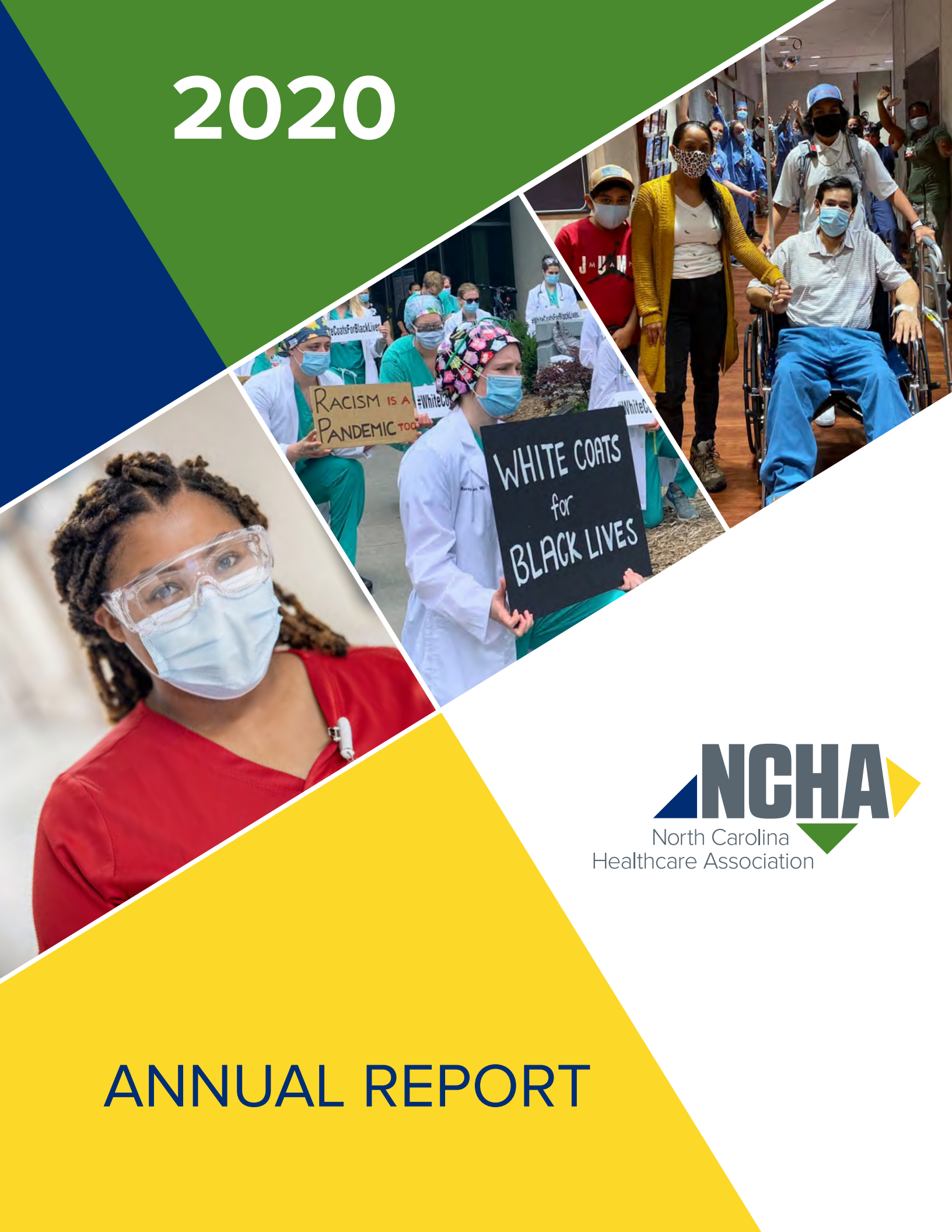


2020



NCHA
North Carolina
Healthcare Association

ANNUAL REPORT

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“Out of adversity comes opportunity
- Benjamin Franklin

Mission

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

Vision

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

Values

Respect. Integrity.
Teamwork. Accountability.
Perseverance.

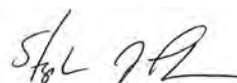
History has shown that innovation often arises in periods of adversity. Reflecting on 2020, the coronavirus pandemic has shined a spotlight on both the positive and negative in our health system and society.

We've celebrated the patients being discharged home following COVID-19 treatment and marveled at the hospital teams who made it happen. Our healthcare workers continue to make extraordinary sacrifices to care for patients, and we appreciate their unwavering devotion and resilience especially with cases rising as we head into winter. Improvements in treatment and potential vaccines in the pipeline give us hope that we can win the fight against the pandemic.

However, the disproportionate impact of COVID-19 on communities of color shows that urgent work needs to be done to achieve our vision of a North Carolina where high-quality healthcare is equitable and accessible for all. We can no longer just talk about implicit bias within healthcare delivery, we must take action to solve it. And, we must say it: Racism is a public health crisis.

Adversity provides us with the opportunity to emerge better. The good news is that we are committed to working together both within and outside our walls to make much-needed health, social and environmental changes. Your Association, Foundation and the new Carolina Health Innovation Institute that is launching in 2021 will continue working with you to keep making healthcare different and better going forward.

Remarkably, adversity can draw out our true strengths. Among them, flexibility — a willingness to pivot and adapt to rise to the moment. This report highlights our collective response to the COVID-19 pandemic while continuing our work to redesign and reimagine healthcare to better care for all. I'm proud to report that for every dues dollar in 2020, your association generated a return of **\$476** of value for hospitals and health systems.



Steve Lawler
NCHA President and CEO



Advocating Through Action

The primary purpose of the North Carolina General Assembly's Short Session typically is to amend the biennial budget and consider crossover legislation. This session was unprecedented in terms of focus, with COVID-19-related legislation dominating most of "virtual" session that began in April and adjourned in September. Some highlights include:

- Every hospital received money appropriated for COVID-related expenses.
- The North Carolina Healthcare Foundation (NCHF) received \$25M to purchase personal protective equipment (PPE) for hospitals.
- All Medicaid providers received a 5% base rate increase for one year.
- Funds were allocated for providers in rural and underserved communities.
- Liability protections were enacted for emergency or disaster treatment for healthcare facilities and providers for COVID-19-related care.
- Funds were allocated for testing, tracking and tracing of the virus. Additionally, funds were given to numerous institutions for research for testing and vaccinations.

- Temporary regulatory changes were made to allow widespread use of telehealth during the pandemic. NCHA will continue to work to make these changes permanent.

North Carolina temporarily lifted some provisions of the certificate of need law for hospital bed flexibility during the pandemic. This action raised many questions about the law, and we expect protecting CON to be a priority again next session.

Medicaid managed care legislation also passed with a go-live date of July 2021 and the hospital supplemental payment program secured. Tweaks to the law are still needed and will likely be made in the 2021 legislative session. NCHA continues to work on those items with the NC Department of Health and Human Services (NCDHHS) and legislative staff.

In Washington, DC, NCHA staff advocated to influence the outcome of Federal legislation, funding legislation, waiver approvals, and executive actions through key contacts and personal relationships.



Top photo: NCHA hosted a legislative panel at Winter Meeting in February. It was moderated by Roxie Wells, MD, President, Cape Fear Valley Hoke (on right) with panelists (left to right): Former Rep. Nelson Dollar, Sen. Jim Perry (R-7th), Sen. Mike Woodard (D-22nd) and Rep. Carla Cunningham (D-106th). Bottom left: NCHA Senior Vice President Cody Hand (left) and Vice President Cynthia Charles gave an advocacy and communication update at NCHA's Winter Meeting. Bottom right: Leah Burns, NCHA Senior Director, Government Relations, participated on a UNC School of Global Public Health policy panel in February to discuss the future of healthcare in North Carolina and the 2020 election.

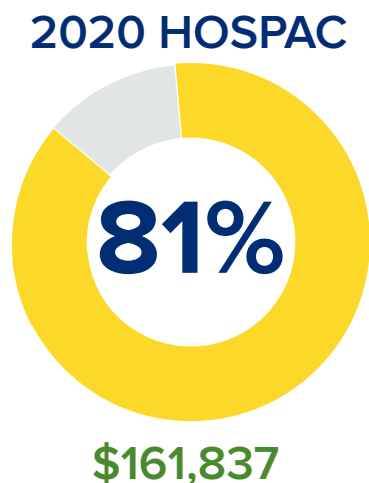
Here are some highlights:

- Federal legislation passed to support NC hospitals and health systems through the Families First Coronavirus Response Act (FFCRA) and CARES Act.
- Federal funds received to-date total \$1.3 billion. Federal and State efforts resulted in the availability of Medicare and Medicaid advanced payments.
- NCHA worked to procure over \$2 billion in federal funding to NC hospitals and obtained new ASPR grant funding opportunities.
- Members of Congress passed a budget resolution extending the delay in DSH reductions and other extenders until December 12. The bill also extends the repayment period and lowers the interest rate on the Medicare Accelerated Payment Program.

NCHA hosted a quarterly Congressional Delegation Staff roundtable to discuss items related to COVID-19 relief. Congressional staff agreed that temporary changes made to telehealth regulations should be carried forward on a permanent basis, resulting in virtually no barriers to telehealth delivery from the Medicare program. In addition, NCHA urged our Congressional delegation to explore more ways to provide relief to hospitals, including temporarily granting rural hospital designations to more health systems to guarantee higher reimbursements to offset revenue losses due to decreased elective procedures.

Building Relationships

HOSPAC, NCHA's political action committee, contributes to success in advocacy by building relationships between community hospitals and their elected officials. The 2020 HOSPAC Campaign has raised \$161,837 or 81% of our \$200,000 goal (as of Nov. 20). Donations ensure a strong voice when decisions are made that affect hospitals' ability to fulfill their mission.



Protecting the Healthcare Safety Net

The 2020 Medicaid Reimbursement Initiative/ Gap Assessment Program (MRI/ GAP) resulted in approximately \$1.3 billion in net Medicaid revenues to hospitals to offset Medicaid and uninsured losses. The MRI/GAP Technical Advisory Committee continues to work with the State to ensure these funds are preserved during the transition to Medicaid managed care.

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 Provider Relief Funds, Medicaid, Medicare, Medicare Advantage, Veterans Affairs, Department of Defense, State Health Plan, and commercial health insurance.

Monitoring and Commenting on Proposed Rules & Regulations

In an ever-changing regulatory environment, NCHA provides valuable resources for hospitals and health systems on state and federal regulatory requirements. This includes monitoring and commenting on state and federal proposed and final rules, including State and Federal rules for Provider Relief Funds issued to hospitals and health systems. By November 2020, NCHA finance and regulatory staff had submitted 37 comment letters on behalf of the field.

Working with the State, Others to Combat COVID-19

Since the first case of COVID-19 in North Carolina was confirmed, NCHA has been represented at the State Emergency Operations Center (EOC) ensuring that hospitals and health systems had a voice in the State's strategy and could present urgent member issues to the team at NCDHHS. NCHA appreciates our members submitting the daily COVID data reporting requirements to the state for the COVID-19 dashboard. Here are a few highlights from our COVID-19 response:

- Ensured Mutual Aid agreements from all members are signed and available.
- Worked with the state to establish data-driven triggers that deploy assistance to hospitals in areas of NC experiencing a surge of COVID-19 cases.
- Worked to alleviate urgent patient placement issues, data submission confusion, supply chain emergencies, and other issues brought to NCHA from members and to resolve issues through stakeholder engagement.
- Developed [NC Protocol Recommendations for Allocating Scarce Resources](#), in collaboration with the NC Institute of Medicine and NC Medical Society.
- Developed [Strategies to Support Nursing Surge Capacity During Biological Events](#), in collaboration with the NC Board of Nursing, the NC Organization of Nurse Leaders and NC Directors of Nursing Administration in Long Term Care.
- Developed “[Facility Hardening Considerations](#)” in collaboration with Nebraska.
- Collaborated with AARP North Carolina on a co-branded [Post-COVID-19 Care Workbook for Caregivers](#).
- Coordinated member calls and published COVID emails to ensure members have the most up-to-date information in a rapidly changing environment.

The NCHA Data Team has produced several reports intended to track the progression of COVID-19 in North Carolina: Daily updates that trend cases, testing, deaths and hospitalizations.

- A Pandemic Recovery Acceleration Model (PRAM), dashboard/stoplight model that detects rapid changes in disease metrics (cases, deaths, percent positive tests), as well as changes in resource utilization (such as ICU beds and ventilators).
- An analysis of the doubling rate of cases and deaths in NC and by flu region.
- Member reports related to the impact of the CARES Act are also available through the NCHA website.

Telling the Healthcare Story

Health systems and hospitals carry the flag as stewards of health, even in the face of extreme challenges. To help the public understand what it takes for healthcare providers to always be there for patients and communities, no matter what, NCHA launched a long-term communications plan that centers on the phrase “It Takes.”

The initiative launched this fall with media coverage, digital ads and a Facebook campaign, generating more than 7.7 million impressions statewide. A new website, [NChealthcare.org](https://www.nchealthcare.org), serves as a hub for member stories and “get involved” actions. The site drew more than 40,000 page views from 27,780 users during the initial launch.

A core strategy to strengthen public trust in North Carolina’s health systems and hospitals is a regional virtual town hall series. The events allow for candid conversations between health system leaders and the public as participating healthcare leaders answer audience-submitted questions. To date, more than 750 people have registered for town halls in the Triad, Triangle and Charlotte markets. Another event is scheduled for eastern North Carolina in February 2021.

COVID-19 also continues to be a focus of NCHA communication activity. NCHA developed three public service announcements (“Stay at Home,” “Wear a Mask” and “Don’t Delay Care”) that were distributed to our members and to the North Carolina Association of Broadcasters. NCHA also produced digital billboards across the state in May and November with “Wear a Mask” and “Thank You Healthcare Heroes” messages.

Representatives from NCHA did dozens of media interviews during the pandemic and made several joint statements with other organizations, including:

- Flu vaccination message with 23 statewide organizations.
- Unity to practice health habits to slow the spread message with NC Chamber and NC Medical Society (NCMS).
- Resume economic activity responsibly with NCMS.
- Steps to avoid getting infected with or spreading COVID-19 during the holiday season with a group of North Carolina hospital and health system Chief Medical Officers.

What does it take
to beat back a
pandemic?

To provide care
to those who
need it most?

To engage
in conversations
about improving
their health?

**IT
TAKES**

A HOSPITAL

Nothing will stop North Carolina's hospitals and health systems from caring for you and your community. Over the coming months, we are hosting conversations with North Carolinians about healthcare so we can understand how to make it better. **Join the conversation and learn more at nchealthcare.org.**



Growing Our Membership

NCHA welcomed two new behavioral health members to the association in 2020: Old Vineyard Behavioral Health Services in Winston-Salem and Brynn Marr Hospital in Jacksonville.

Tracking Data and Trends

NCHA collects and analyzes data on behalf of our members to support public health, inform advocacy and policy decisions, improve healthcare quality, and advance healthcare delivery.

NCHA is proud to announce a new data sharing agreement with Virginia Hospital and Healthcare Association (VHHA) which allows for reciprocal data sharing between members that opt in from both states. Data-informed decisions are a cornerstone of NCHA's mission to transform the healthcare delivery system in North Carolina to achieve top-tier performance in safety, quality, value, service, and population health. For years, NCHA member health systems and the Association have known that it is not enough to evaluate North Carolina-specific data. Access to non-NC healthcare data can help members better understand how patients move across state lines when seeking treatment.

The Patient Data System program, which provides statewide claims data to the state and members, was migrated successfully to a new vendor with no interruption in service. This program gives members raw data to inform their strategic planning efforts and serves as an important piece in the CON process. In addition to updated functionality, this migration has resulted in savings to members over costs with the previous vendor.

Engaging Members with Education and Networking

February's Winter Meeting attracted more than 350 attendees, who were urged to get inspired, involved and active to drive change. We heard from experts in the field and shared stories with peers at what would be our last in-person meeting of 2020.

The pandemic quickly determined the fate of NCHA education for the remainder of the year, creating new opportunities for virtual learning. More than 45 webinars were offered on topics ranging from the COVID-19 pandemic to regulatory, finance, workforce and clinical issues as well as Joint Commission curriculum.

To achieve quality programming at low or no cost, Education Services increased collaboration efforts with sister hospital associations. This included redesigning July's annual Summer Meeting from a large, in-person gathering to a six-part webinar series, attracting 576 registrants who heard from nationally recognized speakers on topics that addressed the COVID-19 pandemic and leadership issues for hospitals and health systems across the country.



COVID-19 FILL THE GAP Response Fund



The NC Healthcare Foundation (NCHF) launched the COVID-19 Fill the Gap Response Fund to mitigate the impact of the COVID-19 pandemic in North Carolina. The fund was designed to address gaps in the existing state and federal response for North Carolinians disproportionately affected by the pandemic. Over the two application cycles the COVID-19 Fill the Gap Response Fund awarded 34 grants ranging from \$25,000 to \$150,000 for individual organizations and up to \$250,000 for collaborative applications.

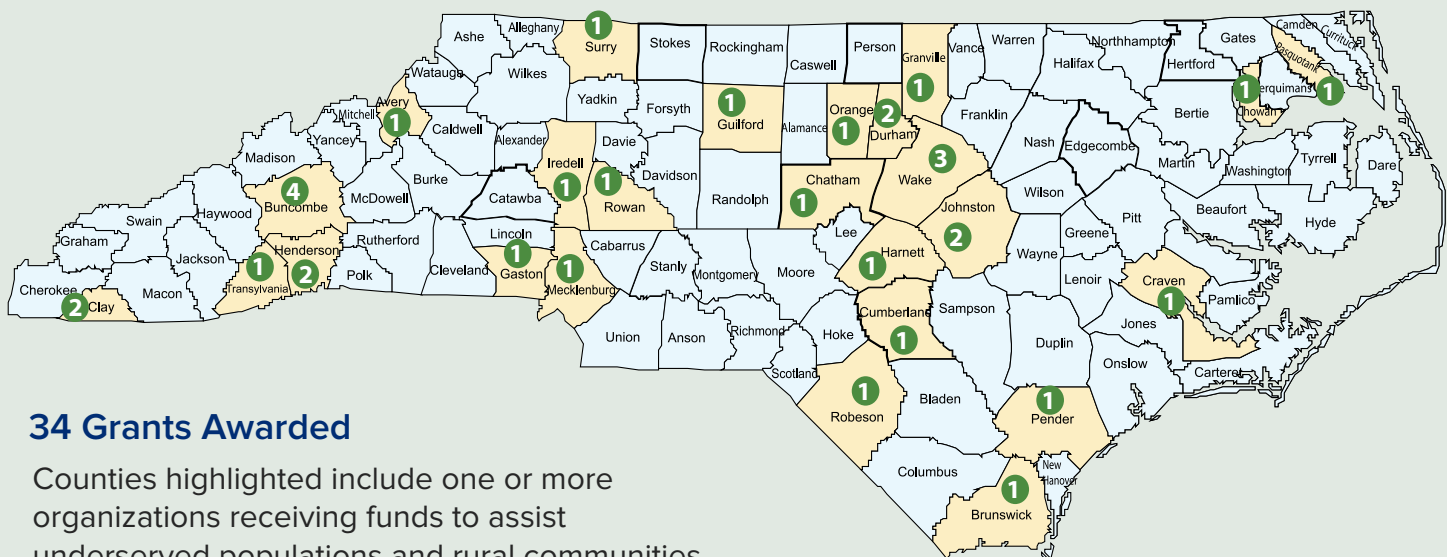
Through statewide outreach, the fund prioritized organizations that were:

- Led by people from underrepresented groups
- Demonstrated a commitment to racial equity, both internally and through their programs
- Addressed domestic violence and/or trauma
- Supported Native American, American Indian, or Tribal communities
- Experienced difficulty accessing available federal and state resources, and
- Embedded in rural services and networks.

In addition to the organizational profile, the fund wanted projects that supported underserved populations, especially with services for rural and/or underserved populations that are disproportionately affected by COVID-19 (e.g., uninsured, communities of color, immigrant populations, etc.). The other priority was projects that addressed the social and behavioral health needs of healthcare and other front line workers (e.g., administrative, food service, security, facilities maintenance, cleaning, and other services to hospital or non-hospital entities) as a result of COVID-19

The fund received 370 applications over two cycles. After initial review, grant applications were sub-classified into four overarching gaps spanning all six North Carolina Medicaid regions:

- Access to care (181 applications)
- Basic needs (156 applications)
- Mental health (89 applications)
- Public Service (i.e. education, legal services, basic rights) (57 applications)



34 Grants Awarded

Counties highlighted include one or more organizations receiving funds to assist underserved populations and rural communities across the state.

FEEDING THE SOUL

Partnering with local restaurants to provide 16,787 meals to thank and comfort healthcare heroes caring for patients and communities in this pandemic.

The NCHF COVID-19 Healthcare Hero Response Fund partnered with 18 locally owned restaurants across the state to provide meals to healthcare heroes caring for patients and communities on the front lines. This effort was designed to nourish the bodies and souls of physicians, nurses and other healthcare heroes while boosting local economies during a time of acute need.

The original campaign ran from March through June and raised \$166,701 from individuals. NCHA staff and volunteers delivered 16,787 meals to 15 hospitals across North Carolina. In November, the campaign was relaunched to thank healthcare heroes fighting COVID-19 during the holidays and winter.



WATCH
Our Video



Redesigning the Health System through Innovation

NCHF, in partnership with The Duke Endowment, continues to work with the South Carolina Hospital Association to develop the Carolinas Health Innovation Institute (CHI²) — set to launch in early 2021. In a fragmented health ecosystem, the institute will engage partners to understand needs, evaluate promising practices, and co-design innovative solutions to improve health outcomes and reduce disparities.

Improving Access to High Quality Care

The Quality Center Patient Safety Organization (TQC PSO) serves more than 50 members, including healthcare organizations across the continuum of care. TQC PSO uses a database of over 400,000 de-identified harm or near-miss events for shared learning to improve safety and quality of care.

Since January, TQC PSO offered one in-person Safe Table event before converting activities to virtual due to COVID-19. This included monthly members-only calls where specific event types were discussed, including two COVID-19-related events.

In collaboration with the New Jersey Healthcare Association PSO, TQC PSO conducted a nation-wide survey in which only two of 14 PSOs reported currently collecting race data. This survey validated the need to improve safety for all people, regardless of race. The primary focus for TQC PSO for the foreseeable future will be to understand reported events through an equity lens, identifying groups at higher risk for harm, particularly based on race, gender, and age. In keeping with this focus, TQC PSO has added race as a data element for each event in its database. Further, TQC PSO advanced the use of an equity lens for patient safety at the national level by championing the development of an Alliance for Quality Improvement and Patient Safety (AQIPS) Equity Sub-committee. The sub-committee will work with data vendors and PSOs across the nation to report race data and then examine event data through an equity lens.

Reimagining Rural Health Care

The Medicare Rural Hospital Flexibility Program (FLEX) and the Small Rural Hospital Improvement Program (SHIP) grants enable NCHF to support North Carolina's critical access and small rural hospitals through technical assistance in quality improvement. Assistance includes individual coaching calls, virtual site visits, peer-to-peer learning, and collaborative meeting sessions.

As part of technical assistance, NCHF led the planning and convening of two statewide critical access hospital meetings. The meetings highlighted data and promising practices related to health equity, disparities in care, population health, and quality care delivery, all through the lens of patient safety, finance, and operational improvement. Throughout the year, NCHF technical assistance has informed strategies to support the COVID-19 pandemic response. Examples include sharing rural voices regarding (1) key pandemic response challenges, successes, and supply needs, and (2) opportunities such as leveraging rural hospital beds for large system decompression efforts and using swing bed programs to stabilize rural financial operations.

NCHF will continue to leverage newly developed community profiles for critical access hospitals to help hospital leadership operationalize population health and care coordination practices in rural communities through data informed strategies. Introducing elements of the profiles across NCHF programs will align rural programming with state and national initiatives as NCHF continues to build capacity in rural hospitals.

Additional program goals for 2021 include equity of care in rural hospital settings while developing innovative and sustainable population health strategies to support rural communities. The SHIP Certification Preparation Program will increase the number of nationally certified quality healthcare workers. This will expand their professional networks to support quality and patient safety initiatives in rural hospital settings and support the overall rural strategy for quality programming.

Redesigning the Delivery of Behavioral Health

NCHA Behavioral Health Workgroups

The Behavioral Health Workgroup has continued to monitor and provide feedback on the implementation of SB 630. The legislation was designed to revise the involuntary commitment process in North Carolina. While monitoring the law's implementation, NCHA was able to quickly respond to the impact of the COVID-19 pandemic on the behavioral health system by making legislative changes to broaden telehealth during the involuntary commitment process.

The COVID-19 pandemic has expanded the need for affordable, high-quality behavioral health care. In 2021, NCHA will replicate the partner-led strategy used to create and pass SB 630 to remove fundamental barriers to behavioral health care access in North Carolina.

Division of Public Health Opioid Grant

Over the past few years, the Coalition for Model Opioid Practices in Health Systems has worked to shift hospital culture. This has meant developing a framework for safe prescribing practices with the NC Chapter of the American College of Emergency Physicians, creating opioid patient education materials, and developing toolkits to reduce the number of prescribed opioids and prevent future opioid use disorders. NCHF has hosted 8 peer-led webinars throughout 2020 for hospitals and health systems to discuss implementation of Coalition-developed tools and resources across North Carolina.

In the spring of 2020, NCHF completed patient journey mapping in partnership with chronic pain patients and their providers. Journey mapping illuminates the experience of patients as they travel through the healthcare system. The purpose of this work was to understand the barriers to non-opioid therapies for chronic pain patients across North Carolina. You can review the maps and our proposed Road to Change [here](#).

ED Peer Support Pilot Project

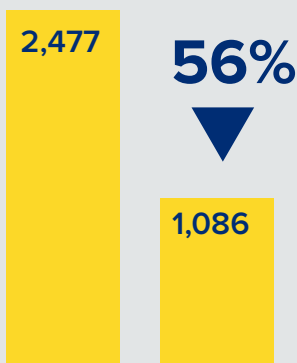
From 2018 to 2020, NCHF awarded six North Carolina hospitals pilot funding from the NC Department for Health and Human Services (NC DHHS) for the Emergency Department (ED) Peer Support pilot project. This pilot targets patients who come to the ED with opioid overdose or substance use disorder (SUD). Peers work in the ED to connect patients to harm reduction services, treatment, and other support services in their community.

At the conclusion of the pilot, peers had served a total of 5,213 patients with SUD. Peers made a total of 2,182 referrals, which were discussions with peers of options for treatment, recovery, and harm reduction in the community. Beyond education, each referral was a chance for patients to be supported and heard by a peer who could empathize with them. Among patient participants, total ED visits decreased by 40%, hospitalizations by 56%, and 30-day readmissions by 34%. In June 2020, NCHF released [Building the Case for Emergency Department Peer Support: Implementation Guide](#). This guide was written by NCHF and informed by the six participating hospitals.

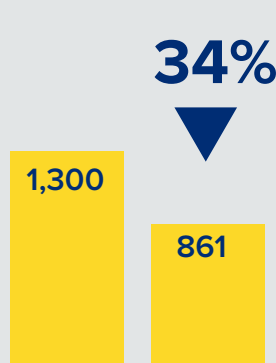
ED Peer Support Project Impact

Among ED Peer Support Participants after 12 months of peer contact

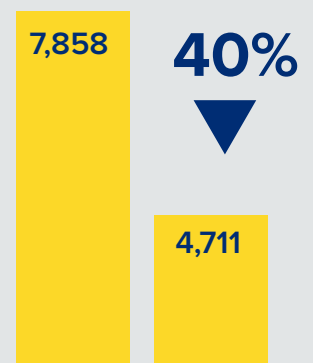
Reduced Hospitalizations



Reduced 30-Day Readmissions



Reduced ED Visits





Addressing Health Disparities and Health Equity

NCHF is addressing health disparities and promoting health equity through its support of two key programs funded by The Duke Endowment: AccessHealth and Healthy People, Healthy Carolinas.

AccessHealth

NCHF provides technical assistance to 18 community-based networks of care for the low-income, uninsured. Networks provide access to coordinated primary and specialty healthcare in 45 counties across North Carolina.

Amid the pandemic, NCHF continues providing assistance including performance improvement coaching and facilitating peer learning. Networks have embedded new workflow processes around virtual enrollment, using community health workers, and identifying patients at elevated risk of poor health outcomes. Networks are now using Salesforce to report performance data, draft their action plans for 2021, and inform one-on-one, data-driven coaching calls.

The NCHF team continues to align AccessHealth technical assistance with the South Carolina Hospital Association (SCHA). NCHF recently co-hosted with SCHA a bi-state meeting designed to build among network directors the knowledge and skills necessary to apply a health equity lens to their local operations. In 2021, technical assistance will focus on network capacity to disaggregate, analyze, and interpret patient data by race and ethnicity.

Healthy People, Healthy Carolinas

NCHF concluded a second year providing technical assistance to 10 Healthy People, Healthy Carolinas (HPHC) coalitions in North Carolina. The coalitions serve Brunswick, Catawba, Chatham, Granville, Henderson, Montgomery, Pitt, Richmond, Robeson, Rowan, Vance, and Wilkes counties.

The multi-sector coalitions implement evidence-based healthy eating and active living interventions, sustaining new practices through policy changes, with the goal of preventing chronic disease. Through June of 2020, HPHC coalitions implemented 67 health improvement interventions which prompted 35 policy changes, 32 infrastructure changes, and 36 organizational changes impacting an estimated 38,469 people. Alongside their health system, local health department, and other community partners, coalitions pivoted in response to COVID-19 to address immediate community needs. This included emergency food distribution, developing plans for drive-through testing, organizing distribution of PPE, problem-solving transportation issues for seniors, and identifying quarantine housing for homeless individuals testing positive for COVID-19. The COVID-19 pandemic highlighted the urgent need to recognize and address social determinants of health that impede access to HPHC coalition-promoted healthy opportunities.

In September, NCHF convened North and South Carolina coalitions to spotlight the critical role of systemic racism in public health policy and the creation of health disparities. A highlight of work with coalitions this year included the development and release of a revised HPHC data manual. The manual uses the Results-Based Accountability framework and incorporates indicators driving the North and South Carolina state health improvement plans.

Connecting You to Supplies and Services to Improve Healthcare Delivery

The NCHA Strategic Partners (NCHASP) team provided critical support by connecting members to PPE and other supplies needed to safely combat COVID-19. Our group purchasing organization, Vizient, has been instrumental in providing “spot buys” for members and non-members throughout the pandemic. Highlights of NCHASP’s COVID-19 response include:

- Organizing collaborative purchases with healthcare providers across the state. The team developed a “[hub and spoke](#)” approach to purchase masks and Level 1 and Level 2 disposable gowns.
- Distributing a donation of KN95 masks from U.S. Rep. David Rouzer (R-7th).
- Distributing a donation of face shields from Ford Motor Company through our Vizient relationship.
- Maintaining a vendor resource list identifying sources for PPE, ventilators, hand sanitizer, and other critical supplies.
- Working with NCHF to develop a process for using Coronavirus Relief Funds to purchase PPE on behalf of NCHA member hospitals.
- Joined with several other public and private sector organizations to launch a “Made in North Carolina” initiative to manufacture and distribute N95 respirators to in-state healthcare providers. The collaboration will produce an initial 100,000 to 200,000 N95 respirators per month.
- Sharing supply chain email updates to materials managers.

NCHA Strategic Partners [announced](#) a new partnership with Capstone Health Alliance to provide members of both organizations with access to strategic agreements and an array of business partners. The relationship will bring more robust offerings to our members. Capstone is a group purchasing alliance of healthcare and non-healthcare members that delivers cost savings through aggregation and collaboration. Capstone’s membership includes 300 hospitals representing more than 140 health systems across 23 states and represents over \$10 billion in acute care supply chain spend.

NCHASP continues to add new partners to its portfolio of services:

- [DocuSign](#) — simplifying new patient forms, physician credentialing, HIPAA forms, patient care coordination, claims processing, and the patient experience.
- [Engage Practice Solutions](#)— applying data science and predictive analytics to increase wellness for your patient population, including a remote patient monitoring component.
- [Field2Base](#) — offering a mobile app and mobile structures for COVID-19 testing /screening and potential addition to an organization’s strategy for vaccine deployment.
- [PPE Exchange](#) — connecting hospitals and healthcare providers to verified manufacturers for the purchase of PPE.
- [RelyMD](#) — providing telehealth solutions to expand access to reliable, trusted care, enhance patient engagement, minimize hospital readmissions, and reduce employee healthcare spends.
- [Remi](#) — offering an Equipment Maintenance Management Program, one contract for all your maintenance agreements.

NCHA Strategic Partners hosted a virtual showcase titled, “Finish 2020 Strong. Plan for 2021.” Hospital and health system representatives joined with partners such as Vizient, Qualivis, Commerce Healthcare, A.J. Gallagher, RelyMD and more to share case studies and ideas for solutions to pressing business challenges.



**WATCH
Our Video**





Thanks to Our Business Partners and Sponsors!

NCHASP partnered throughout the year with our Corporate Sponsors on webinars and in other ways to show appreciation for their generous support during a year when in-person networking events were not possible.

NCHA Strategic Partners By the Numbers			
	2018	2019	2020
Number of Strategic Partners	17	17	17
Number of Affiliate Companies	10	9	8
Number of Corporate Sponsors	89	70	43



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