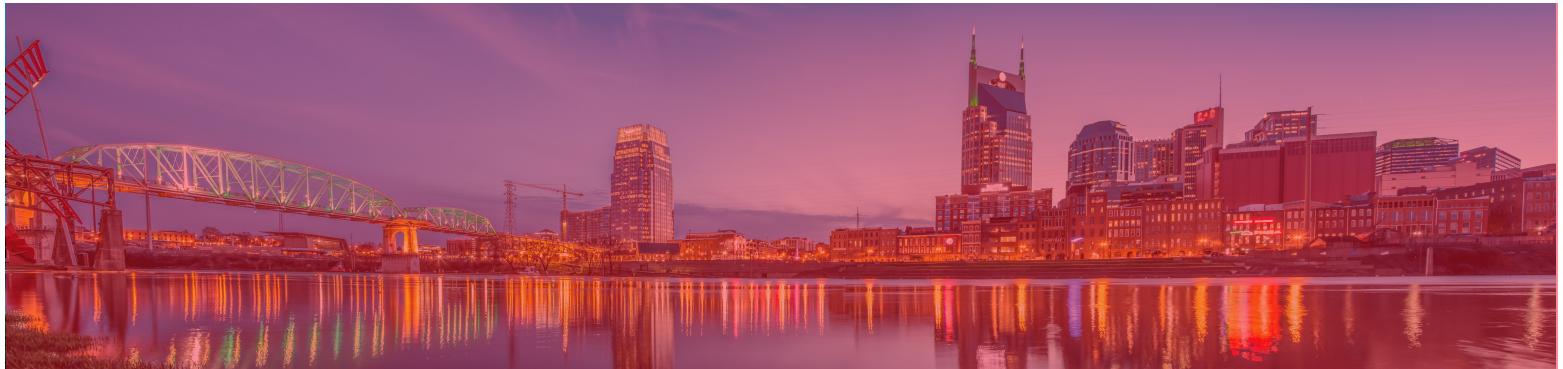
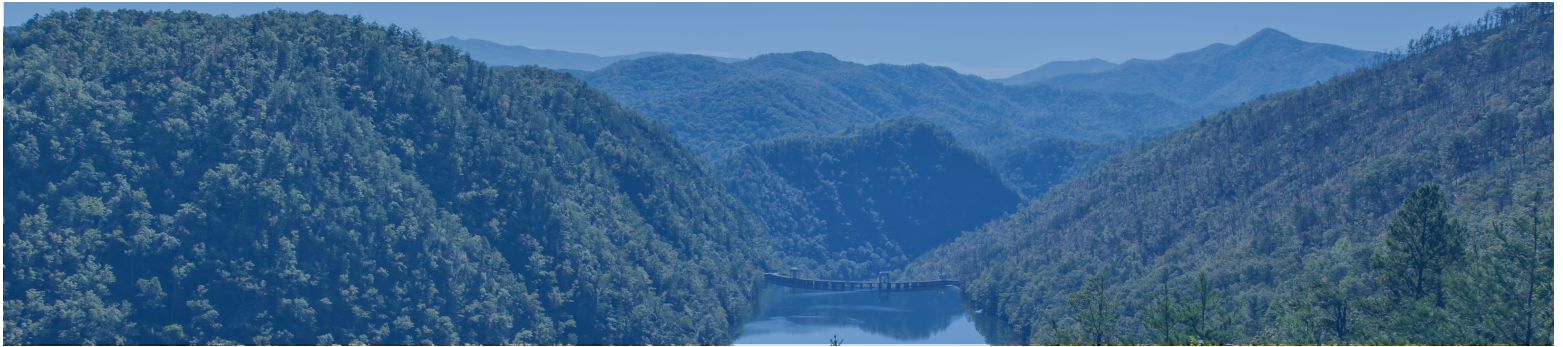
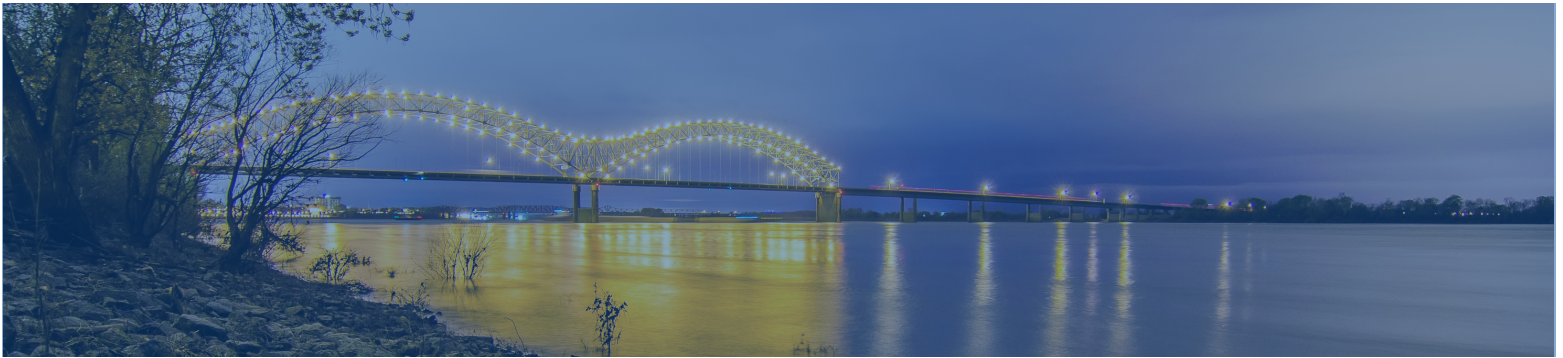




TENNESSEE HOSPITAL ASSOCIATION



2016 | ANNUAL REPORT

2016 | THA ANNUAL REPORT

The Tennessee Hospital Association's (THA) strategic planning process is based on the six pillars of the Association: advocacy, serving as a neutral forum, quality and patient safety, education, products and services, and information and technology. Each year, THA provides support and service to its members in each of these areas, based on annual goals and priorities established by the Board of Directors.

This report serves as a summary of the Association's work in 2016.



Keith Goodwin
President & CEO
East Tennessee Children's Hospital
Knoxville, TN

I told you last year that none of us get to where we are by ourselves. I've been especially blessed to have the opportunity to work with extremely talented people throughout my career and this past year has been no exception.

It has been a busy year for THA and all of us. THA continued to work with the governor, Centers for Medicare & Medicaid Services (CMS), the Bureau of TennCare and the legislature on the issue of identifying a viable coverage solution for the working poor in Tennessee.

In addition, THA successfully passed the hospital assessment this year. The assessment is very important to hospitals because it helps prevent dramatic payment reductions for many TennCare services and programs. We are hopeful it will continue in the future, though its structure and scope may change, given changes with Tennessee's supplemental pool payments.

Another priority for THA this year was working with the General Assembly to ensure Tennessee continues to have a strong certificate of need (CON) program. During last summer and fall, it became clear there was growing support for modernization of the CON law. THA created a task force to look at areas where changes could be made and made recommendations to the THA Board.

Although the 2016 bill, as originally introduced, was close to an all-out repeal of the existing law, several amendments were proposed throughout the session that narrowed the scope of the legislation. A compromise ultimately was reached after months of discussion – including hard work by your THA Board of Directors – culminating in a bill reflective of the agreements made in a stakeholders meeting with legislators and hospital and physician representatives.

At the federal level, THA continued to focus on fixing the inequities of the area wage index, DSH audit issues, readmission penalties, recovery audit contractors, the two-midnight rule, funding for small and rural hospitals and other concerns. The Tennessee Center for Patient Safety also continued its efforts to improve quality and patient safety in hospitals across the state. The center helps hospitals address preventable readmissions, adverse drug events, catheter-associated urinary tract infections, central line-associated bloodstream infections and other avoidable adverse incidents. Through the combined efforts of hospitals, Tennessee has seen a reduction of over 12,500 adverse harms and avoided over 68 million dollars in costs associated with those complications.

I would like to thank Craig Becker and the THA staff for all of the outstanding work they have done on behalf of THA's members this past year. I also would like to thank you for the opportunity to serve as your chairman this past year.



Craig Becker
President & CEO
Tennessee Hospital Association
Brentwood, TN

THA had another successful legislative session this year. While the certificate of need (CON) fight was a struggle, we were able to get to a place that addressed much of the Association's priorities, particularly as they related to outpatient diagnostic centers and an agreement to support extension of the Health Services and Development Agency (HSDA) when it comes up for sunset in 2017.

We will continue to argue that health care is not a free market, especially when 85 percent of your revenues are determined by the state and federal governments.

Medicaid expansion remained a top priority for THA, and staff continued to work with our team to build and implement a campaign to underscore the importance of and need for a comprehensive coverage solution for the people of our state.

THA also passed legislation this year that ensures reimbursement for telehealth services without any consideration of the geographic location where the patient is located. This is very important to all hospitals, especially rural hospitals in Tennessee. This is particularly true for behavioral health issues. We are glad to see continued support of telehealth services by the General Assembly.

I want to personally recognize Alan Watson, THA's chair-elect, for his leadership and commitment as chair of Friends of THA this year. He reached the \$125,000 fundraising goal, and the money has been put to great use in support of legislators and candidates in this election year.

At the federal level, THA worked with TennCare to renew the TennCare waiver and define new direct payments to hospitals. We also have worked closely with the bureau to ensure CMS correctly carried out audits of previous disproportionate share hospital (DSH) payments to limit any paybacks and redistributions.

In addition, THA was successful in working towards a political solution to the area wage index issue through the introduction of the Fair Medicare Hospital Payments Act of 2016 by U.S. Representative Diane Black. We are continuing the area wage index fight by working with a 15-state coalition and are hopeful this issue will be resolved in the near future.

Patient safety continues to be a high priority of the association. The THA board and members have demonstrated their commitment to quality through transparently sharing data, participating in the association's projects and perhaps most importantly, agreeing to openly share and collaborate with each other on best practices.

The Tennessee Center for Patient Safety was awarded an additional CMS Partnership for Patients Hospital Engagement Network contract in 2015. Participating hospitals worked toward the CMS Partnership for Patients' goals of a 40 percent reduction in hospital-acquired conditions and a 20 percent reduction in readmissions.

It's not often Tennessee is recognized as a national leader in health outcomes, but I'm very proud to say that ensuring the health and well-being of the next generation of Tennesseans has become a hallmark of the work we do at THA and across the state. A series of newborn-focused efforts have proven tremendously successful in improving care for mothers and their babies.

I would like to thank Keith Goodwin for serving as THA chairman this year. His commitment and leadership were greatly appreciated. I also would like to thank the rest of the THA board members for their patience and support in what proved to be a very contentious year. Unfortunately, I believe this will be the "new normal" as we go forward.

I would also be remiss if I didn't thank the entire membership for its support and active participation in the association this year.



THA staff spent most of its time during the 2016 legislative session on the Association's priority issues: certificate of need (CON) modernization, the hospital assessment and telehealth reimbursement. Medicaid expansion remained a focus for THA, though no legislative solution was proposed.

Other key issues of importance were legislation on "surprise" or balance billing requirements, stroke center designation and care, opioid overdose reporting by hospitals and updates to the Prescription Safety Act.

Several study committees and task forces also were created by the legislature to look at issues related to balance billing, anatomical gifts, stroke care and scope of practice issues.

Medicaid Expansion

A top priority for the Association since 2013, Medicaid expansion was an issue viewed as off-the-table in 2016 following the failure of Governor Bill Haslam's proposed Insure Tennessee plan in 2015. With this in mind, THA focused energy on grassroots education and advocacy to support ongoing conversations about the need for coverage of Tennessee's uninsured and working poor.

This work was led through a new nonprofit organization established by THA, known as Tennesseans for a Responsible Future (TRF). Throughout the year, TRF staff traveled the state for meetings with key stakeholders, as well as civic and professional groups, to build support for a comprehensive coverage solution for our state. This activity was supported by significant media coverage and a social media campaign that helped keep the issue in focus as legislators began to discuss options for coverage.

In April, House Speaker Beth Harwell (R-Nashville) announced the formation of the 3-Star Healthy Project Task Force. The group of legislators met throughout the summer and fall to explore opportunities for innovative, conservative solutions for covering those uninsured Tennesseans who fall in the "Medicaid gap." Task force meetings were held across the state to engage with stakeholders, citizens and other legislators to make recommendations for coverage solutions to present to the Centers for Medicare & Medicaid Services (CMS).

While not focused on a traditional approach to Medicaid expansion, the work of the task force was aimed at a conservative, Tennessee-based solution for coverage of the state's uninsured with behavioral health diagnoses. With stated goals of encouraging personal responsibility through health savings accounts and other incentives, as well as appropriate use of healthcare services, the task force had begun to draft a plan for CMS review as the Nov. 8 election approached.

Following the election, the future of Medicaid expansion under the Affordable Care Act (ACA) appears to be in peril given President-elect Donald Trump's intention to lead a repeal and replacement of the landmark healthcare law. However, the task force continues to meet and identify options for coverage and TennCare reform in the likely event of a revised approach to federal funding and operation of Medicaid programs.

TennCare Waiver

THA worked with the TennCare bureau to monitor progress on the state's Medicaid waiver renewal and also provide members with up-to-date information on the negotiations. While the deadline for the waiver that was originally set to expire on June 30 ultimately was extended through Dec. 16, 2016. THA stayed in close contact with state officials to understand the future of the \$880.7 million in direct pool payments to hospitals and how changes to these pools will impact members.

Medicaid DSH Audit

THA worked with members and state officials to coordinate the FY 2011 Medicaid disproportionate share hospital (DSH) audit payback and redistribution. THA also worked with members and the state to coordinate the FY 2012 and FY 2013 Medicaid DSH audits.

At the direction of the Board of Directors, THA began work on a lawsuit against CMS related to the revenue counted in Medicaid DSH audits.

Certificate of Need

Although initial legislation regarding certificate of need (CON) was close to an all-out repeal of the law, several amendments were proposed throughout the session that narrowed the scope of the legislation and focused on modernizing the existing statute.

While the THA Board generally was in support of modernization efforts, there continued to be significant concerns that some of the proposed changes would be harmful to hospitals. A compromise ultimately was reached after weeks of discussion, culminating in a bill reflective of the agreements made in a stakeholder meeting with legislators and hospital and physician representatives in late March.

Hospital Assessment

THA supported the hospital assessment legislation again this year, maintaining the current rate of 4.52 percent of a hospital's 2008 net patient revenue for an additional year. This year's bill also created a new statute to require continuation of the TennCare rate corridors.

The assessment is used to fund numerous TennCare budget reductions proposed by the governor since 2010 as part of across-the-board cuts to the state's budget. As a result of the annual assessment, more than \$1.2 billion is generated each year to support the TennCare program.

Telehealth Services

THA supported telehealth legislation to address issues some hospitals faced with reimbursement for such services. Written policies of some payers indicated they would not pay for telehealth services if the patient was located within a metropolitan statistical area (MSA) that is not a designated health professional shortage area (HPSA).

As approved by the General Assembly, the new law:

- Specifies the reimbursement or coverage for services provided through telehealth must be without any distinction or consideration of the geographic location, or any federal, state or local designation or classification of the geographic area where the patient is located.
- Expands the definition of "healthcare provider" for the purposes of telehealth to include any state-contracted crisis service provider employed by a facility licensed under state law governing mental health facilities.



Medicare Hospital Area Wage Index Reform

THA was successful in working to develop and secure the introduction of “The Fair Medicare Hospital Payments Act of 2016” (S. 2832/H.R. 4428). U.S. Rep. Diane Black (R-TN) is the lead Republican sponsor of the legislation. All members of the Tennessee House delegation are original co-sponsors. U.S. Sen. Lamar Alexander (R-TN) is an original co-sponsor of the Senate companion bill.

340 Drug Pricing Program

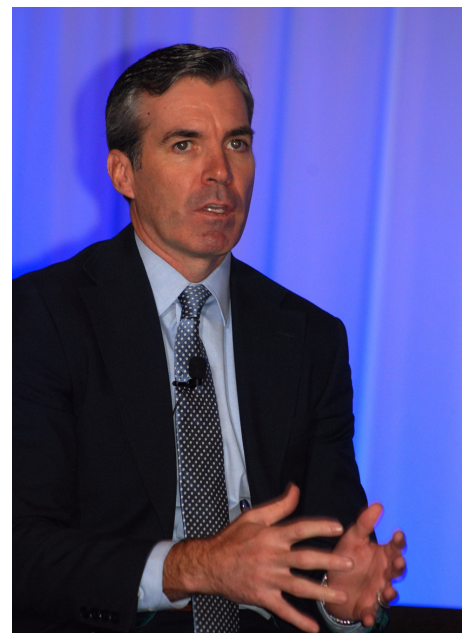
THA has been monitoring developments in the 340B drug pricing program, as well as participating in the federal rulemaking process related to this program on behalf of the association’s members. In addition to providing feedback to the U.S. Department of Health and Human Services (HHS), THA continues to educate members on program requirements.

Rural Hospital Support

THA urged support for the Critical Access Hospital (CAH) Relief Act (S. 258 and HR 169), which would remove the 96-hour physician certification requirement as a condition of payment for critical access hospitals. Cosponsors currently include U.S. Reps. Diane Black (R-TN), Marsha Blackburn (R-TN), Steve Cohen (D-TN) and Phil Roe (R-TN).

Cahaba

THA worked with members and Cahaba Government Benefit Administrators to clear up a backlog of approximately 50,000 unprocessed Medicare claims.



The 2016 THA Annual Meeting featured a presidential election preview by political commentators Stephanie Cutter (top) and Kevin Madden (bottom).



Hospital Improvement Innovation Network

THA was selected as one of the state hospital associations under the Health Research and Education Trust (HRET) of the American Hospital Association (AHA) to continue efforts to reduce preventable hospital-acquired conditions and readmissions.

Through the Partnership for Patients initiative – a nationwide public-private collaboration that began in 2011 to reduce preventable hospital-acquired conditions by 40 percent and 30-day readmissions by 20 percent – THA will continue to participate in this national effort to improve patient care in the hospital setting. This third round of the program will continue across three years.

The Centers for Medicare & Medicaid Services (CMS) has rebranded the Hospital Engagement Network (HEN) as the Hospital Improvement Innovation Network (HIIN). The HIIN program will integrate CMS' Quality Improvement Network-Quality Improvement Organization (QIN-QIO) program and the current Hospital Engagement Network (HEN) program to continue the work of the Partnership for Patients. The Hospital Improvement Innovation Network contracts build upon the collective momentum of the HENs and QIN-QIOs to reduce patient harm and readmissions.

During THA's initial three-year HEN contract, hospital members significantly reduced patient harms and changed practices through the Partnership for Patients program, resulting in 11,109 fewer adverse events/readmissions and estimated cost savings of \$91,164,925 in Tennessee.

During THA's second one-year HEN contract, hospital members avoided 2,857 harm events and had an estimated cost savings of \$13,374,804 statewide.

Tennessee Surgical Quality Collaborative

The Tennessee Surgical Quality Collaborative (TSQC) is a statewide collaborative among surgeons and hospitals to measure and improve surgical care in Tennessee using the American College of Surgeons' (ACS) National Surgical Quality Improvement Program (NSQIP). NSQIP is the first nationally validated, risk-adjusted, outcomes-based program for improving the quality of surgical care. The collaborative is a unique partnership between the Tennessee Chapter of the American College of Surgeons (TNACS) and THA's Tennessee Center for Patient Safety (TCPS). The collaborative grew to 22 hospitals in 2016. In 2015-2016, the BlueCross Blue Shield Health Foundation provided financial support to the eight rural hospitals participating.

The TSQC hospitals have shown significant improvements in both morbidity and mortality over the past five years. The mortality rate improved by 34 percent from the inception of monitoring in January 2009 through 2015. TSQC has shown significant reductions in postoperative complications for surgical site infections, acute renal failure, sepsis, pneumonia and other respiratory complications, and urinary tract infections. Total morbidity has been reduced by 33.5 percent since 2009. The avoided costs from reducing complications are estimated at \$2,357,707 per 1,000 cases or in 2015, \$59 million.

Sleep-Related Infant Deaths Reduction

THA's Tennessee Center for Patient Safety (TCPS) joined the Tennessee Department of Health (TDH) in celebrating the success of the statewide initiative to reduce sleep-related deaths among infants. TDH has partnered with the Charlie's Kids Foundation and Tennessee hospitals since 2014 to help new parents and hospital staff members learn the "ABCs of Safe Sleep." All birthing hospitals in Tennessee participate in the education program for staff and parents.

Tennessee has seen a 25 percent reduction in sleep-related deaths of infants during this period.

Breastfeeding Campaign

THA, in conjunction with the Tennessee Department of Health (TDH), launched a public relations campaign to encourage breastfeeding in the 40 rural Tennessee counties with the lowest breastfeeding adoption rates. The campaign includes billboards and limited television advertising in selected areas. More than 2,000 OB hospital staff have enrolled in the education modules to date.

#123forEquity Pledge to Act Campaign

Last year, the American Hospital Association (AHA) launched its #123forEquity Pledge to Act Campaign to eliminate healthcare disparities. More than 1,000 hospitals and health systems have signed on to the campaign, and more hospitals continue to pledge each week.

In addition, 47 state and metropolitan hospital associations have pledged support for the campaign, and more than 30 public and private organizations, including the National Urban League, The Joint Commission and the Institute for Healthcare Improvement, have endorsed the pledge.

THA has signed the pledge, as have 34 Tennessee hospitals and health systems. THA continues to focus on addressing health disparities and promoting health equity through the Council on Inclusion and Healthy Equity and its Disparities Solutions Project.

Patient Safety Organization

With the mission to advance high reliability and a culture of safety, the Tennessee Center for Patient Safety's (TCPS) patient safety organization (PSO) provides a separate and secure environment for its 62 healthcare facility members to voluntarily engage in sharing and analysis of patient safety events and near misses without threat of disclosure or increased liability. In 2016, TCPS PSO members participated in virtual and in-person patient safety education sessions on a variety of patient safety topics, from surgical safety to fall reduction, and utilized TCPS PSO services to improve root cause analyses and incorporate human factors into event investigations. Beginning Jan. 1, 2017, hospitals with greater than 50 beds can use PSO membership to meet Affordable Care Act (ACA) Section 1311(h) quality improvement requirements for contracting with qualified health plans.

NEUTRAL HEALTHCARE FORUM



Elizabeth Appling, chief diversity officer, Erlanger Medical Center, Chattanooga, accepts the Diversity Champion award during the 2016 THA Annual Meeting.



THA MarketIQ Upgrade

The THA Health Information Network (HIN) recently launched a new version of the online reporting tool, THA MarketIQ. The core functionality and organization of the tool have remained consistent, but several major enhancements have been made:

- Eight new report templates (two inpatient, two ambulatory surgery, two emergency room, two observation)
- OLAP (online analytical processing) tool, which allows hospitals to quickly data mine the four datasets, create custom charts and export hospital data to Excel
- Major improvements to the report editing process
- Security upgrades
- Browser compatibility, which allows hospitals to now use any browser to access all features of the website (including tablets)
- Several technology upgrades behind the scenes that will assist THA in supporting and enhancing MarketIQ going forward

Data Analysis

As a growing area of service and support for THA members, the Association provided significant data reporting and monitoring for hospitals in 2016. Following is a summary of this work.

- THA provided members with Medicare prospective payment system hospital federal fiscal year 2017 and 2018 wage index data analysis, along with related occupational mix data analysis reports to aid hospitals in evaluating the accuracy of their reported wage index data for the coming years.
- THA provided members an analysis of the new Medicare Comprehensive Care for Joint Replacement (CJR) model, which includes a high level profile of the hospital's care and cost patterns compared to regional benchmarks. A narrative description of the analysis and a rule brief were included. THA also provided two free webinars to provide members information on the new model.
- THA provided hospitals a CJR program estimated quality metrics analysis, which was intended to provide an estimate of the hospital's performance using the composite scoring methodology described in the final program rules published by CMS. Hospitals with higher scores have the opportunity to receive a quality incentive payment adjustment that will reduce the effective discount percentage applied when calculating reconciliation or repayment amounts.
- THA provided members a one-page summary of their hospital's quality performance and impacts for each of the three Medicare inpatient quality-based payment reform programs: value-based purchasing; readmissions reduction program; and the hospital-acquired condition reduction program, from FFY 2014 – FFY 2016. THA also provided a three-year reference guide for the programs for 2016, 2017 and 2018. The reference guide included program details for all program years where full methodologies, measures and performance standards have been finalized in rulemaking.
- Members received an uncompensated care distribution analysis from THA that was intended to provide hospitals with a comparative data review to support improvement to reporting on Worksheet S-10, as well as to show how inpatient revenue may be affected when CMS adopts Worksheet S-10 as the basis for distribution of funds from the Medicare DSH uncompensated care pool.
- In 2016, CMS implemented a new Medicare Part B drug payment model. THA provided members a hospital-specific analysis intended to show providers how Medicare Part B drug payments would change from the current model to the proposed model based on the policies set forth in the Medicare Part B drug payment model proposed rule. THA also submitted comments to CMS on the proposed rule.
- THA provided proposed rule and final rule summaries and facility-specific impact estimates to association members for the following:
 - Medicare hospital inpatient payment system
 - Medicare hospital outpatient payment system
 - Medicare long term care hospital payment system
 - Medicare psychiatric facility payment system
 - Medicare skilled nursing payment system
 - Medicare inpatient rehab facility payment system
 - Medicare home health payment system



Small and Rural Hospital Services

Recognizing the tremendous importance and role of rural hospitals across the state, THA places a high priority on support for these member facilities.

- THA developed a health reform readiness assessment and healthcare educational series to assist hospitals in developing effective strategies to embrace health reform and/or population health management trends.
- THA worked directly with the American Hospital Association (AHA) on the development of rural healthcare redesign options and other federal regulations impacting hospitals, including participating and providing input into the Taskforce on Ensuring Access to Vulnerable Communities and formation of rural A2 networking group among rural hospital association liaisons.
- THA and the Rural Health Association of Tennessee co-sponsored the first annual rural health clinic (RHC) workshop to better serve the needs of Tennessee RHCs. Topics included RHC best practices for billing, coding and cost reporting. The intent is to develop a more formal networking group among the state's independent and provider-based RHCs.
- THA, in partnership with the Tennessee Office of Rural Health, offered an opportunity for critical access hospitals (CAHs) to participate in a comprehensive revenue cycle management engagement through chargemaster reviews, revenue cycle assessments, pricing strategy development and financial and operational assessments that encompassed a set of analytics and advisory services designed to assist hospitals to achieve breakthrough financial performance. A complete set of findings and recommendations for all aspects of hospital performance -- including strategies to build physician alignment and development of population health strategies, and a blueprint for strategic and operational strategies was provided.
- THA assisted CAHs in providing important information to CMS to comply with new designation criteria for rural location and distance requirements. Specifically, CAHs that do not continuously comply were in jeopardy of losing their CAH designation status. THA also worked with the state Board for Licensing Health Care Facilities to pass a new definition of "rural" for the purpose of allowing existing CAHs to maintain their designation.

Workforce

Given ongoing workforce needs for hospitals, including staffing, professional shortages and long-term planning, THA led efforts to support members in a variety of ways.

- THA worked with chief nursing officers (CNOs) to create a professional networking group and developed a summit for the purpose of discussing/sharing of key issues affecting hospital nursing, including identifying priority needs for nursing workforce and supporting statewide efforts to address those needs.
- The Tennessee Rural Partnership (TRP) introduced the new rural practice incentive program statewide and provided funding to 10 sites located in eligible rural communities to assist in the recruitment of primary care providers. These physicians have been hired in 2016 by the sites that were awarded the incentive.
- TRP expanded its efforts to include recruitment and placement of behavioral health providers. TRP focused outreach to psychiatry residency programs and employers recruiting behavioral health providers. Both psychiatrist and psychiatric nurse practitioners now have been placed by TRP.
- THA, in partnership with Johnson & Johnson's Campaign for Nursing's Future, hosted the Promise of Nursing for Tennessee Gala and raised approximately \$250,000 for nursing scholarships, nurse educator fellowships and nursing school grants. During 2016, 14 grants totaling \$171,000 were awarded through the Tennessee Promise of Nursing Grant program.
- Educational opportunities for rural providers about the benefits and utilization of advanced practice nurses (APNs) and physician assistants (PAs) were developed as an alternative for maximizing access and promoting better health for residents of Tennessee.

THA Solutions Group

As the Association's for-profit subsidiary, THA Solutions Group provides a great resource and value to members by establishing relationships with qualified vendors to support hospital operations at a competitive cost. The work of Solutions Group yielded great benefits for the Association in 2016, including:

- A new strategic partner was added to THA Solutions Group's portfolio in 2016. Class Action Capital, a leader in settlement claim management, monitors and identifies settlements in which organizations are eligible and performs the necessary work to recover their share.
- THA Solutions Group contributed \$100,000 during 2016 to offset a portion of member dues of hospitals that utilize Solutions Group vendors. The funding is allocated based on each facility's level of participation.
- It also supported the *Friends of THA* political action committee (PAC) with a \$25,000 contribution.

Education

THA's 2016 Annual Meeting moved to a new location in downtown Nashville, while still showcasing the latest in quality and patient safety, new strategies for success in a changing industry and leadership approaches to improve performance.

The THA Summer Conference in Sandestin, Fla., focused on several priority issues for Tennessee hospitals through presentations on opioid abuse, readmissions, population health, health equity and consumer-focused healthcare.

THA also hosted its annual Small and Rural Hospital Conference, which included discussions and presentations about challenges for community hospitals, primary care needs and collaborative models for innovation.

Numerous other education programs and webinars were hosted throughout the year and focused on a number of topics including blood use management, new federal regulations and standards, health equity and quality and patient safety.



Michael Warren, M.D., who serves as deputy commissioner for population health at the Tennessee Department of Health (TDH), received the THA President's Award in recognition of his leadership in several OB and newborn health initiatives in collaboration with the Association's Tennessee Center for Patient Safety (TCPS). The award was presented during the Leadership Summit at THA's 2016 Annual Meeting.



THA members meet with legislators during THA's 2016 Legislative Day on the Hill.



Reginald Coopwood, M.D., president and CEO, Regional One Health, Memphis, received the President's Award from Craig Becker, THA president and CEO, during the 2016 THA Annual Meeting.

2015-2016 | THA BOARD OF DIRECTORS

Keith Goodwin, Chairman

President/CEO
East Tennessee Children's Hospital
Knoxville

Alan Watson, Chairman-Elect

Chief Executive Officer
Maury Regional Healthcare System
Columbia

Reginald Coopwood, M.D., Immediate Past Chairman

President/CEO
Regional One Health
Memphis

Craig Becker

President/CEO
Tennessee Hospital Association
Nashville

Audrey Gregory

Chief Executive Officer-Memphis Market
Saint Francis Hospital
Memphis

James Ross

Interim CEO
West Tennessee Healthcare
Jackson

Scott Bowman

Administrator
Sweetwater Hospital Association
Sweetwater

Marvin Eichorn

Executive Vice President/Chief Operating Officer
Mountain States Health Alliance
Johnson City

Joy Golden

Chief Executive Officer
Lakeside Behavioral Health System
Memphis

Bart Hove

President/CEO
Wellmont Health System
Kingsport

Wright Pinson, M.D.

Chief Executive Officer
Vanderbilt Health System
Nashville

Scott Raplee

President, Central Group
LifePoint Health, Inc.
Brentwood

Karen Springer

Chief Executive Officer
Saint Thomas Health
Nashville

Anthony Spezia

President/CEO
Covenant Healthcare
Knoxville

Donald Webb

Chief Executive Officer
Williamson Medical Center
Franklin

Thomas Gee

Chief Executive Officer
Henry County Medical Center
Paris

Larry Schumacher

Chief Executive Officer
CHI Memorial
Chattanooga

Don Heinemann

Chief Executive Officer
Blount Memorial Hospital
Maryville

Paul Korth

Chief Executive Officer/Chief Financial Officer
Cookeville Regional Medical Center
Cookeville

Thomas Ozburn

Chief Executive Officer
TriStar Southern Hills Medical Center
Nashville

Timothy McGill

Chief Executive Officer
Livingston Regional Hospital
Livingston

Jeffrey Woodside, M.D.

Board Member
Hardin Medical Center
Savannah

Ted Stubblefield

Board Member
NorthCrest Medical Center
Springfield

Morris Seligman, M.D.

Executive Vice President/Chief Medical Officer
Mountain States Health Alliance
Johnson City

Charlie Howorth

Executive Director
Tennessee Business Roundtable
Nashville

Nicholas Lewis

Chief Executive Officer
Hardin Medical Center
Savannah

David Maness, D.O.

Professor, Department of Family Medicine
University of Tennessee Family Medicine
Residency Program
Jackson

Robert Gordon

Retired Executive Vice President/Chief Administrative Officer
Baptist Memorial Health Care Corporation
Memphis

Stephen Corbeil

President
HCA TriStar Health System
Brentwood

Jason Little

President/CEO
Baptist Memorial Health Care Corporation
Memphis

Kevin Spiegel

President/CEO
Erlanger Health System
Chattanooga

Joseph Landsman

President/CEO
University of Tennessee Medical Center
Knoxville

2015-2016 | THA SOLUTIONS GROUP BOARD OF DIRECTORS

Nicholas Lewis, Chair

Chief Executive Officer
Hardin Medical Center
Savannah

Keith Goodwin, THA Chair (ex-officio)

President & CEO
East Tennessee Children's Hospital
Knoxville

Craig Becker (ex-officio)

President
Tennessee Hospital Association
Brentwood

Paul Betz

Chief Operating Officer
Maury Regional Medical Center
Columbia

Zach Chandler

Executive Vice President/Chief Strategy
Officer
Baptist Memorial Health Care Corporation
Memphis

Mitchell Edgeworth

Chief Executive Officer, Adult Hospital &
Clinics
Vanderbilt University Hospitals
Nashville

William Hall

Senior Vice President/Chief Operating
Officer
University of Tennessee Medical Center
Knoxville

Julie Miller

Chief Operating Officer
Williamson Medical Center
Franklin

Britt Tabor

Chief Financial Officer
Erlanger Health System
Chattanooga

Karen Utley

Vice President, System Services
West Tennessee Healthcare
Jackson

Joseph Webb

Chief Executive Officer
Nashville General Hospital
Nashville

Scott Williams

Chief Operating Officer
Cookeville Regional Medical Center
Cookeville



TENNESSEE HOSPITAL ASSOCIATION