

# 2018 Annual Report

*Uniting Hospitals, Health Systems and Care  
Providers for Healthier Communities*



# 2018 NCHA Annual Report

## MESSAGE FROM THE PRESIDENT

NCHA's centennial year has been monumental.

We've seen how our collaborative legislative successes and improvement work can make a difference in care delivery; how your preparedness efforts and coordination served the emergency needs of our communities during an historic hurricane; and how our reinvigorated foundation, new mission and rebrand will position us well for continued success in the future.

In the 2018 Legislative Short Session, we worked together to pass Senate Bill 630, *Revise Involuntary Commitment Laws to Improve Behavioral Health*, one of the most comprehensive pieces of behavioral health legislation in the last decade. Our efforts to improve the delivery of behavioral healthcare are already making a difference. North Carolina is seeing an increase in the use of psychiatric advance directives (PADs) to make it easier to get the right treatment and not end up in psychiatric crisis. The use of PADs was part of our legislation to reform the process of involuntary commitment for mental health treatment.

In September, Hurricane Florence brought unprecedented devastation to our state, causing an estimated \$17 billion in damage. Hospitals and health systems prepared extensively for the hurricane and implemented emergency plans that have been tested in past disasters and drills. Your collaboration with state government, supply chain partners and healthcare providers in areas less affected helped impacted hospitals get back to normal operations and serve their communities. I marvel at the resiliency of your staff who sheltered in place and worked in shifts during the storm. There's nobody better in a crisis than our members.

We know it takes financially stable institutions to make such emergency response possible. Over the last few years, hospitals and health systems have been moving towards value-based payment models that incentivize preventive care and put the patient at the center of care decisions, resulting in higher quality, more effective care at a lower cost. As large employers, you have modeled prevention and population health management with your own staff to drive down health costs.



**Telling the Healthcare Story:** It's an honor to speak on your behalf. In November, I discussed the current state of healthcare in North Carolina with Don Curtis for his Carolina Newsmaker talk show on WPTF Radio.

We have been working to champion fair and reasonable reimbursement and financial support for our state's hospitals and health systems. There are those who would like to reduce support to our safety net for personal and political gain. These approaches could adversely impact your ability to provide 24/7 access to care for all types of patients, to serve as a safety net provider for vulnerable populations, and to have the resources needed to respond to disasters. The road ahead will be challenging, but together we can raise our voices to protect access to quality, affordable healthcare for all North Carolinians.

In 2018, NCHA celebrated 100 years of caring, service and commitment to the people and the communities that we are so fortunate to serve. We've also been focused on the future ahead, thinking in new ways about how health systems deliver patient care and our role in addressing the health of our population today. With our foundation, new name and new mission — **To improve the health of the communities where we live and work by advocating for sound public policy and collaborative partnerships** — NCHA is well on its way.

Your association continues to be mindful and focused on how to always bring value to you, your organizations, and your communities. This report highlights our 2018 accomplishments. I'm also happy to share that **for every dues dollar in 2018, your association generated a return of \$412 of value for hospitals and health systems statewide.**

▶ **Stephen J. Lawler**  
NCHA President

**\$412**  
ROI 2018



At NCHA's Winter Meeting, former Congressman Patrick Kennedy discussed the goal of making mental healthcare as routine, accessible, and understandable as physical healthcare (Kennedy, pictured left, with Steve Lawler and Dr. Roxie Wells).



## ADVOCATING TOGETHER ►

There is never a shortage of important issues facing hospitals, health systems and providers. NCHA is proud to represent our members and the patients you serve by advocating at the state and federal levels for policies that increase access to care, improve quality and support your ability to provide care 24/7.

As the year winds down, it seems that the activity level is picking up. With the approval of the Medicaid Managed Care 1115 waiver, new rules from the Centers for Medicare and Medicaid Services, and the recent proposal on future payment for the State Employee Health Plan, our field is facing some serious challenges. Our unified voices, coupled with active member engagement, have enabled us to tackle vital issues. This year's short session at the Legislature is testament to what we can accomplish together. Here is a recap of the 2018 Short Session:

**Certificate of Need Preservation:** There were efforts to repeal Certificate of Need in the budget, but those efforts were short-lived. The only change made to the CON law was an expansion of the exception for Legacy Medical Facilities that would allow them to extend the time to reopen a facility by 36 months and also cover those facilities providing outpatient services.

**Safety Net Payment Preservation:** North Carolina's Medicaid Reform 1115 waiver was finally approved in October 2018. The 1115 waiver legislation commits the state to begin implementation of the managed care program 18-months following the approval of the waiver. A request for proposal (RFP) was issued in August, and managed care organizations are busy building their networks and may be contacting hospitals in this process. Contracts will be awarded in February 2019. Currently, the waiver

does not include language to ensure that the Medicaid Reimbursement Initiative/Gap Assessment(MRI/GAP) program (the hospital supplemental payment program) will remain intact. However, healthcare leaders in the General Assembly, as well as the Secretary of the Department of Health and Human Services, have indicated that they will address the issue in early 2019, with plenty of time before the transition to managed care.

**Increased Access to Health Insurance Coverage:** The General Assembly once again declined to increase access to health insurance coverage to more North Carolinians, through Medicaid expansion or other coverage options. NCHA will continue to work with our allies to make closing the coverage gap an issue in 2019.

**Non-Profit Tax Treatment Preservation:** The General Assembly did not act on non-profit tax status this session.

**Graduate Medical Education Support:** The General Assembly focused their GME work on rural access. They passed legislation to further study expansion of the GME program and the possibility of establishing teaching hospitals in rural parts of North Carolina.

**Behavioral Health Reform:** Your active engagement enabled us to achieve one of our top priorities in 2018 — passage of comprehensive reform of the state's involuntary commitment law. The reforms in SB 630, *Revise IVC Laws to Improve Behavioral Health*, were developed with the input of statewide multi-sector behavioral health workgroups convened over a two-year period by NCHA. Our success was a direct result of member interaction with lawmakers throughout the session, beginning with a behavioral health

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## ADVOCACY BY THE NUMBERS

# 15

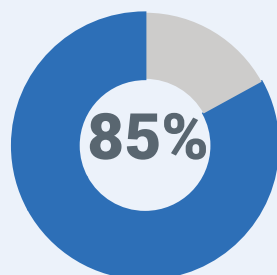
### BILLS MONITORED

The 2018 Short Session in Raleigh mainly focused on the budget. NCHA closely monitored 15 bills, including SB 630: *Revise IVC Laws to Improve Behavioral Health*.

# 13

### VISITS TO WASHINGTON, DC

NCHA staff traveled to Washington, DC, 13 times, holding 27 one-on-one meetings with members of Congress and staff. NCHA also held two Delegation Staff Roundtables, a June congressional reception for NCHA health systems with members of Congress and staff in attendance, participated in a round table on the impact of tariffs on healthcare, and discussed workforce challenges and rural access to care with a White House advisor.



# \$169,662

### HOSPAC CAMPAIGN

As of Nov. 23, the HOSPAC Campaign has raised \$169,662 or 85 percent of our \$200,000 annual goal.

# 25

 Consecutive years

### AHA PAC HALL OF FAME

NCHA was named to the American Hospital Association's Hall of Fame for meeting our PAC goal for 25 consecutive years.



panel featuring the sponsors of SB 630 at NCHA's Winter Meeting (pictured above). NCHA also coordinated with members to bring care providers — physicians, nurses, and others — to visit the General Assembly during scheduled theme weeks, including NCHA Behavioral Health Advocacy Week where our message of “Right Care, Right Place” was heard.

**Federal Activities:** NCHA staff was in frequent contact throughout 2018 with our Congressional delegation in Washington, DC, on priority issues: Affordable Care Act repeal/reform, Medicaid disproportionate share hospital funding reductions, the 340B drug discount program, Emergency Medical Treatment and Active Labor Act reform, Area Wage Index repeal, Graduate Medical Education, telehealth expansion, and site neutral and Medicare extender payments.

Challenges to the 340B program were constant in 2018 and are expected to continue. NCHA, with the support of the 340B member work group, is developing a standardized tool to assist hospitals in quantifying the community benefit derived from 340B savings.

Healthcare was once again a top campaign issue in the 2018 election. In North Carolina, the state Republican party lost their super majority and veto power. There will be many new lawmakers to educate on our issues before next year's long session gets underway.

As we prepare for 2019, NCHA will continue working with legislators to help them understand the impact of their decisions on patients and health systems. Members are encouraged to meet with legislators while they are home — and to reach out to those who are newly elected — to reinforce the need for support.

As always, thank you for your ongoing commitment to HOSPAC, NCHA's political action committee, and our work building relationships with elected officials. As of November 23, 2018, the HOSPAC Campaign has raised \$169,662 or 85 percent of our \$200,000 goal for 2018.

## GRASSROOTS ACTION

NCHA created and coordinated a variety of opportunities — both in individual districts and in Raleigh — for health system leaders and care team members to meet personally with lawmakers regarding critical healthcare legislation. NCHA also organized and/or participated in a variety of regional opportunities that allowed our members to engage with community partners and key leaders on important healthcare issues. Here are a few highlights:

### NCHA ADVOCACY WEEKS



17

17 multi-hospital and single-hospital system members participated in NCHA's advocacy weeks during the short legislative session.

90%

More than 90 percent of the legislative days were covered by hospital and health system care team members.



### GRASSROOTS EDUCATION EVENTS

#### 3 Rural Healthcare Experience Events

NCHA coordinated three rural hospital meetings with the General Assembly's Access to Healthcare in Rural NC Committee to share the unique challenges and opportunities in rural healthcare delivery.



#### 6 Healthcare Leadership Listening Sessions

NCHA participated in six Healthcare Leadership Listening Sessions — organized in partnership with Care4Carolina, NC Child and NC Rural Center — to discuss regional challenges regarding access to affordable insurance coverage.

#### 6 Presentations on Economic Benefits of NC Hospitals & Health Systems

NCHA continued to share the economic benefits of hospitals and health systems through six presentations across the state in 2018.

## ENGAGING MEMBERS IN POLICY DEVELOPMENT ►

As part of our goal to expand member engagement in policy work, NCHA also activated three regional policy councils (RPCs) in 2018. The goals of NCHA's RPCs are to engage more members in the policy process, to convene with purpose, and to provide leadership development opportunities for members and NCHA.

Through RPC topic discussions, members can make NCHA aware of their policy issues, needs, opportunities and successes, and identify emerging issues in the field. The RPCs focused on a few priority issues in 2018 — telehealth workforce, social determinants of health and economic impact.

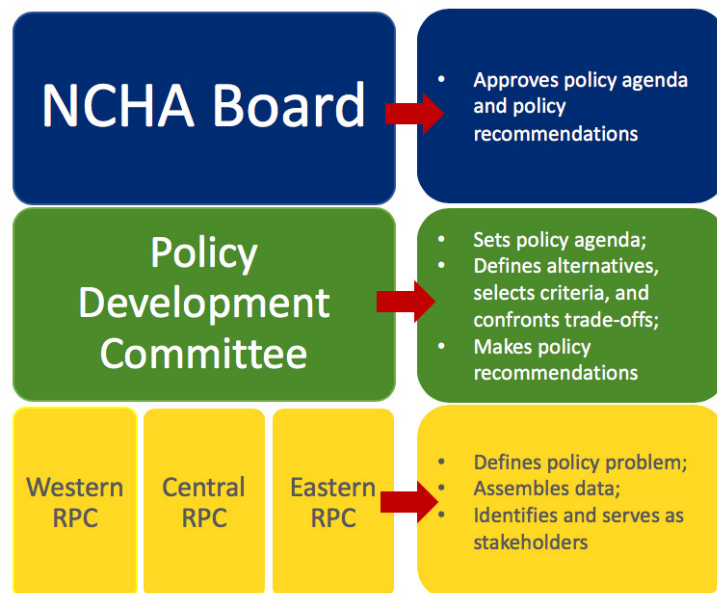
### Telehealth

The telehealth RPC meetings explored how to improve the environment for telehealth to flourish in North Carolina. Members from 20 NC hospitals and health systems formed a NCHA Telehealth Working Group, which leads the Association's efforts on this issue. They have divided telehealth policy work into four categories: (1) reimbursement, (2) regulatory, (3) infrastructure and (4) clinical metrics.

Hospitals are providing telehealth services in at least 26 service areas, but discontinued telehealth for some service lines because it wasn't financially sustainable without reimbursement.

### Workforce

In 2018, NCHA will initiate a workforce working group to address the longer-term policy challenges related to workforce shortages and building the workforce pipeline in North Carolina. Additionally, the Policy Development Committee charged the regional policy councils with identifying a picture of the labor shortages and obtaining member input on challenges related to workforce recruitment and retention. The discussions within the councils were a first step at defining the workforce challenges and beginning to address the workforce development policy issues.



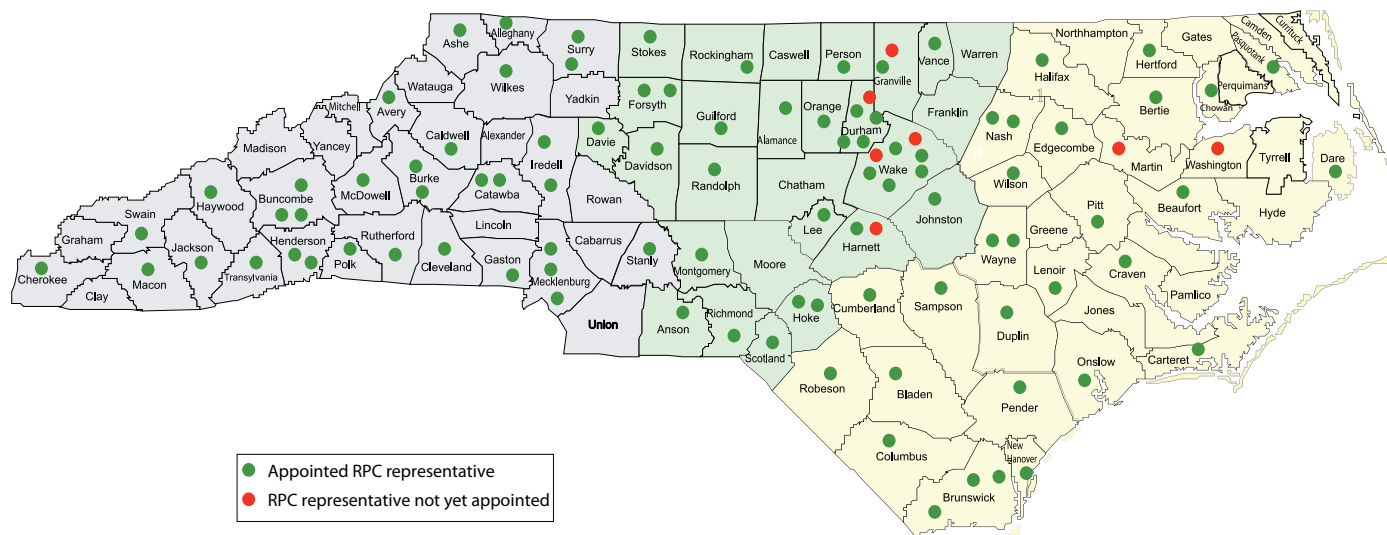
The policy development process uses member input and subject matter expertise to develop policy recommendations to the board.

### Other Policy Issues

NCHA also has engaged members and other key partners in issue-specific policy workgroups on the 340B drug discount program, Certificate of Need, data, and behavioral health.

NCHA also convened our single-hospital health systems to discuss their unique challenges and for input on financial and policy issues.

## NCHA'S NEW REGIONAL POLICY COUNCILS ►



## PRESERVING THE HEALTHCARE SAFETY NET ►

NCHA's Financial Services team is dedicated to helping our hospitals navigate the complexities of healthcare finance while protecting funding and reimbursement. As demands increase to control expenditures and new regulations, and changes in reimbursement methods evolve, members can rely on NCHA for information and guidance to stay viable. In 2018, the Financial Service team:

- Coordinated recommendations to preserve Medicaid supplemental payments going into Medicaid managed care.
- Identified the impact of reduced reimbursement as proposed by the NC Division of Health Benefits.
- Coordinated and provided members with information pertaining to proposed State Health Plan reductions.
- Managed the Medicaid Reimbursement Initiative/Gap Assessment Program, which resulted in non-federal net funding by hospitals of more than \$1 billion for the third time.
- Identified potential opportunities to reopen the 2018 MRI/GAP plan and increase net receipts.
- Eliminated all Disproportionate Share Hospital (DSH) audit paybacks as a result of certified public expenditures (CPE) issued in the 2015 MRI/GAP plan.

**\$1.044 BILLION**  
MRI/GAP FUNDS

**40**  
DATAGEN REPORTS

**16**  
COMMENT LETTERS

**10**  
PAYOR MEETINGS

**22**  
WORKGROUP MEETINGS

FINANCIAL SERVICES

NCHA also represents members' financial interests before regulatory agencies and other third-party payers. NCHA and its vital member workgroups continually work to resolve billing, claims, reimbursement, compliance, network adequacy, assignment of benefits, tiering products, and enrollment issues with Medicaid, Medicare, Veterans Affairs, Military, State Health Plan, and commercial health insurance.

## MONITORING REGULATIONS & THE COURTS ►

State and federal regulations have a big impact on health systems and their patients. NCHA works closely with regulatory agencies and other groups to advocate for a reasonable regulatory environment. In 2018, NCHA staff:

- Participated in nine meetings of the State Health Coordinating Council and its three subcommittees.
- Participated in four State Health Coordinating Council Public Hearings and Comment processes, submitting comments on areas of concern to health systems and monitoring those comments through approval for the 2019 State Medical Facilities Plan.
- Coordinated a meeting with hospital data and planning managers to improve price transparency data collection by IBM, the State's data collection agency, and the license renewal form.
- Provided a legislative update at the Fall meeting of the Carolinas Society of Health Care Planning and Strategic Development.

- Monitored the regulatory process, including the Medical Care and other Regulatory Commissions. Recruited qualified nominees from interested NCHA members to serve on commissions, and provided comment and summaries to membership.
- Developed a process to identify and coordinate opportunities and, if necessary, development of comments to be submitted to state and federal agencies to address NCHA membership needs.

NCHA will participate in two lawsuits to protect hospital Disproportionate Share (DSH) payments from arbitrary and erroneous CMS interpretations. NCHA also will file an amicus brief in support of the hospital exemption from the unfair trade practices law for contracts for medical services.



## IMPROVING THE HEALTH OF OUR COMMUNITIES ►

In 2018, NCHA restructured the **North Carolina Hospital Foundation (NCHF)** with a new Board of Directors and enhanced relationships with essential partners to focus on supporting health improvement work.

In early November, The Duke Endowment's Board of Trustees awarded a \$4 million two-year grant to the NC Hospital Foundation to launch a new (tentatively named) NCHF Center for Health Innovation. The Center's core purpose will be to identify, enhance and accelerate the statewide adaptation of innovative clinical models that increase access, influence equitable care delivery and improve clinical outcomes.

As part of the award, the NCHF will assume two of the Endowment's longest-standing healthcare programs in North Carolina: Networks of Care for the Uninsured and Healthy People, Healthy Carolinas. The NCHF will provide oversight, technical assistance and data analytics for the statewide projects, that respectively seek to increase access to care for the uninsured and enhance community-based chronic disease prevention initiatives.

2018 NCHF initiatives included:

### The Disaster Relief Fund

In September, the Foundation established the NCHF Disaster Relief Fund to aid North Carolina hospital and health system employees who suffered significant property loss to their homes or residences during Hurricane Florence and the subsequent flooding. There are 21 North Carolina hospitals in the disaster-designated areas. The fund has raised \$267,000 for employee assistance. Contributions poured in from individuals and 35 organizations including other hospital associations. NCHA secured an additional \$500,000 of state funds during a special Hurricane Session of the General Assembly for rural hospital relief.

### Mobile Medication Program

The NC Mobile Medication Program (MMP), in its final year of a three-year grant from the Kate B. Reynolds Charitable Trust, is a pilot program aimed to improve care and reduce readmissions for patients with severe psychiatric illness.



On May 9, NCHA joined the NC Department of Health and Human Services at Wake Forest Baptist Medical Center to announce the six hospitals receiving grant awards as part of a pilot program to combat the opioid crisis facing our state. Peer support specialists (pictured left) from Wake Forest Baptist shared their experiences as part of the program.

Piloted in Nash and Vance counties, MMP has served nearly 400 clients. Teams of trained peers and nurses visit participants in their homes and provide medication support, education, and skill-building. The program has been replicated in Wake (led by WakeMed), Macon and Transylvania (led by Mission Health) counties. MMP reduced readmissions by 60 percent for participants who completed the program. The Foundation will continue its efforts to ensure MMP sustainability and spread.

### ED Peer Support Program

In partnership with the NC Department of Health and Human Services (DHHS), NCHF is supporting the spread of an innovative program started at Wake Forest Baptist Medical Center to combat the growing opioid crisis. Six North Carolina hospitals and health systems have received grant funding through DHHS to embed trained peer support specialists in their emergency departments to connect patients presenting with opioid overdose to treatment, recovery, and harm reduction supports. Sites were selected based on applications and include: Carolinas HealthCare System NorthEast (part of Atrium Health), Cone Health, Novant Health Presbyterian Medical Center, Southeastern Regional Medical Center, UNC Hospitals, and Wake Forest Baptist Medical Center.

### Opioid Coalition

The Coalition for Model Opioid Practices in Health Systems is a partnership between NCHF and the NC Department of Health and Human Services (NC DHHS). Within the coalition, there are three working groups: Prevention and Safe Pain Management, Health System Response, and Healthcare Worker Diversion Efforts. Highlights from 2018 include:

- Published a Diversion Toolkit,
- Created Emergency Department Triage Guidelines,
- Influenced STOP and HOPE Act implementation,
- Printed 40,000 safe disposal pads for clinicians across North Carolina, and
- Co-authored article in the NC Medical Journal, "How North Carolina Hospitals, Health Systems, and Care Providers are Uniting to Fight the Opioid Epidemic."



LaPonda Edmondson, NCHF Senior Director of Evaluation, presented a poster on MMP at the 2018 American Public Health Association Annual Meeting in November.

### Mobile Crisis

NCHF received a planning grant from The Duke Endowment to evaluate system changes to North Carolina's behavioral health crisis response, which is often fragmented, not aligned with best practices, and drives inappropriate emergency department utilization. The NCHF team, along with a representative from NC Medicaid, traveled to Travis County, Texas, to learn more about the co-location model of mobile crisis developed by Integral Care, the Austin Police Department, and Austin EMS. The Foundation will continue to work with North Carolina first-responder partners to test the model in NC.

### Pneumonia Knockout Campaign

Pneumonia Knockout is a statewide campaign to improve the CMS 30-day pneumonia mortality and readmission rates in North Carolina through collective action with participating hospitals and health systems, the state and community partners. In 2018, we improved NC's 30-day pneumonia mortality rate from 50th to 49th nationally. The 30-day pneumonia readmission rates improved from 28th to 26th nationally, the lowest rate for NC in the past five years. The Pneumonia Knockout Campaign expects to see even more improvement in the 2019 and 2020 pneumonia data.

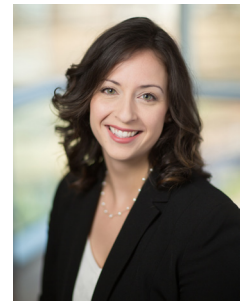


During the campaign, 81 percent (76) of the 94 hospital members that pledged to knockout pneumonia identified one or more quality improvement areas to improve pneumonia mortality and readmissions in NC. Some areas of focus included:

- Developing standing orders/improving compliance for pneumococcal vaccinations for adults 65 and older,
- Improving early detection and diagnosis of pneumonia in the acute care setting, and
- Implementing Clinical Documentation Improvement (CDI) teams.

NCHA also worked with 18 Federally Qualified Health Centers in 13 targeted NC counties with the lowest pneumococcal vaccination rates to improve vaccination at their sites. Each site developed an AIM statement and identified at least two quality improvement areas of focus, such as standardizing checklists in charts and electronic medical records, developing standing orders, and increasing patient education through office displays, voicemail scripts, and social media.

The campaign was featured in *Readmissions News*, and in an AARP immunizations article, "Had Your Pneumonia Shots Yet?" Staff presented updates on the campaign at the NC DHHS Community Needs Assessment Winter Institute, the North Carolina Learning Collective, the Carolinas Center Advance Illness Management Summit, the National Readmission C-Suite Collaborative, and the NC Immunization Coalition.



Patient Safety Specialist Claudia Paren (inset at right) leads The Quality Center PSO. Nancy Schanz (pictured left) retired in early 2018 as the PSO's executive director. She presented the PSO's opioid work at a national PSO meeting in April 2018.

### Patient Safety Organization

For more than a decade, The Quality Center Patient Safety Organization (PSO) has supported our members in establishing a strong safety culture and improving systems of care. The PSO has earned a national reputation as a model for peer learning. It offers access to benchmarking data from more than 800 hospitals and 42 nationally-known academic medical centers, offering important comparative insight into performance. The PSO is a protected collaborative environment to share and learn from peers.

In 2018, the PSO transitioned from a longstanding grant-funded program to a subscription model. To date, 42 NCHA members are participating. More than 255,000 events are in the safety platform database, including 169 root cause analyses documents submitted in 2018. This year, the PSO:

- Provided engagement and reporting feedback summaries to members,
- Completed nine site visits,
- Held five Safe Tables (including the first-ever joint PSO sharing Safe Table featuring Atrium Health as subject matter experts and Texas A&M Rural as PSO participants, and the first virtual Safe Table),
- Coordinated four in-person workshops (Caring for Behavioral Health Patients in Non-Behavioral Health Settings, Device-associated HAI reduction, RCA2, and Nuts & Bolts of PSO protections), and
- Presented seven educational webinars to members.



**The Quality Center**  
Patient Safety Organization



## 123 Equity of Care

The American Hospital Association launched the #123forEquity pledge campaign to ensure that every person in every community receives high-quality, equitable and safe care. In North Carolina, 75 hospital and health system leaders signed the pledge to take action to accelerate progress in the following areas:

- Increasing the collection and use of race, ethnicity, language preference and other socio-demographic data
- Increasing cultural competency training
- Increasing diversity in leadership and governance
- Improve and strengthen community partnerships

In April, NCHA partnered with Atrium Health to offer “Beyond the AHA #123Equity Pledge In NC,” a gathering of diversity leaders. At NCHA’s Summer Meeting, NCHA had an Equity of Care booth to promote core tenants of the #123Equity Pledge and encourage participation.

NCHA looks forward to continuing to work on addressing diversity and inclusion. In 2019, NCHA will launch a mentorship program to cultivate underrepresented leaders in healthcare.

## FLEX

The Medicare Rural Hospital Flexibility Grant (FLEX) Program provides support for critical access hospitals for quality improvement, quality reporting and performance improvements. NCHA partners with the North Carolina Office of Rural Health to administer the quality improvement program area of FLEX, called the Medicare Beneficiary Quality Improvement Project (MBQIP).

In 2018, NCHA completed a three-month rapid improvement project focused on improving the HCAHPS Composite 7 measure on Care Transitions. The teams that participated provided positive feedback on the project format and the desire to do additional cohort-based projects in the future.

Performance to-date against the three-year targets is as follows:

- Outpatient Measures: 86 percent above target; 14 percent at or above baseline.
- Emergency Department Transfer Communication (EDTC) Measures: 100 percent above target.
- HCAHPS Measures: 13 percent above target; 62 percent at or above baseline; 25 percent below baseline.

Reporting status continues to be strong and is as follows:

- Outpatient Measures: 90 percent of Critical Access Hospitals (CAHs) reporting at least one measure.
- EDTC Measures: 80 percent of CAHs reporting these measures.
- HCAHPS Measures: 90 percent of CAHs reporting these measures.

North Carolina’s 20 CAHs participate in the MBQIP project, with 18 actively participating in the Quality Collaborative managed by NCHA. From September 2017 to August 2018, NCHA completed 24 CAH site visits. NCHA also presented on the project four times at the quarterly CAH Quality Collaborative meetings.



Transylvania Regional Hospital was honored at the Critical Access Hospital quarterly meeting for being named one of the Top 20 Critical Access Hospitals in the United States.

## Small Rural Hospital Improvement Program

The purpose of the Small Rural Hospital Improvement Program (SHIP) is to help small rural hospitals of 49 beds or less:

1. Purchase equipment and/or training to attain value-based purchasing provision in the Affordable Care Act
2. Join or become accountable care organizations, or create shared savings programs per the ACA; and
3. Purchase health information technology, equipment, and/or training to comply with meaningful use, ICD-10 standards, and payment bundling.

NCHA partners with the NC Office of Rural Health to administer SHIP. There are 27 NCHA members participating in SHIP. Currently, 23 NC hospitals have selected Value Based Purchasing Projects, four have selected Accountable Care Organization Projects and three have selected Payment Bundling/Prospective Payment System Projects.

## ICU Safety Collaborative

NCHA, along with the NC Division of Public Health (NC DPH), is leading a year-long program aimed at reducing or eliminating central line-associated blood stream infections (CLABSI) and/or catheter-associated urinary tract infections (CAUTI) in adult intensive care units (ICU). Currently 20 ICUs in NC are participating.

This program is in collaboration with the Agency for Healthcare Research and Quality and the Health Research and Educational Trust (HRET). Prior to the collaborative’s kick-off, NCHA, in concert with NC DPH, HRET, and NC Hospital Improvement Innovation Network (Premier, Vizient, and Atrium), hosted a state-wide device-associated hospital acquired infection (HAI) reduction day-long learning program.

# FOUNDATION HIGHLIGHTS

## MOBILE MEDICATION PROGRAM ▶

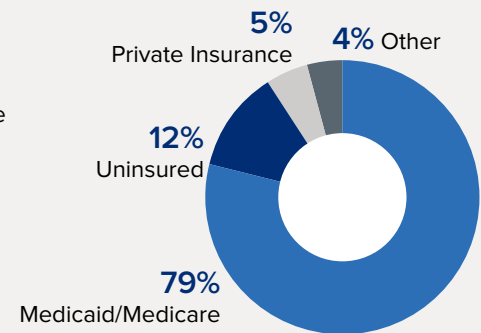
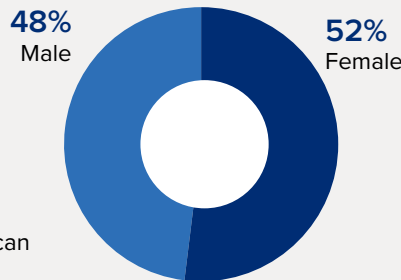
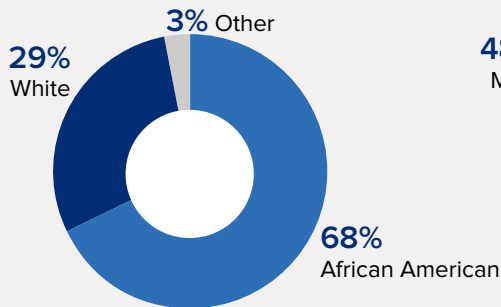
**382** Participants



**68%** Reduction in Hospitalizations

**56%** Reduction in Emergency Dept. Visits

**52%** Reduction in Length of Stay (in days)



## EQUITY OF CARE PLEDGE ▶



In NC, 75 health system leaders signed the pledge to ensure that every person in every community receives high-quality, equitable and safe care.

## PNEUMONIA KNOCKOUT ▶

Statewide campaign to improve the CMS 30-day pneumonia mortality and readmission rates.



**26th** Improved the 30-day pneumonia readmission rate from 28th to 26th nationally.

**49th** Improved the 30-day pneumonia mortality rate from 50th to 49th nationally.

## THE QUALITY CENTER PSO ▶



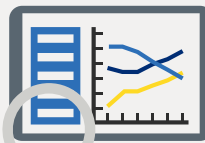
**42** NCHA Members Participating

**800** Hospitals in Benchmark

**42** Academic Medical Centers in Benchmark

**255K** Events in Safety Platform Database

**169** Root Cause Analyses Submitted



**5** Safe Tables

**9** Site Visits

**4** Workshops



## FLEX COLLABORATIVE ▶

Three-month rapid improvement project with participating critical access hospitals focused on improving the HCAHPS Composite 7 measure on Care Transitions.



**86%**

Outpatient Measures

86% above target; 14% at or above baseline

**100%**

Emergency Department Transfer  
Communication Measures

100% above target

**13%**

HCAHPS Measures

13% above target; 62% at or above baseline;  
25% below baseline

## TELLING THE HEALTHCARE STORY ►

NCHA is inspired by the work you do day in, day out. We proudly promote and share public messaging around the value hospitals and health systems bring to their communities, using four main pillars: Prepared to Care 24/7/365, Strengthening the Economy, Enhancing Quality of Life, and Caring for the Sickest and Most Vulnerable.

NCHA highlights member stories and advocacy issues through daily posts on our social media platforms, incorporating videos and Facebook Live. We also expanded our social media footprint to include LinkedIn in 2018, showcasing business partners, member news and thought leaders.

NCHA actively works to shape the healthcare conversation in North Carolina through developing and maintaining relationships with local, state and national media outlets. Our staff managed more than 80 media stories, working especially closely with members during Hurricane Florence to ensure critical information was getting out. NCHA staffers were featured on radio talk shows to highlight behavioral health issues, legislative activity, advance directives and hurricane preparedness. Our team also co-hosted a news conference on the Emergency Department Peer Support Program grant announcement in May, working with DHHS and Wake Forest Baptist Medical Center staff.

In the lead-up to the short session, and to celebrate National Hospital Week, we partnered with the American Hospital Association on its #MyHospital Twitter campaign. We created a signature image and highlighted recent news stories that showed the many ways in which North Carolina's hospitals and health systems contribute to their communities.

A majority of our social media messaging during the short session showcased stories about the innovative approaches hospitals and health systems are taking to support the physical and mental health of North Carolinians. These #HealthcareMatters, #RightCareRightPlace messages supported our goal to elevate awareness about the behavioral health crisis and newly introduced legislation to bring much-needed reform to the state's involuntary commitment law.

As part of our centennial year, NCHA rebranded to the North Carolina Healthcare Association with the tagline: "Uniting hospitals, health systems and care providers for healthier communities." This new brand better reflects our membership of not only hospitals but health systems that span the care continuum.

In tandem with the rebrand, we launched a new NCHA website in February. With it came a much easier interface for highlighting our members, education events, foundation initiatives, business partners and for accessing resources like our advocacy materials. The new website was honored in December 2018 with a Wallie Award from the Carolinas Healthcare Public Relations and Marketing Society.

In recognition of NCHA's 100th Anniversary, we told the story of healthcare in North Carolina in a video highlighting the remarkable strides our members have made and witnessed in our first century. NCHA has been by your side since 1918 helping to solve workforce challenges, understand ever-changing government regulations and new reimbursement models, and advocate for sensible policies.

## COMMUNICATIONS BY THE NUMBERS

NEW NCHA.ORG

**146,769**

Unique Page Views  
February-November 2018



**3,199**

Twitter Followers  
Gained 18% in 2018  
as of November

**5,341**

Total Engagements  
Shares, Likes, Comments



Vidant, Atrium, Cone and UNC Health Care offering free access to telehealth Services through the weekend. <https://t.co/eKhQpScMWY>  
#careforall #FlorenceNC

**29K**

Top Post Reach

**33,612**

Unique Users  
February-November 2018



**13,600**

Facebook Fans

**4,119**

Total Engagements  
Shares, Likes, Comments

During and after #FlorenceNC, hospital and health system employees in southeastern North Carolina stayed on the job day and night to care for their communities. Jim Davis, Assistant VP of Nursing at CarolinaEast Health System in New Bern, NC, describes what it means to be #PreparedToCare. #thisiscaring #healthcareheroes



**455**

Top Post Reactions

**611**

Highest Users in a Day

A record number of users visited NCHA.org Sept. 19 after Hurricane Florence.

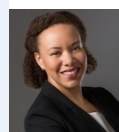


**1,428**

LinkedIn Followers

**2,027**

Total Engagements  
Shares, Likes, Comments



North Carolina Healthcare Association

What a great way to get to know this dynamic professional as she leads UNC Health Care Rockingham toward a promising new future!  
#hospitalleadership #caringforcommunity

**2,567**

Top Post Impressions



## STRENGTHENING MEMBER SERVICES AND OPERATIONS ►

NCHA is ending the year in a strong financial position. Our 2018 Member Survey showed improvement both in NCHA's performance and value of membership since the last survey in 2016. Members have ranked NCHA at 8.4 on a 10-point scale, an important benchmark for hospital associations. Workforce challenges, government reimbursement and new reimbursement models were identified in the survey as the top three issues facing members.

We also launched a new Association Management Software (AMS) system to better track member demographics, engagement, and more. We already are seeing the benefits of a more streamlined meeting registration process and customer relations management (CRM) functionality for tracking interactions with members. This months-long effort brings more business intelligence to us, including providing more metrics-based information on member engagement.

## UNDERSTANDING THE EVOLVING WORLD OF HEALTHCARE WITH EDUCATION ►

NCHA provides educational opportunities to help members comply with new regulations, learn best practices and prepare for changes in healthcare delivery. Our in-person and online educational programs target all levels of administrative staff and cover the most current healthcare issues.

Our two multi-day marquee annual events offer time for connecting, networking, celebrating the field, and refocusing our efforts to make healthcare better throughout our state.



NCHA Board Chair Phyllis Wingate (left) with past Board Chairs Joann Anderson (center) and Laura Easton (right) at NCHA's Summer Meeting.

More than 430 members, trustees, vendors and guests attended the 2018 Winter

Membership Meeting, where we unveiled our new brand and heard from excellent speakers and panelists, including Governor Roy Cooper, former Congressman Patrick Kennedy, and state legislators. This year, we offered several pre-conference sessions, including a well-attended session on behavioral health.

NCHA's Summer Meeting, "The Changing Face of Healthcare," was a celebration of NCHA's centennial and the remarkable work we have accomplished together over the past 100 years. The program also challenged us to look to the future, thinking in new ways about the way we deliver patient care and our role in addressing the health of our population today.



NCHA members enjoying a presentation at NCHA's Summer Centennial Celebration.

## EDUCATION SERVICES

**42** Webinars **22** CMS/Regulatory-Related

**5** In Person Events **98%** Satisfaction Score

**177** Continuing Education Hours **317** Continuing Education Certificates

## PROVIDING INNOVATIVE SOLUTIONS THAT SAVE TIME AND MONEY ►

NCHA Strategic Partners is your resource for access to workable, cost-effective solutions. In keeping with NCHA's new brand, NCHA Strategic Partners is expanding participation opportunities in shared services offerings beyond NCHA membership to include select allied healthcare provider organizations.

In July, we added the Association for Home and Hospice Care of North Carolina (AHHNC) and its 750 provider members to our network. This new relationship will offer AHHNC's member providers of home health, hospice, palliative care, personal care, private duty nursing and companion/sitter services access to the array of business partners available to NCHA members and enhance the purchasing power available to you through Strategic Partners.

The Strategic Partners' strategy for 2018 focused on non-acute sales, capital equipment sales, group purchasing organization (GPO) agnostic programs and newly-assigned secondary North Carolina systems. Two key parts of the Strategic Partners portfolio are Insurance and Workforce, both of which showed double-digit growth last year.

This year, Qualivis, formerly known as Healthcare Staffing Services, announced a major expansion of its scope of services to include permanent placement, per diem, temp-to-perm, interim executives, critical and rapid response, international and locum tenens.

In the aftermath of Hurricane Florence, a need for additional staff at many of the affected hospitals arose. NCHA staff developed a process for hospital staff in unaffected areas to volunteer staff to hospitals in eastern North Carolina, a hospital-to-hospital staffing collective. NCHA was able to match 75 volunteer staff to New Hanover Regional, Onslow Memorial, UNC Lenoir and many others. NCHA Strategic Partners' staffing program with Qualivis deployed more than 50 Rapid Response Agency nurses to hospitals in the impacted areas.


In 2018, Marsh & McLennan Agency (MMA) became NCHA's official business insurance partner. In addition to their existing employee health and benefits services, MMA will now support NCHA member healthcare providers in implementing data-driven solutions that will improve efficiency and cost-effectiveness and provide unique programs to protect and mitigate risk. This partnership offers NCHA member hospitals and health systems, as well as affiliated healthcare provider organizations, the opportunity to advance their insurance coverage capabilities through MMA's global resources.

NCHA also continues to provide its Workers' Compensation Fund in conjunction with Arthur J. Gallagher & Co. The Fund paid out more than \$2 million to participating members this year.

All NCHA Strategic Partners undergo a strategic vetting process to ensure that they provide the right products and services our members need to respond to the changing healthcare landscape. Based on this process, candidates are evaluated for their potential as endorsed business partners, affiliate companies, or as corporate sponsors. NCHA Strategic Partners will be adding two new business partners by year-end.



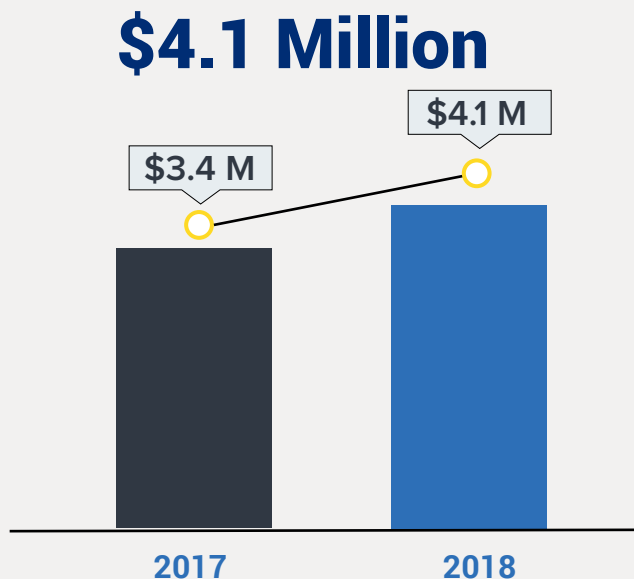
NCHA worked closely with member hospitals to provide support during Hurricane Florence, connecting them with incredible clinical providers like Iredell Health's Bob Noble (center), who volunteered to relieve exhausted staff at New Hanover Regional Medical Center in Wilmington.

 <b>Rapid Response Placement After Hurricane</b>	
Facility	Traveler Count
New Hanover Regional Medical Center	36
New Hanover Regional Medical Center Orthopedic Hospital	2
Onslow Memorial Hospital	5
Pender Memorial Hospital	4
Sampson Regional Medical Center	5
<b>TOTAL</b>	<b>52</b>

# STRATEGIC PARTNERS HIGHLIGHTS

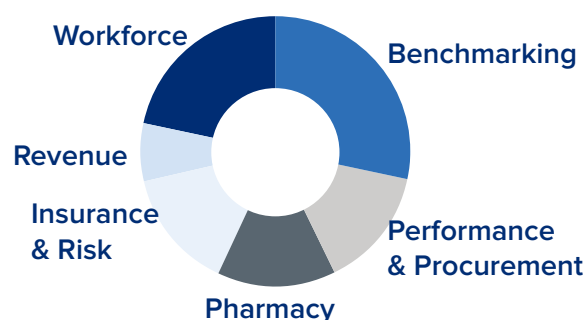
## PROJECTED PARTNER REVENUE ►

All Strategic Partners revenue goes to support NCHA programs and services.



## 16 BUSINESS PARTNERS

Partners by Business Type:



## 12 ALLIED PARTNERS

## CORPORATE SPONSORSHIP PROGRAM ►

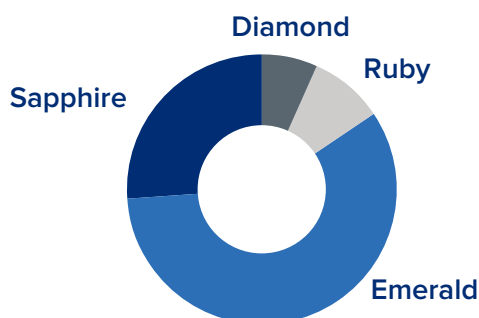
**\$608,200** SPONSOR REVENUE

**89** SPONSORS

**62** BOOTHS AT SUMMER MEETING

**21** SPONSORS SPOKE AT NCHA EDUCATION EVENTS

Sponsorships by Level:



Aria Lee with PatientPing talks with members at the Summer Meeting Tradeshow.



Jordan Capps with the Marsh & McLennan Agency at NCHA's Winter Meeting Meet & Greet.



## 2018 NCHA BOARD OF TRUSTEES ►

### CHAIR

#### Phyllis Wingate

Division President  
Carolinas HealthCare System- NorthEast  
Concord

### PAST CHAIR

#### John D. McConnell, MD

CEO Emeritus  
Wake Forest Baptist Health  
Winston-Salem

### CHAIR-ELECT

#### Michael Waldrum, MD

CEO  
Vidant Health  
Greenville

### SECRETARY

#### Donald Gintzig

President and CEO  
WakeMed Health and Hospitals  
Raleigh

### TREASURER

#### John Gizdic

President  
New Hanover Regional Medical Center  
Wilmington

### MEMBER-AT-LARGE

#### Ray Leggett III

President and CEO  
CarolinaEast Health System  
New Bern

### MEMBERS

#### Terry Akin

CEO  
Cone Health  
Greensboro

### MEMBERS

#### Dick Brvenik

CEO  
Carteret Health  
Morehead City

#### Chris Ellington

President  
UNC Health Care Network Hospitals  
Chapel Hill

#### David Kilarski

CEO  
FirstHealth of the Carolinas  
Pinehurst

#### Jeff Lindsay

Executive VP/COO  
Novant Health  
Winston-Salem

#### Chuck Mantooth

President and CEO  
Appalachian Regional Healthcare System  
Boone

#### Ronald A. Paulus, MD

President and CEO  
Mission Health System  
Asheville

#### Ed Rush

President and CEO  
Iredell Health System  
Statesville

#### Roxie Wells, MD

President  
Cape Fear Valley Bladen and Hoke Hospitals  
Elizabethtown and Raeford

[www.ncha.org](http://www.ncha.org)

