delta and Omicron surges of COVID-19.

The individuals who stepped forward to make this process work are: Kimberly Cornellier with Atrium Health, Heather Perkins and Karen High with Atrium Wake Forest Baptist Health, Brian Langston with Cape Fear Valley Health, Gretta Frierson with Cone Health, Matthew Rougeux of Duke Health, Melanie Porter and DeAnna Edwards of ECU (Vidant) Health, Kimberly McLain with HCA Mission Health, Ashley Helfer, Carolyn Brown and Josh Price with Novant New Hanover, Jennifer Rosecrans and Katherine Haddix-Hill of Novant Health, Megan O'Connor, Tammy Collie, Kevin Corbin and Jennifer McInnis of UNC Health and Lenora Britton and Marcy van Schagen of WakeMed Health & Hospitals.

## Connecting You to Supplies and Services

NCHA Strategic Partners is committed to understanding the unique needs of members and partnering with companies that offer value-added solutions to accomplish operational efficiencies and cost savings. Our portfolio of business partners and sponsors are continually being updated to reflect the changing needs of our customers.

	2022	2021	2020
<b>Strategic Partners</b>	<b>25</b>	<b>20</b>	<b>17</b>
<b>Corporate Sponsors</b>	<b>44</b>	<b>28</b>	<b>43</b>

New business partners added to the NCHA Strategic Partners portfolio in 2022 include:

**Community Wellness** is a full-service, turnkey provider of remote patient monitoring (RPM) that helps patients thrive, especially those managing chronic conditions. Community Wellness delivers a world-class technology and coaching platform called Remote Patient Monitoring Plus (RPM+) that improves patient health outcomes, through HIPAA-compliant (Medicare-covered) RPM devices, best-in-class clinical coaching, and robust data analytics.

**EHR Concepts** provides services in healthcare information technology, electronic health records (EHR), helpdesk support, and healthcare institute



## NCHA Strategic Partners

Access. Solutions. Value.

knowledge-based e-learning modules. They help make healthcare information technology easier to use, by optimizing your technology solutions and engaging your staff and end-users to be more engaged and productive.

**Sevaro** provides access to vascular neurologists within 45 seconds to provide acute and non-acute neurological care in both the emergency and inpatient setting through telemedicine. They help hospitals achieve better stroke metrics, improve patient outcomes, and increase reimbursement.

**HSC** (Hospital Services Corporation) is a credentials verification organization (CVO) with the experience and expertise to offer individual or combined program benefits verifying and enrolling your providers quickly, ensuring faster treatment and reimbursement with your contracted payers.

**Onsite Water** provides solutions to address an organization's critical water needs, using onsite resources. Onsite Waters' solutions increase water supply resilience and provide water cost savings.

**Oppomed** is a platform built at The Nautical Group, a leading executive search, and HR consulting firm. Oppomed aims to solve the staffing crisis at our nation's hospitals in an affordable, unique, and engaging way. By utilizing their technology, prospective applicants can connect with you faster than ever, which means you'll meet more nurses and other healthcare professionals.



## 2022 Partner Highlights



Throughout the pandemic, NCHA Strategic Partners has continued our goal of making workforce our number one priority. Strategic Partners has been working with our contingency staffing partner Qualivis since 2004. In 2022, Qualivis brought immense value to our members, averaging a bill rate savings of \$14/traveler/hour/month over the last 30 months. A recent cost analysis revealed an annualized savings to one of our member of \$5.5 million.

**Vizient** connects acute and non-acute members to solutions that boost quality and improve business to help deliver exceptional, cost-effective care. They are the go-to partner to help meet the supply needs of our members and mitigate supply chain disruptions. Purchased services continue to make up roughly one-quarter of a hospital's total spending. The savings do not stop with supplies. Vizient can provide advisory services as well as at a reasonable fee and we can even aggregate volume for needed services with our member hospitals. Vizient is committed to working with our members to identify cost-savings in over 350 categories.



In 2022, members averaged 6 - 12% in savings. State healthcare facilities saw savings of up to \$2 million. Through Vizient, two NCHA member hospitals recently found \$650k in annual savings for med/surg supplies.

The **NCHA Strategic Partners Workers' Compensation Fund**, in partnership with Arthur J. Gallagher & Co, was formed to provide high quality coverage and service, as well as to save premiums for NCHA members. In December

2022, a dividend of \$1.7 million will be returned to NCHA members participating in the fund, a \$500k increase from 2021.

NCHA Strategic Partners, on behalf of our members, was presented with the Safety Award, in recognition of superior accident experience ratio in the category 0% - 5%.



**Bamboo Health** is a healthcare technology solutions company, focused on fostering care collaboration and providing information and actionable insights across the entire continuum of care. In a 9-month period, bamboo health its customers with \$1.2 million in savings. Providers working with Bamboo saved an average of 20 - 30 minutes per patient assessment. Thanks to Bamboo more than 100+ hospital readmissions were avoided.

**MCAG** is a class action settlement expert, who has distributed hundreds of millions in cash to their clients through their Settlement Recovery Service. They help more than 1,000 health providers to streamline the filing process and secure recoveries from class action settlements. Several NCHA members have been part of those healthcare providers receiving funds back from class action claims. NCHA Strategic Partners was able to present the checks to participating members during the NCHA Summer Meeting in July, and more checks are coming in December 2022.



## Accelerating Improvement

We are pleased to share an end-of-year review of the North Carolina Healthcare Foundation (NCHF), NCHA's charitable non-profit affiliate organization, as we celebrate a five-year milestone. In 2018, the foundation reorganized with a new name, mission, vision, board of trustees, staffing and operations model, funding structure, and entirely fresh portfolio of programs to meet its newly identified mission. The Foundation Board identified its unique opportunity – to leverage the reach and access of NCHA to accelerate the role of North Carolina's hospitals and health systems as change agents in their communities. We had an ambitious road ahead to build what the board saw as our potential.



Julia Wacker

Today, NCHF operates nearly two dozen initiatives, alongside members and their communities, to advance health equity, rural health, access to care, and behavioral health. We have grown to a staff of 23 remarkable professionals in public health, evaluation, and performance improvement with an annual \$7 million operating budget. In 2021, we launched our signature initiative, CaroNova, in partnership with the South Carolina Hospital Association and The Duke Endowment. CaroNova aims to synthesize the learnings from innovative care delivery model experiments and bring what works to scale, forming a new system where all Carolinians can create and maintain their own health.

This year, the board identified the foundation's greatest opportunity to actualize its commitment to health equity – leveraging philanthropic partnerships to accelerate members' improvement efforts to achieve

### Access to Health



*Empowering communities to take control of their health by ensuring access to appropriate and affordable care, regardless of race, socioeconomic status, or geographic location.*

### Equity in Care Delivery



*Utilizing education and transparent, uniform metrics to ensure that patient care is based on patient need – not race, ethnicity or language.*

### Rural Health



*Redesigning models of care that support the unique needs of North Carolina's rural communities.*

### Behavioral Health



*Leveraging and coordinating resources to ensure behavioral health parity in North Carolina.*

equitable care delivery. As of late November, over 85% of member facilities have signed the Equity in Care Delivery Resolution. The Resolution marks an enduring commitment of North Carolina's hospitals and health systems, NCHA, and the foundation to work in partnership to ensure the quality of clinical care delivery is appropriate, comprehensive, and consistent regardless of race or ethnicity. We are proud to reach this milestone, the very first step of an abiding promise to members and our communities that, as a state, we can, and we will, realize a North Carolina where high-quality healthcare is accessible for all.

We hope you enjoy learning more about the foundation programming and look forward to continuing our work together in the new year.

Happy Holidays,

Julia Wacker  
President, NC Healthcare Foundation  
Executive Director, CaroNova



## Access to Health



### Ensuring Access to Health Care for Uninsured

Originally launched in 2008, the **AccessHealth** initiative aims to reduce health disparities, improve clinical outcomes, decrease avoidable hospital use and expand access to care among low-income,

uninsured adults. Today, AccessHealth includes 30 community-based networks of care across both Carolinas, with 18 located in North Carolina. Networks include a wide array of services, including primary and specialty care, to create a healthcare safety net and are organized into integrated provider networks that provide support to vulnerable populations. Networks identify vulnerable adults who need a medical home, assign them to a primary care provider and support them with additional services through care navigation. This continuum of safety net services is achieved through provider volunteerism, where each network recruits physicians and hospitals to participate. NCHF staff provide ongoing technical assistance (TA) to all 18 AccessHealth networks in North Carolina, including coaching, group learning sessions, and facilitation of a peer-to-peer learning community.

In 2022, NCHF released a redesigned healthcare utilization data dashboard, inclusive of tools for networks to identify patients who frequently access the hospital ED. Additionally, NCHF created individualized “impact infographics” that leverage network data to illustrate value and impact with their stakeholders.

Bolstered by ongoing TA focused on promoting data-driven decision-making and equitable outcomes, 12 networks participated in an affinity group in 2022 utilizing A1c data for their patients with diabetes, disaggregated by race and ethnicity to explore opportunities for improvement. Results of this work were showcased among peers during a presentation at The Duke Endowment. Throughout 2022, NCHF also worked with all North Carolina networks to establish goals and secure an additional two-years of funding to continue their work supporting the uninsured population within their communities.

### Addressing Chronic Health Issues

The **Healthy People, Healthy Carolinas** (HPHC) initiative, launched in 2015, helps local communities address chronic health concerns such as obesity, diabetes, and heart disease through the activities of 24 multi-sector coalitions across both Carolinas, with 14 based in North Carolina. NCHF staff

provides ongoing TA for these coalitions through one-on-one coaching, collaborative learning sessions, and the facilitation of a peer learning community among the coalitions.

In 2022, TA focused on building competencies on the practical application of Results-Based Accountability as a framework for equitable community engagement and collective impact. Additionally, NCHF partnered with the North Carolina Alliance for Health to lead affinity groups and provide one-on-one support to coalitions in driving local policy change. Three affinity groups were launched specific to food securities and equitable access, economic stability and poverty, and health equity. In addition to ongoing TA support for collecting and reporting bi-annual performance measures, NCHF held sessions with HPHC coalition partners to inform the design and implementation of a reporting dashboard that includes public and aggregated hospital claims data to inform coalition planning in communities of greatest need. Additionally, annual organizational assessments were conducted for each coalition to assess progress within their first year of coalition building.

In 2023, five coalitions will transition into mentorship roles, four coalitions will transition from a readiness year into program implementation, and NCHF will onboard an additional five new coalitions, bringing the total HPHC learning community in North Carolina to 19 coalitions.



Emily Roland, left, and Miriam Tardif-Douglin with the Foundation/CaroNova present on the collective impact of the Healthy People, Healthy Carolinas program on physical activity.

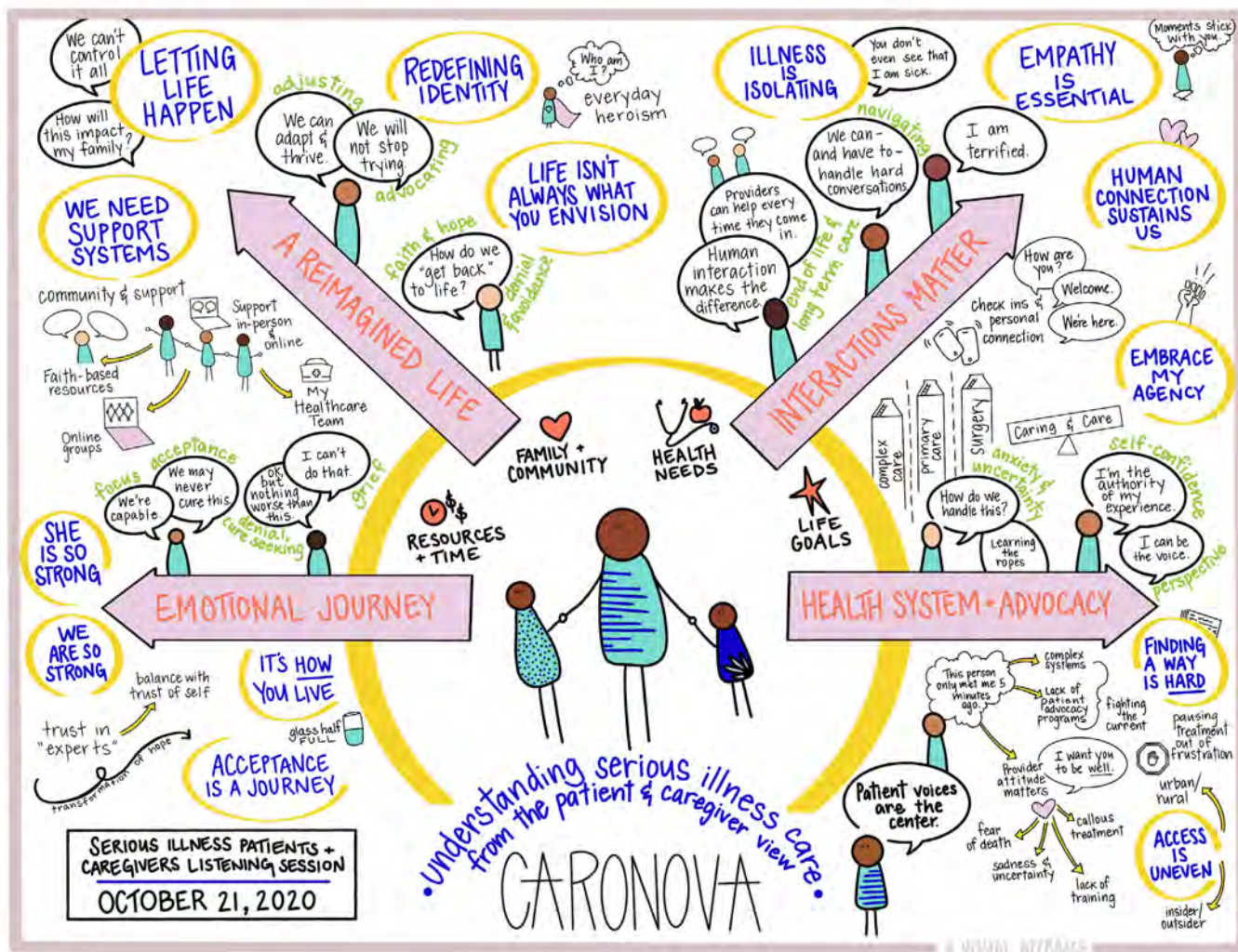
## Prioritizing the Patient: An individualized approach to end-of-life care

Touching thousands of families in the Carolinas, care for the seriously ill urgently needs reform. **CaroNova**, a bi-state team that focuses on some of the most complex needs that North and South Carolina share, has taken on this complicated end-of-life challenge as one of its sustained focus areas.

With patient goals and caregiver input at the forefront, CaroNova has engaged experts in healthcare delivery and finance to identify how to improve the current state of care for patients with serious illness. CaroNova's aim is to design a model for comprehensive palliative care in the Carolinas. Offering comprehensive palliative care as a flat case rate within an alternative payment infrastructure will render it financially feasible to provide more of the services that improve quality of life and the ability

for patients to die with dignity – services like family and caregiver supports, case management, mental health, and spiritual services – regardless of how much and by whom they are traditionally reimbursed in a fee-for-service model. CaroNova is working to ensure that components of the newly proposed framework for comprehensive palliative care can be executed through a model that is viable and aligns financial incentives.

In 2022, CaroNova convened a topic action team (TAT) comprised of clinicians, payors, hospital administrators, and patient and caregiver advocates from across the Carolinas to refine the framework. CaroNova worked with the TAT to outline the key services for care of patients with serious illness and a mechanism to pay for those services. Currently, CaroNova is actively designing an RFP to test how this comprehensive approach to care for patients with serious illness could be paid for and function in the Carolinas.



Patient journey map  
for serious illness care  
improvement.



## Equity in Care Delivery



### A United Front for Improving Equity in Care

As part of efforts to ensure that patient care is based on patient need – not race, ethnicity or language – NCHA is undertaking a member-driven, multi-pronged approach to achieve equity of care in clinical settings by working

together to tackle the systemic nature of inequities in healthcare. The desire for a united approach resulted in the creation of the Equity of Care Delivery Resolution. The resolution launches an enduring effort of NCHA and its members, unfolding in three initial phases:

1. Confirming member engagement by collecting resolution signatures
2. Analyzing measures to develop a dashboard and
3. Improving performance to reduce disparities.

In April, all member hospitals and health systems were invited to commit to these goals by signing the **Equity of Care Delivery Resolution**. The original goal was for 70% of members to sign the resolution by December. But an encouragingly strong response allowed us to surpass that milestone in September and increase the goal to 100% of members signing the resolution by the end of the year.

The North Carolina Equity of Clinical Care dashboard will be launched in phases and will provide a statewide view of the progress hospitals and health systems are making to improve health equity, and (via secure log-in) hospital-specific data to compare to the statewide aggregate. NCHA's Equity and Data Policy Committees provided leadership and guidance in the process to identify appropriate privacy measures and design the dashboard.

Data collection is an initial, critical step in this collective statewide effort to inform the improvement work beginning in 2023. Next year, a newly formed NCHF Quality Improvement and Patient Safety Committee will assist with establishing baseline and target metrics and support the implementation of improvement work. The Equity Committee will continue to guide the direction of NCHA and NCHF's long-term equity goals.



Diverse Healthcare Leaders Mentorship Class of 2022

NCHA will provide coaching and technical assistance across all NC hospitals and health systems in alignment with each member's existing improvement methodologies. NCHA will also collaborate with health systems to ensure that developed protocols build off one another and are not one-off efforts.

### Developing Diverse Healthcare Leaders

In 2019, NCHF launched the **Diverse Healthcare Leaders Mentorship Program** to develop a pipeline of diverse leaders and address challenges in recruitment and promotion for executive-level positions. The program connects established leaders who are willing to share their knowledge and experience with high-achieving women and men from underrepresented communities. The robust, nine-month program consists of three components: one-on-one mentoring, mentoring circles, and educational opportunities.

In October of this year, 16 mentees graduated from the program's 2022 cohort, with eight participants achieving new professional positions since participating in the program. Each year interest and applications for the program have trended up, and participation in 2023 is expected to exceed previous numbers once again. NCHF will welcome its fourth cohort of the mentorship program in January 2023. NCHF will soon welcome its fourth cohort of the Mentorship Program, who will officially begin the program with orientation in January 2023.

## Sustaining a Pipeline of Future Leaders

Currently, NCHF is in the midst of its Fall Giving Campaign benefiting the Diverse Healthcare Leaders Mentorship Program with a fundraising goal of \$20,000. NCHF launched a social media campaign to share fundraising updates and progress (#MentorshipMatters) and is seeking support from members to act as advocates for the Fall Giving Campaign and donors through cash gifts, qualified charitable distributions, pledges, and bequests.

The focus of NCHF's 2022 fundraising efforts has been the growth and sustainment of NCHA's Diverse Healthcare Leaders Mentorship Program and building the Disaster Response Fund. Through Q3 2022, NCHF raised more than \$38,000 in net funds to directly support these priorities.

With a generous matching donation of \$4,000 from NCHA Strategic Partner, Qualvis, NCHF raised \$7,350 during the virtual NCHA Winter Meeting Giving Challenge held last February.

The 2nd annual Benefit for Better Health was held on July 21 during the NCHA Summer Meeting in Myrtle Beach, S.C. Featuring a recognition ceremony with the Diverse Healthcare Leaders Mentorship Program participants, the benefit was a night packed with entertainment, fellowship, in addition to a raffle and silent auction to raise funds for the Mentorship Program. More than \$35,000 in donations and sponsorship support was raised to support the Benefit and Mentorship Program. A special thanks to our presenting sponsors: **Hartz Search** and **PNC Healthcare**.

## PRESIDENTIAL DONORS

(\$10,000+)

Stephen J. Lawler

## EXECUTIVE DONORS

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## Rural Health



### Supporting Rural Health Across North Carolina

As part of NCHF's ongoing commitment to sustain and expand access to health in rural communities across our state, it leverages grant funds through the **Medicare Rural Hospital Flexibility Program** (FLEX) and the **Small Rural Hospital Improvement Program** (SHIP) to support North Carolina's small rural hospitals through innovative programming geared toward patient safety, equity, quality improvement, and population health.

In 2022, NCHF completed the Population Health Innovation Project, engaging subject matter expert, Dr. Amy Boutwell with Collaborative Healthcare Solutions to support all 20 critical access hospitals in organizational planning toward population health activities. The ASPIRE + Population Health Playbook, adapted for the North Carolina FLEX Program Team, continues to serve as a key resource for understanding and analyzing data using root cause analysis and best practice methods to engage cross-continuum partnerships for equity and value driven outcomes.

Additionally, NCHF has embarked on its third year of the Certified Professional in Healthcare Quality (CPHQ) Certification Preparation and Professional Development Program made possible by SHIP funding. This program embodies the main tenets of the NCHF model of technical assistance and mission driven values engaging Dr. Joan Wynn, leading program faculty for quality and performance improvement with CPHQ, and More Inclusive Healthcare, Inc. in enveloping equity into the quality assessment and performance improvement portfolio of strategies. While the technical assistance focuses on the individual's (and hospital's) assets for needs-based coaching, the program uniquely leverages partner relations to support skill acquisition, workforce development, rural peer networks, and enhanced hospital and community-based partnerships to support long term rural health system sustainment.



Rural health panel at NCHA's Summer Meeting discussed "The Gift of Rural." Left to right: Greg Lowe, President, NC Division, HCA Healthcare; Lynda Stanley, CEO/President, Doshier Memorial; and Brian Gwyn, Senior Vice President & West Market President, Atrium Health, Enterprise Leader for Rural Health.

## CPHQ CERTIFICATION SUPERSTAR



Congratulations to Amanda Franklin, RN, CPHQ, Director of Quality and Patient Safety for Appalachian Regional Healthcare System, Charles A. Cannon, Jr. Memorial Hospital, for being the first rural hospital participant to complete all three pathways of the CPHQ Certification Preparation and Professional Development Program by May 2023. She is a true exemplar of rural health quality leadership.

## Behavioral Health

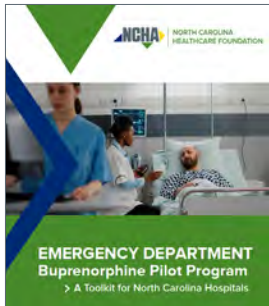


### Fighting Addiction: ED-Based Buprenorphine Toolkit

North Carolina hospitals and patients continued to face the devastating effects of the opioid epidemic in 2022 – with year-to-date increases in suspected overdose deaths and opioid overdose emergency department (ED) visits as of September. To support hospitals with delivering evidence-

based treatments for patients with opioid use disorder (OUD), NCHF worked with a group of hospitals and experts to develop a pilot program and toolkit for select North Carolina hospitals to pilot buprenorphine administration in their emergency departments.

Medication assisted treatment, such as buprenorphine, has been identified as the gold standard for evidence-based treatment of OUD due to its ability to stabilize patients, temper the withdrawal symptoms that make it difficult for people with OUD to stop using opioids, and to help protect against overdose. An ED visit is a critical point where patients with OUD can be introduced to this life-saving treatment that can serve as a gateway to recovery.



The hospitals participating in the ED-based buprenorphine pilot program in 2022-2023 will use the NCHF toolkit as an implementation guide. The toolkit contains an ED-based buprenorphine induction workflow as well as steps and tips for implementation, provider education, care continuity, harm reduction, and data collection. In addition to the toolkit, participating hospitals will receive expert coaching, training, peer learning, and access to additional pilot program tools and resources. At the end of the pilot period

in August 2023, NCHF will make the toolkit and lessons learned available broadly to hospitals throughout the state to support widespread adoption of these tested treatment protocols.

The buprenorphine toolkit and pilot will contribute to the model opioid practices that NCHF and NCHA have previously developed in collaboration with member hospitals, available online here.

The development of the toolkit and pilot program was funded by the North Carolina Division of Public Health, Injury and Violence Prevention Branch (IVPB), and was co-designed in collaboration with Dr. Christopher Griggs (Atrium Health), Dr. Genevieve Verrastro (MAHEC Faculty, Special Projects; UNC Associate Professor of Medicine), and four NC hospitals (UNC Chatham Hospital, UNC Health Southeastern, FirstHealth Montgomery Memorial Hospital, and Randolph Health).

### Advancing Quality Improvement Through EQIC

The **Eastern US quality Improvement Collaborative** (EQIC), comprised of six state hospital associations including the North Carolina Healthcare Association, assists member hospitals to achieve CMS goals of reducing all-cause patient harm by 9%, readmissions by 5%, adverse drug events by 13% and adverse drug events related to opioids by 7%.

In 2022, participating North Carolina hospitals achieved their 18-month goals in three of the four areas. These results are good, but ongoing staffing shortages continue to impact the ability to achieve more. High levels of staff turnover result in decreased staff knowledge, competency in quality improvement and hospital protocols, interrupted engagement with the program, and an unanticipated reliance on temporary staffing solutions.

Although participating EQIC hospitals grappled with COVID-19 surges and staffing shortages, they still made great strides in quality improvement this year. As an example, Carteret Health implemented the EQIC Care Partner program and officially received their designation certificate in July. This signature program uses best practices to invite the patient and family members to actively participate in the care of the patient. As a result, HCAHPS scores will likely get a positive boost and readmission rates will likely decrease.

## HOSPITAL EQIC ENGAGEMENT BY THE NUMBERS:

- 22** N.C. Hospitals participate in the EQIC program
- 30** free webinars or web conferences offered
- 282** registered participants in webinars from NC hospitals
- 100+** quality metrics used to measure hospital performance
- 17** out of 22 participants have signed the Health Equity Resolution to-date



## Supporting Ongoing Pandemic Recovery and Best Practice Efforts

As part of NCHFs ongoing efforts to offset health disparities worsened by the COVID-19 crisis, **Fill the Gap** funding was extended to the J. Arthur Doshier Memorial Hospital Foundation and the Brunswick Wellness Coalition to implement two impactful programs; one to support hospital employees experiencing hardships due to COVID-19 and another to establish telehealth sites in areas of need.

### Doshier Hospital Emergency Employee Assistance Fund

A screening process was designed for use by human resources and the care coordinator to determine need and eligibility of receiving emergency employee assistance funds. The majority of recipients were administrative/clerical or worked in operations (materials management, plant operations, environmental services). Outcomes of the emergency employee assistance funding were 96% of recipients continuing to successfully attend work after receiving funds, stress at home was reduced by 62% through alleviation of financial burdens caused by COVID-19, and when asked, “As Doshier strives to maintain a positive work environment for employees, wellbeing is important. Has this assistance helped your financial wellbeing?”, 100% of employees answered yes.



There is nothing more important than the story behind an initiative, so we asked employees to provide comments about their experiences. Many were received but two demonstrate how appreciative employees were to receive funds.

“I was blessed to be able to stay home with my son while he was quarantining due to COVID- 19. I was able to protect the rest of my family and staff by staying home. Being able to receive assistance made up the remainder of my pay so I was not short funds for my monthly bills.”



“While out sick with COVID, my heat pump broke. I was faced with illness, cost of fixing the heat pump and an ER bill. The employee assistance helped relieve the burden of two large bills at one time. Very thankful for having this available to us.”

### Care to Share Telehealth Sites

The establishment of telehealth sites in houses of faith of underserved communities yielded a surprising 104 visits. Access was achieved by providing locations with “Comm Kits” consisting of computers, printers, tablets, scales, thermometers and blood pressure cuffs and the designation of a trained church champion. All sites participated in quarterly wellness education events from diabetes and heart disease prevention to advanced care planning. Demonstrated outcomes included 96% of participants indicating a knowledge change that would lead to a behavior change and the commitment to sustaining locations as telehealth resources is 100%. Consistently church leaders expressed the receptiveness of attendees. One said, “Participants enjoyed the wellness session and asked questions.” They were appreciative of not only the resources provided but being linked to the community. Brunswick Wellness Coalition partners gathered for diabetes, blood pressure, and mammogram screenings to launch the telehealth initiative at a Spanish speaking church, a where two youth were identified with high blood pressure.



## Preventing Infections through Training and Certification

In early 2022, NCHF developed and implemented the statewide, **Certified Health Care Environmental Services Technician** (CHEST) training and certification program in partnership with The Association for the Healthcare Environment. This achievement was possible thanks to federal funding from the U.S. Health and Human Services Administration for Strategic Preparedness and Response (ASPR). The CHEST train-the-trainer program equips environmental service (EVS) leaders to train and certify EVS technicians in their organizations on infection prevention and control practices. The program has furthered NCHF's goal to improve access to health in both rural and non-rural communities and supports a key NCHA priority focused on workforce retention.

To date, NCHF has supported the training of 41 EVS leaders who are actively working on training and certification within their organizations. Additional grant funding is being leveraged to expand the program by enrolling a second cohort of EVS leaders by the end of 2022. NCHF will focus on supporting ongoing program implementation and evaluation efforts in 2023.





## Patient Safety Organization Leaves Legacy of Success – Transitions into New Era



Earlier this year, the Quality Center Patient Safety Organization changed its name to the **NCHA Patient Safety Organization** (PSO) to better reflect the organization's focus on driving healthcare safety and quality in our state. Throughout the ensuing months, much strategic planning was carried out and the NC Healthcare Foundation and Association made a tactical decision to sunset the NCHA PSO in order to better leverage its highly skilled staff to support emerging and critical initiatives as identified by our members.

When NCHA started a PSO in 2008 through the NC Quality Center, it was the first PSO in the state and the 25th in the nation and thus, able to blaze the trail in providing members with services not readily available otherwise and served as the patient safety structure for many organizations in North Carolina at that time. The education, training, and support provided by our PSO helped members focus on data-driven process improvement and develop cultures of safety to achieve zero preventable harm.

Today, our members are achieving national recognition for their tireless quality and patient safety work (see US News Hospital Quality Rankings – NC is 11th in Hospital Quality and the Spring 2022 Leapfrog State Rankings where NC is ranked #1 in the nation with percent of hospitals achieving a Leapfrog score of "A"). PSO members have created innovative programs utilizing Patient Safety Act protections, such as a peer support program, system-wide structures for multiple organizations to come together to tackle challenges in patient safety, and patient safety evaluation systems including mass staff education and engagement in safety reporting. Just as our members have evolved, our services at NCHA must evolve to support members where they are now and in the future with quality and safety, particularly focused on delivery of safe, high-quality healthcare to all people in North Carolina.

A key factor in the decision to sunset the NCHA PSO is the expansion in numbers and types of other high-quality PSOs. There are now approximately 100 PSOs operating in the nation, providing many different

options. Having more options in PSOs was a direct result of the NCHA PSO creating an environment in NC conducive to their entry into our state. The founding Director of the NCHA PSO, Nancy Shanz, RN, MA, MHA, MBA was a leader in educating state and national leaders in this important work as well as relentlessly collaborating with state licensure agencies to educate their field surveyors in this law and what their roles are related to patient safety work product. The NCHA PSO welcomed other PSOs entering the state as they broadened the support and resources available to improve healthcare.

Indeed, the NCHA PSO has long been a convener and supporter of all PSOs operating in the state to collaborate on programming and safety topics. As this growth and evolution has occurred and our members have reimagined their quality and safety work, so must we. It is time for us to reimagine our work to advance and innovate in the quality and safety space just as we did when we started the PSO in 2008. NCHF will build on the strong patient safety and quality improvement framework established under the PSO to support NCHA's long term health equity goals. This realignment of resources means a more concerted focus on addressing inequities in the care delivery system and greater data analytic and implementation support for all NCHA members

We continue to strongly encourage all NCHA members to join and participate in a PSO of their choice. PSOs provide important confidentiality and privilege protections not elsewhere available, as well as offer a rich resource for networking and shared learning with many other organizations across the nation. We are confident that our members have many excellent PSO options now and can easily continue participating in one or more, allowing us to direct finite resources elsewhere to advance the goal of fostering and helping to accelerate our members' abilities to prevent harm and improve health care quality for all people served.

We also want to take this opportunity to thank all current and past members of the NCHA PSO who have demonstrated great passion and effort in evolving robust quality and safety programs and have participated in the PSO programs, teaching and learning from each other. This is a journey that never ends, but evolves, innovates, and grows so we all rise and continue to improve.



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