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Letter From The President

Our job as an Alliance is to make sure our leaders understand the very real challenges we all face and to remind them that the decisions they make with regard to healthcare policy have very real consequences.

Thanks to your support, active engagement and the heroic work you do in the communities you serve, we continue to achieve that goal.

The 2017 legislative session was a good one for our hospitals.

One of the very first actions taken by legislative leaders was the renewal of the provider fee and they also made changes to the rural hospital tax credit to encourage greater participation. We faced what has become an annual assault on Georgia's Certificate of Need, laws were once again successful in our efforts to stop that legislation.

Since the legislature adjourned, we have presented to special committees of both the House and Senate about the many challenges facing rural hospitals and talked with them about the distance to care, the cost of insurance or lack of coverage altogether and the horrifying opioid epidemic are impacting the lives of Georgians throughout our state. And we have made it very clear that now is not the time to make changes to Certificate of Need laws, take away existing tax exemptions, or end the disproportionate share program.

I wish I could tell you that there is a clear path ahead for any of the issues mentioned - or even that these are the only challenges we will continue to face, but that wouldn't be true.

What I can tell you, though, is that I have great faith in the power of hospitals and the commitment of everyone in this room to keep fighting the good fight and more importantly, to keep delivering the high-quality care all Georgians deserve.

A handwritten signature in black ink that reads "Monty M. Veazey".

Monty M. Veazey





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Archbold Medical Center - Brooks County Hospital
Archbold Medical Center - Grady General Hospital
Archbold Medical Center - Mitchell County Hospital
Augusta University Medical Center
Augusta University - Children's Hospital of Georgia
Augusta University - Roosevelt Warm Springs
Long Term and Rehabilitation Hospital
Augusta University - Wills Memorial Hospital
Coffee Regional Medical Center
Colquitt Regional Medical Center
Columbus Regional Health
Columbus Regional - John B. Amos Cancer Center
Columbus Regional - Midtown Medical Center
Columbus Regional - Northside Medical Center
DeKalb Medical Downtown Decatur
DeKalb Medical Hillandale
DeKalb Medical North Decatur
Donalsonville Hospital
Floyd Medical Center
Floyd - Polk Medical Center
Grady Memorial Hospital
Gwinnett Medical Center - Duluth
Gwinnett Medical Center - Lawrenceville
Hamilton Medical Center
Houston Healthcare
Houston Healthcare - Perry Hospital
Meadows Regional Medical Center
Navicent Health
Navicent Health - Children's Hospital
Navicent Health - The Medical Center of Peach County
Northeast Georgia Medical Center - Barrow
Northeast Georgia Medical Center - Braselton
Northeast Georgia Medical Center - Gainesville
Northridge Medical Center
Northside Hospital - Atlanta
Northside Hospital - Cherokee
Piedmont Athens Regional
Piedmont Atlanta

Piedmont Fayette Hospital
Piedmont Henry Hospital
Piedmont Mountainside Hospital
Piedmont Newnan Hospital
Piedmont Newton Hospital
South Georgia Medical Center
South Georgia Medical Center - Berrien
South Georgia Medical Center - Clinch
Memorial Hospital
South Georgia Medical Center - Lanier Campus
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Campus
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Campus
Southwest Georgia Regional Medical Center
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St. Joseph's/Candler Hospital
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St. Mary's Good Samaritan Hospital
St. Mary's Sacred Heart Hospital
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2017 Large Hospital of the Year

Navicent Health

Navicent Health has been the heartbeat of its community for over 120 years. While it has remained true to its mission of providing quality care, it has also continually worked to evolve how that care is delivered and to build a culture of health. Their approach to health and wellness is perfectly defined by this statement in their submission for this award: “we have gone from fixing what is wrong to helping people stay well.” And for that, they should be commended.

Rather than just treating patients with issues such as cardiovascular disease and COPD, they have done a deep dive to understand why certain populations were suffering more than others and designed and implemented programs to address identified disparities. Rather than accepting the fact that socioeconomic factors such as income, education and employment can be obstacles to health, they are doing something about it through the creation of a new MedLaw Program in partnership with Georgia Legal Services and Mercer University. This program assists patients and their families with non-medical issues such as housing, public benefits and education that are directly impacting their health.

We are proud to recognize Navicent because they are showing us all how with a creative approach and an unwavering commitment to success, we can make an even greater difference.

2017 Small Hospital of the Year

Northside Cherokee



Northside Cherokee opened its doors on a much-needed new facility five months ago after 12 years of planning an expansion that would effectively meet the evolving needs of a growing population. Every decision they made- from the services provided, to the interior design and artwork featured throughout the hospital reflects their commitment to their patients, employees and community, all of whom were invited to participate in the celebration of the new facility through a series of events this spring.

The hospital provides nationally recognized, high quality services to the citizens of Cherokee County including a dedicated Women’s Center, Advanced Primary Stroke Center, and 24-hour adult and pediatric emergency care. And they go the extra mile to promote health and support their community through programs such as Junior Health Advocates, which connects medical professionals to grades pre-K through 8, and the Cherokee County Schools Work Based Learning Program Youth Apprenticeship.

They are a true example of a hospital meeting the needs of both their patients and their community and we are proud to recognize them for their success.



2017 CEO of the Year

Don McKenna, St. Mary's Healthcare System

Don McKenna is a true leader who, through his spirit, vision and leadership skills, has transformed the culture and brought financial stability to the hospital he leads - allowing it to launch its first residency program and save two struggling rural hospitals while continually improving both patient and colleague satisfaction ratings.

The system he leads, which is now comprised of three hospitals that employ over 2,100 people, also includes home health care services, hospice services, and a retirement community with a waiting list for each of its service lines. With his leadership, the system's physician medical group has grown from one to 16 practices and includes many new physicians that have been recruited to the area.

To know why he is CEO of the year, you only need to read the testimonials that came with his nomination - to quote a few:

"He has improved the health of this community, inspired countless staff, senior leadership and the newly minted residents to excel, guided the hospital system brilliantly through the economic recession and these turbulent health care reform years, and maximized the talents of those around him..."

"He is a visionary in his strategic role, always looking at the next mile. He is compassionate, very driven and completely dedicated to the mission. He leads by example and has high standards for himself and others..."

Or simply - "I know no one more deserving of this award."

Congratulations to the CEO of the Year, Don McKenna of St. Mary's Athens.



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2017 Legislator of the Year

Lt. Governor Casey Cagle

In today's political environment, anything can happen. Which is why, for regulated industries like ours, it is so very critical to have a champion who understands your issues and more importantly, the impact that bad decisions could have on Georgia families and communities.

We are fortunate that Lt. Governor Casey Cagle has been a champion of Georgia's not-for-profit hospitals, both as a member of the State Senate and as our state's Lieutenant Governor for the last 11 years. He understands that our industry is facing challenges on numerous fronts, which is why he called for the creation of a Health Care Reform Task force that is studying ways to increase access to care, stabilize the insurance market, reduce costs, and address the growing opioid crisis.

He understands that for Georgia's economy and quality of life to remain strong, our hospitals must not only survive, but thrive and he believes that all Georgians should have access to high quality care they can actually afford.

We are honored to recognize Casey Cagle as the 2017 Legislator of the Year.



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A close-up photograph of a woman with blonde hair, wearing a white lace-trimmed top and a white cardigan, applying a bandage to the knee of a young child with blonde hair wearing a white dress. The woman is looking down at the child's knee with a focused expression. The child is also looking down at the bandage. The background is softly blurred, suggesting an outdoor setting.

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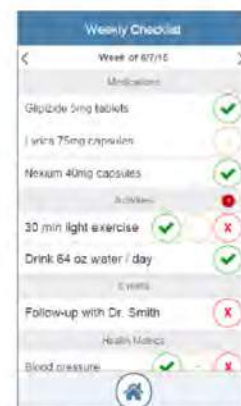


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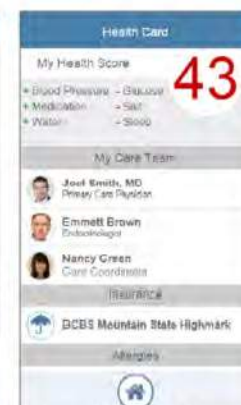
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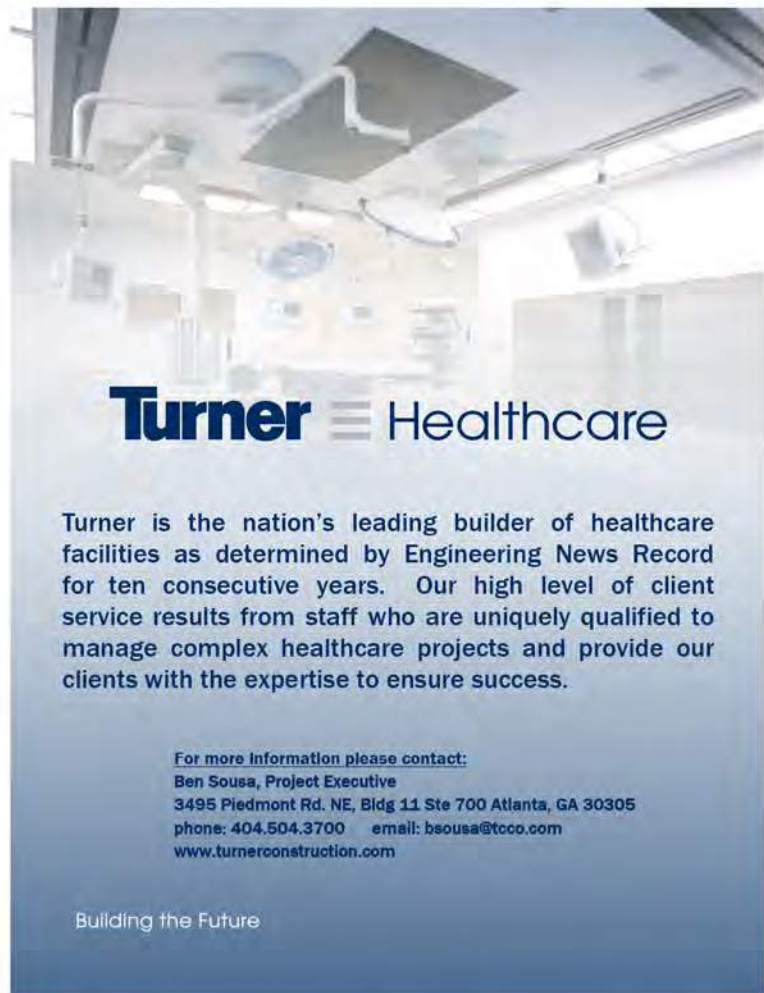
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2017 Speaker Highlights

Matt Hauer, Applied Demographer, University of Georgia, Carl Vinson Institute of Government, “The Changing Demographics of Georgia.”

Georgia’s increasing population means a lower percentage of residents who were born in the state, and increasing numbers of people who speak languages other than English at home. Georgia’s population growth is primarily the result of in-migration as opposed to natural increases in the native population. Today, the majority of Georgians were not born in-state. Georgia has also seen great increases in the percentage of population that are Hispanic, and “other,” where “other” means not white, black, or Hispanic. The recession slowed migration rates dramatically, but emerging from the recession is bringing migration rates up again. From 2000 to 2010, white population grew by 5.6%; black population by 24.8%; “Other” population grew by 74.9%; and Hispanic population by 96.1%. Today, migration is concentrated in urban areas, while half the state’s counties are losing population, primarily in rural areas. Seven counties (6 in Metro Atlanta plus Chatham) account for 2/3ds of population growth. Urban areas are growing, while rural counties lose population. The Baby Boom generation’s aging means that the age structure of our population will continue to shift toward the older and youngest residents as the 30-somethings age bracket remains stable. The 65+ population is expected to double over the next 50 years. Migration patterns combines with older rural populations and younger urban populations will exacerbate existing aging patterns.

Nick Bilton, author, *The American Kingpin*, and Chris Tarbell, former FBI Agent.

American Kingpin is the story of Ross Ulbricht, creator of the underground “dark web” trading site Silk Road, an eBay for illegal drugs and services. Ulbricht was ultimately convicted for narcotics and money laundering, and Chris Tarbell was the FBI agent who arrested Ulbricht.



2017 Speaker Highlights

David Betts, Deloitte Consulting, "The Digital Disruption of Healthcare."

Consumers have higher expectations of the way they interact with the world, and this extends to healthcare. They have higher expectations of the organizations they do business with, driven by more-highly personalized, efficient, and transparent services like they've gotten accustomed to with online ordering and apps that deliver highly-personalized services like Uber. Our challenge is rethinking the healthcare delivery model in a way that will satisfy the consumer expectations of not just patients, but professionals, organizations, and government entities. Consumers have also become accustomed to shopping around online for something that meets their needs better, rather than sticking with whatever is offered in the local brick-and-mortar setting. Technological changes in healthcare should consider not just how to most efficiently deliver a given service, but how to wrap it in the kind of experience that consumers are coming to expect.

Kenneth Ford, Lexburg Solutions.

Ken Ford was part of the team that worked after 9/11 to create better, less-fragmented data management systems. Today, healthcare payment is shifting from a fee-for-service model to a value-based care model, and the key challenge is care coordination systems. If, as healthcare leaders, we can build systems that allow us to benchmark our outcomes and improve the key metrics, we can improve outcomes both for patients, and for our healthcare organizations.

Kevin Holloran, Fitch Ratings, "Fitch's Rating Process and Key Trends in the Healthcare Sector"

Most of Fitch's work is with larger systems, and their ratings reflect an organization's ability to pay its debts on time and in full. The easy way to remember Fitch's rating scale is "A's are better than B's and more letters is better than fewer letters." There are no "Natural AAAs" in healthcare. There is a very healthy appetite among investors for non-investment grade debt. Over time, a separation has developed between institutions that are doing very well and receive the highest ratings, and those that are on a slippery slope toward lower ratings, and that separation is picking up speed. We are in an interesting time in healthcare where we're constantly bombarded by new laws at the state and federal levels, and the pace of new laws is increasing. Much of what is described as "healthcare reform" is really "payment reform." Data will be the next great area for healthcare organizations to save money.

Cash-on-hand and cash-to-debt ratio remain important metrics, but operating margins can be more volatile. To the extent that revenue increases become harder to come by, we'll see more emphasis on cost containment. For smaller organizations, ratings agencies expect to see more agility. Market position is becoming important, but population changes can also affect the competitive position. Days of cash on hand is becoming a lower priority metric because it penalizes innovation. Instead of days of cash on hand, ratings agencies are looking at debt/cash and adjusted debt/cash, where adjusted cash also considers unfunded pension liability; cash flow is also a new measure.

Looking forward, systemically we see erosion of the payor mix as the graying of America takes commercially-insured patients and converts them directly to Medicare. Labor markets tend to be tight, especially in nursing. Much of the healthcare sector will continue to reflect more confrontation between insurers and providers. Merger-and-acquisition activity appears likely to continue growing. Information technology will drive cost-containment in healthcare.



2017 Speaker Highlights

Bob Chaput, Clearwater Compliance – “Building a Business Case for a Cyber Risk Program.”

Large companies like Equifax and Anthem have been in the news over data breaches, but for healthcare, we must understand the link between cyber security and patient safety. Health data is very valuable, but our healthcare system is not sufficiently hardened against cyber risk. HIPAA was the beginning of government regulation of patient data, but today, security represents a greater risk level than compliance. As consumer homes are now being filled with always-on data systems like wireless cameras, Alexa, and smart devices, so is our health systems becoming integrated with the Internet of Things (IOT) as wireless medical devices, including even implants, create and exchange patient data.

Today, the single biggest decision healthcare organizations will make about IT and risk is how to implement security measures that don't interfere or impede with the efficient transmission of patient-critical information.

Charlie Cook, The Cook Political Report.

The 2016 election of Donald Trump surprised even election experts like Charlie Cook, and nerves are still raw over the result, both among the winners and the losers. Today, we see greater ideological division among the citizenry. This coincides with a splintering of the news media to include ideologically-driven sources resulting in echo chambers on the left and right, intensifying the division and animosity.

President Trump was the first to hold that office without holding a senior position in government or the military. This limits his understanding of political processes, and he may have underestimated the learning curve and challenges the existing system presents. Despite its scale, the Trump Organization is a family business and is run like that, while government is more dependent on complex hierarchy and process.

After Obama's election in 2008, when the Democratic Party made large gains, the 2010 election returned much of those gains to Republicans. An open question is whether “Trump voters” will turn out in non-Presidential election years, or whether they'll repeat the surge and decline of “Obama voters” in off-year elections.

Chris R. Hogg, EmployeeCash, “A New Financial Wellness Workplace Loan Program.”

Forty percent of employees are under significant financial stress, but “Financial Wellness” programs can help with employee retention and workplace morale. Approximately 49% of U.S. Adults have subprime credit scores and struggle to access credit on reasonable terms. Fifty percent of employees say their greatest worry is unexpected expenses. EmployeeCash offers employers a way to make workplace loans part of financial wellness to benefit your employees and help you retain good workers.