

STATEMENT  
OF  
RONALD A. PAULUS, MD  
PRESIDENT AND CHIEF EXECUTIVE OFFICER  
MISSION HEALTH  
BEFORE THE  
OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE OF THE  
COMMITTEE ON ENERGY AND COMMERCE  
U.S. HOUSE OF REPRESENTATIVES  
“EXAMINING HOW COVERED ENTITIES UTILIZE THE 340B DRUG PRICING PROGRAM”  
OCTOBER 11, 2017

## EXECUTIVE SUMMARY

Mission Health is a not-for-profit, independent, community-governed health system providing high quality, compassionate medical care to the residents of western North Carolina for more than 130 years. We have had only one mission: *to improve the health of the citizens of western North Carolina and the surrounding region*. As the region's only safety net organization, Mission Health proudly provides medical care for all without regard to the ability to pay, including those with no or limited access to care. That's important, because like many Southern Appalachian communities, we face significant challenges. Our residents are older, poorer, and sicker and are disproportionately covered by Medicare, Medicaid, or are uninsured. Many patients present in late stages of illness while simultaneously dealing with complex social issues. Our system has grown in response to community needs, by supporting struggling hospitals and physicians, and by opening new clinics and health centers in significantly underserved areas and for underserved populations.

Congress established the 340B program to generate outpatient drug savings for safety-net providers and to allow those savings to stretch scarce federal resources. At present, six Mission Health hospitals qualify to participate in the 340B Program based on either DSH or critical access hospital status. Our use of 340B Program savings directly reflects the intent and design of the 340B Program, going to support high quality, safety net services and programs many of which are otherwise unavailable in the region and would be unavailable absent the 340B program. For our uninsured and underinsured patients, Mission Health provides robust financial assistance and charity care. Mission Health also manages an innovative Community Investment program that identifies and funds programs and organizations working to address the most urgent, underserved health needs region-wide. Flexibility to meet local needs is important, and funds provided by 340B program savings are integral to our work and critical to Mission Health's future. Mission Health sincerely appreciates the opportunity to participate in this dialogue to enhance and improve the 340B Program, and we remain at your service.

## STATEMENT OF RECORD

Chairman Murphy, Ranking Member DeGette, and Members of the Subcommittee, I am Dr. Ronald A. Paulus, and I have the privilege of serving as the President and CEO of Mission Health. On behalf of our employees and the nearly one million patients we serve in western North Carolina, thank you for inviting me to be here today to discuss our participation in the 340B Drug Pricing Program. As our region's only safety net organization, we greatly appreciate the opportunity to share our work in this critically important program.

Mission Health is a not-for-profit, integrated healthcare system with its principal offices located in Asheville, North Carolina. Mission Health is a community-governed, locally run, independent health system providing services to 18 mostly rural, mountainous counties in western North Carolina. Our residents are older, poorer, sicker and less likely to be insured than state and national averages.

Today, Mission Health operates six acute care hospitals, including two Disproportionate Share Hospitals (DSH), and four Critical Access Hospitals (CAH). The system also includes numerous outpatient centers, an ambulatory surgery center, and a diversified post-acute care provider delivering home health, hospice, physical/occupational therapy, adult day, private duty nursing, inpatient rehabilitation services, and a long-term acute care hospital. Mission Hospital is the region's only tertiary/quaternary referral center and operates the region's only Level II trauma center, children's hospital, Level III NICU, cardiac surgery, comprehensive interventional cardiology and neurointerventional radiology programs, and more. Mission Health operates the only two air ambulances in western North Carolina and operates the only Cyberknife west of Raleigh, North Carolina.

Through our 132 years of service to the region, we have had the same mission: *to improve the health of the citizens of western North Carolina and the surrounding region.* Our BIG(GER) Aim in pursuit of that mission is to get each person to their desired outcome, first without harm, also without waste and always with an exceptional experience for every patient, family and team member. Mission Health

continues to focus on providing, maintaining, and investing in access to high quality health, wellness and medical care services close to home for citizens in the region without regard to their ability to pay.

Mission Health has established a national reputation for high quality, safe, effective and low cost care. As just one example, Mission has been named one of America's Top 15 Health Systems by Truven/IBM Watson<sup>1</sup> in five of the past six years (2012-2017). As a group, the Top 15 Health Systems outperformed their peers in a number of ways, including: saving 66,000 more lives and causing 43,000 fewer patient complications; following industry-recommended standards of care more closely (>97%); released patients from the hospital a half day sooner; readmitted patients less frequently and experienced fewer deaths within 30 days of admission; had nearly 18% percent shorter wait times in their emergency departments; had over 5% lower Medicare beneficiary cost per 30-day episode of care; and scored nearly 7 points higher on patient overall rating of care. Even among this esteemed group, Mission Health performed in the Top 2% of the entire nation in the most recent award period.

To that end, maintaining the integrity of the mission critical 340B drug pricing program is absolutely vital in order for our population to receive the services they so desperately need. Many of the high quality, advanced safety net services that we provide are otherwise unavailable in the region and would be unavailable absent the 340B program. For our uninsured and underinsured patients, Mission Health provides robust financial assistance and charity care. Western North Carolina residents are disproportionately covered by Medicare, Medicaid, or are uninsured when compared to most regions of the state and nation. In fact, sixty-seven percent of Mission Health's hospitalized patients are uninsured or covered by Medicare and Medicaid. In 2016, Mission Health saved \$37.4 million through the 340B program, and this year we expect to save a little more than \$38 million. These savings go directly into programs for our community. In fact, the total value of Mission Health's charity and subsidized government care was nearly \$105 million in 2016, and our total community investments were more than \$183 million for that same year.

---

<sup>1</sup> <http://truvenhealth.com/products/15-top/studies-winners>

As you can see in Tables A and B, we have had growth in both our 340B program savings as well as our charity care and community benefit activities; one supports the other, and both are a direct result of the growth of our system, which has been driven by the need to support struggling or failing hospitals and physicians in rural areas of our community. We have also opened new clinics and health centers in significantly underserved areas or for underserved populations.

**Table A: Mission Health 340B Value**

Mission Health 340B Value	Estimated FY 2017	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012
Angel Medical Center	\$ 1,508,789	\$ 616,670	\$ 577,926	\$ 677,790	\$ 172,435	\$ -
Blue Ridge	\$ 230,234	\$ 272,710	\$ 388,420	\$ 981,228	\$ 513,651	\$ -
Highland-Cashiers	\$ 227,505	\$ 120,897	\$ 270,535	\$ 147,015	\$ -	\$ -
McDowell	\$ 2,169,798	\$ 1,613,072	\$ 736,712	\$ 837,572	\$ 814,498	\$ 96,892
Mission	\$ 26,490,110	\$ 28,099,335	\$ 24,246,755	\$ 20,860,377	\$ 13,483,493	\$ 2,735,834
Transylvania Regional	\$ 684,568	\$ 523,756	\$ 467,016	\$ 240,278	\$ 385,907	\$ 286,657
<b>TOTAL Hospital Savings</b>	<b>\$ 31,311,004</b>	<b>\$ 31,246,440</b>	<b>\$ 26,416,829</b>	<b>\$ 23,597,245</b>	<b>\$ 15,369,984</b>	<b>\$ 3,119,383</b>
WAC Penalty (WAC Purchases at DSH Hospitals vs. GPO Pricing)	\$ (594,799)	\$ (628,674)	\$ (614,476)	\$ (441,872)	\$ (173,735)	
Contract Pharmacy Value	\$ 7,614,686	\$ 6,822,307	\$ 9,548,399	\$ 8,265,335	\$ 2,818,104	\$ -
<b>TOTAL 340B Value to Mission Health</b>	<b>\$ 38,330,891</b>	<b>\$ 37,440,073</b>	<b>\$ 35,350,752</b>	<b>\$ 31,420,708</b>	<b>\$ 18,014,353</b>	<b>\$ 3,119,383</b>
<b>Average 340B Value FY13-FY17</b>	<b>\$ 32,111,355</b>					

**Table B: Mission Health Charity Care and Community Benefits**

Mission Health Community Benefit and 340b Savings						
Mission Health Community Benefit Activities	Estimated FY 2017	From Form 990				
		*FY 2016	*FY 2015	*FY 2014	*FY 2013	*FY 2012
Charity Care (at Cost)	\$ 42,498,415	\$ 29,750,529	\$ 27,963,715	\$ 40,139,588	\$ 26,813,895	\$ 21,895,452
Unreimbursed Medicaid		\$ 5,741,221	\$ (6,170,764)	\$ (10,480,943)	\$ (19,128,851)	\$ (7,868,431)
Unreimbursed costs (other means tested government programs)		\$ 5,517	\$ 7,570	\$ 7,187	\$ -	\$ -
Charity Care Patients		25,352	21,710	17,462	10,131	7,882
# Charity Care Claims		68,764	52,790	42,105	22,571	17,286
Community Health Improvement Programs & Services		\$ 17,064,874	\$ 13,564,349	\$ 12,046,512	\$ 10,936,554	\$ 8,853,316
Health Professions Education		\$ 2,820,332	\$ 2,511,966	\$ 2,764,242	\$ 3,119,558	\$ 2,708,503
Subsidized Health Services		\$ 48,384,369	\$ 49,801,556	\$ 46,789,957	\$ 44,099,252	\$ 28,000,280
Research		\$ 1,991,197	\$ 1,499,907	\$ 1,449,597	\$ 1,783,655	\$ 1,652,313
Cash and In-kind Contributions		\$ 7,418,685	\$ 5,884,532	\$ 4,344,779	\$ 3,757,505	\$ 4,048,301
<b>TOTAL Mission Health Community Benefit Activities per 990</b>	<b>\$ 113,176,724</b>	<b>\$ 95,062,831</b>	<b>\$ 97,060,919</b>	<b>\$ 71,381,568</b>	<b>\$ 59,289,734</b>	
Unreimbursed Medicare per Audit		\$ 64,323,000	\$ 55,832,000	\$ 44,504,000	\$ 60,033,000	\$ 39,339,000
Other Estimated Community Benefits per Audit*		\$ 5,926,276	\$ (2,013,831)	\$ 10,833,081	\$ 12,139,432	\$ 14,272,266
<b>TOTAL Mission Health Community Benefit Activities per AFS*</b>		<b>\$ 183,426,000</b>	<b>\$ 148,881,000</b>	<b>\$ 152,398,000</b>	<b>\$ 143,554,000</b>	<b>\$ 112,901,000</b>
Cost of Treating Bad Debt Patients	\$ 37,730,278	\$ 39,679,272	\$ 36,983,206	\$ 33,143,490	\$ 36,159,388	\$ 31,487,323
<b>Total Uncompensated Care (Charity + Bad Debt, A+D)</b>	<b>\$ 80,228,693</b>	<b>\$ 69,429,801</b>	<b>\$ 64,946,921</b>	<b>\$ 73,283,078</b>	<b>\$ 62,973,283</b>	<b>\$ 53,382,775</b>
<b>Average Charity Care FY13-FY17</b>	<b>\$ 33,433,228</b>					
<b>Average Uncompensated Care FY13-FY17</b>	<b>\$ 70,172,355</b>					

The 340B Program supports the many ways that safety net providers, like Mission Health, provide health care in meaningful ways to those who find themselves unable to afford, access, or navigate needed care. The 340B Program is invaluable to providers like Mission Health in meeting these otherwise unmet needs. In brief summary, Mission Health's total charity care and bad debt alone is

more than double the value of our 340B savings. And our 340B savings are only one-fifth of our total community benefit provided in the most recent year.

Mission Health is a community health leader. As part of our work, we manage a forward-thinking Community Investment program that identifies and funds programs and organizations working to address the most urgent, underserved health needs in the region. Examples of Mission Health's recent collaborative work, aimed at reaching the most vulnerable in our community, include:

- C3@356, a walk-in urgent care center for those with acute behavioral health needs now seeing more than 275 walk-in behavioral health patients every week;
- The Dale Fell Health Center, a federally qualified health center that provides primary care to vulnerable community members with a particular focus on homeless patients and families;
- The Mountain Child Advocacy Center, which supports and treats child abuse victims and their families; and
- The Family Justice Center, which provides wraparound services for victims of domestic and sexual violence in a trauma-informed care setting.

Services and programs like those above are unique in our community, they provide a vital role to support the most vulnerable in our region, and they highlight the crucial safety net role that Mission Health plays in our service area. Mission Health routinely provides, or otherwise makes available, critical services in the community that are either not covered by insurance or are not reimbursed at a financially viable level.

Today, six Mission Health hospitals participate in the 340B Program. A more detailed description of each of our 340B eligible hospitals is below. Our flagship hospital, Mission Hospital, qualifies to participate in the 340B Program based on its high-DSH and non-profit status, and has participated in the program since 2004. The other five participants include four critical access hospitals and a smaller DSH-eligible hospital.

Our CAHs, located in some of the most rural areas of the state, are eligible for the program under statute based on their designation and heavily rely on the savings to provide 24-hour health care services to our rural patients. The 340B program enables eligible hospitals to use dollars saved on rapidly growing pharmaceutical costs to support the delivery of medical care and other necessary health services for our patients, especially for the uninsured, Medicaid, and other vulnerable patients. Given our patient demographics, many present for care in late stages of illness while also dealing with complex social issues requiring a wide range of care and services to manage their medical situations to get well. The 340B program allows flexibility for eligible hospitals (and other covered entities) to use the savings to best meet the critical needs of their communities.

At Mission Health, we take compliance with all programs, including all 340B program requirements very seriously. Like other 340B-eligible hospitals, our programs have been audited by HRSA/OPA. In those situations, we have successfully worked through the audit process and have implemented corrective action plans to insure continued improvement and compliance with HRSA guidance. Our most recent audit was at Mission Hospital in May 2016. That audit found no problems related to duplicate Medicaid discounts, accuracy of our HRSA 340B Directory, or 340B use in mixed-use settings of the hospital. The audit did identify an issue with the use of 340B medications for “in-eligible patients” in our owned community and contract pharmacies. That is not surprising because the definition of “eligible patient” has been elusive and fraught with lack of regulatory clarity. We take these issues very seriously, and immediately created a Corrective Action Plan which was subsequently approved by HRSA.

We have hired dedicated and well-trained employees specifically to operate our 340B Program and those individuals help to ensure that we are and remain knowledgeable and competent to operate this complex program both appropriately and effectively. In support of program compliance, the system has invested in core 340B staff to oversee the program for the health system. The multidisciplinary 340B team includes more than 75 total staff, with five of those staff members having completed 340B

University training<sup>2</sup>, an in-depth educational program designed by Apexus<sup>3</sup> to meet the practical needs of the 340B Prime Vendor Program (PVP) participants and other program stakeholders. Topics covered in the training include statutory ceiling price calculations, fundamentals in implementing a compliant pharmacy program, and hands-on training with tools and resources available to assist with program integrity.

In addition, we hold a multidisciplinary 340B Council Meeting every other month to update key staff and leaders on our most recent self-audit findings, new policies or procedures, new guidance from HRSA, as well as our dashboard of key metrics used to continuously monitor compliance issues. The 340B Council is comprised of our Associate General Counsel, Chief Compliance Officer, Internal Audit Managers of Member Hospitals, VP of Pharmacy Services, Director of Pharmacy Supply Chain, 340B Pharmacy Specialist, Information Technology Specialist for 340B, Regional Finance Directors, Director of Community Pharmacies, and Presidents of the Member Hospitals. Also, recognizing the importance of technology in our compliance efforts, we have worked to educate our technology partner around improvements to its software systems to help hospitals remain in full and complete compliance in the day-to-day operations of the program.

As I stated previously, Mission Health is a non-profit, safety net provider situated in western North Carolina, a part of Southern Appalachia, where residents are older, poorer, sicker and less likely to be insured than state and national averages. As such, they are disproportionately covered by Medicare, Medicaid, or are uninsured. To help meet the needs of our community, Mission provides robust financial assistance and significant charity care to those living in our region. All patients who have or anticipate a bill with Mission Health may apply for financial assistance at any time (before, during, or after services), regardless of their insurance status. The 340B program allows Mission to provide this much-needed assistance to our patients and families.

---

<sup>2</sup> Guidance from HRSA: only answers from Apexus or HRSA should be considered appropriate guidance for 340b entities.

<sup>3</sup> Apexus: A non-government organization that works closely with HRSA to answer all 340b related questions.



As a health system facing a tsunami of need, Mission's targeted and continuing investment in its own programs and in those community programs that Mission supports clearly demonstrates that it is dedicated to using all of its resources to improve the health of the people of western North Carolina. Funds provided by 340B program savings are absolutely essential and integral to our work. Mission Health also uses its resources – including 340B savings resources – to offer multiple Community Health Improvement programs and services, with additional detail provided below.

- A Medication Assistance Program;
- A robust and forward-thinking Community Investment process;
- Extensive medical education and research programs focused on training medical students and residents with an interest in rural practice including family practice, obstetrics and gynecology, general surgery and psychiatry; and
- Community Building Activities, including regional and local programs funded by Mission Health, but that do not generate revenue. These programs, such as children's services, MAMA and EMS, are essential to the health and wellbeing of the communities we serve.

Additional information on Mission's charity and community investment programs is provided on the following pages. Thank you for the opportunity to highlight the great services that Mission Health provides to our community.

**Mission Health participates in the 340B program at each of the following hospitals:**

**Mission Hospital**, our flagship hospital, is a 763-bed tertiary-quaternary care, nonprofit medical center located in Asheville, NC. Mission is a disproportionate share hospital and is the largest hospital in the state west of Charlotte.

Mission Hospital serves a critical role in the health care safety net of Western North Carolina. The hospital includes, as part of its inpatient beds, 32 pediatric beds, 51 neonatal intensive care beds, and 62 psychiatric beds, including child and adolescent psychiatry. As the region's only tertiary and quaternary care medical center, Mission Hospital provides a comprehensive range of inpatient and outpatient services, with eight Centers of Excellence: behavioral health, cardiology, pediatrics, orthopedics, oncology, women's services, neurology and trauma. Mission Hospital is the only State of North Carolina designated Level II Trauma Center in western North Carolina and operates two emergency air ambulances to bring critically ill and injured patients from throughout the region for highly advanced care.

Mission Hospital also operates Mission Children's Hospital, which features both neonatal and pediatric intensive care units and a broad staff of pediatric subspecialists addressing the full spectrum of childhood diseases and conditions. In 2012, Mission opened the region's only pediatric imaging center. Mission's Cancer Center provides comprehensive cancer treatment to residents of western North Carolina including multidisciplinary cancer care with two linear accelerators, the region's only CyberKnife Radiosurgery facility, dedicated pediatric oncology and an infusion suite.

Among the specialized programs and referral services offered at Mission Hospital are a state-designated high-risk pregnancy center, interventional cardiology (including cardiac catheterization, electrophysiology and stents), cardiac surgery (including transcatheter aortic valve replacement, left ventricular assist device placement, and structural heart and bypass surgeries), inpatient dialysis and many others.

**Blue Ridge Regional Hospital** is a nonprofit, 25-bed critical access hospital located in Spruce Pine, North Carolina, approximately 50 miles northeast of Asheville. Blue Ridge qualifies to participate in

the 340B program based on its critical access status and has participated in the program since 2005.

Blue Ridge also operates clinics in Yancey and Mitchell Counties and is the only hospital in these counties. Blue Ridge Regional Hospital has been providing acute health care services to the population of Mitchell, Yancey and surrounding counties since 1955. In 2008, the hospital was expanded through a construction and renovation project, offering private patient rooms, a new and expanded emergency department and imaging services and an expanded chemotherapy unit. More recently, Mission built a state-of-the-art medical office building to replace badly outdated ambulatory space. Blue Ridge employs physicians in three provider-based, federally-designated rural health centers.

**Angel Medical Center** is a 25-bed, nonprofit critical access hospital serving Macon County, and the area surrounding Franklin, North Carolina, approximately 67 miles from Asheville. Angel qualifies to participate in the 340B program as a critical access hospital and has participated in the program since 2012. Angel Medical Center is the only hospital in Macon County and offers inpatient services that include: medical and surgical care and an intensive care unit. Outpatient services include: a wound clinic, a foot clinic, chemotherapy services, a full-service laboratory, digital mammography, CT, MRI, nuclear medicine, and rehabilitation therapy, as well as surgical and endoscopy services. Angel also operates an urgent care center and provides home health and hospice. Mission Health recently completed a clinical program plan for Angel Medical Center and is pursuing the construction of a new inpatient facility to serve the community long term, as the existing hospital, originally built in 1956, is in need of replacement.

**Transylvania Community Hospital** is a 25-bed nonprofit critical access hospital serving Transylvania County, North Carolina and the surrounding area. Transylvania qualifies to participate in the 340B program based on its critical access status, and has participated in the program since 2010. Transylvania is the only hospital in Transylvania County. Its operations, including inpatient skilled nursing, has been providing health care in and around Transylvania County since 1933. In September 2016, Transylvania began construction on an expansion of its Emergency Department.

**The McDowell Hospital** is a nonprofit 49-bed acute care hospital located in Marion, North Carolina, approximately 40 miles east of Asheville. McDowell qualifies to participate in the 340B program based on the indigent care population served through the hospital and rural health clinics, and has participated in the program since 2005. McDowell Hospital has been providing acute healthcare services to the residents of McDowell County since 1927. Construction of a new replacement hospital will be completed in the first quarter of 2018 and will house 25 patient beds, five labor, delivery, recovery and postpartum rooms (including a dedicated C-section Room), operating suites, one endoscopy suite, an imaging center, a 15-bed Emergency Department, an infusion center, and physician clinic space. Five of McDowell Hospital's primary care practices have been recognized by the Centers for Medicare & Medicaid Services as Rural Health Clinics.

**Highlands-Cashiers Hospital** is a nonprofit 24-bed critical access hospital serving Highlands and Cashiers, North Carolina and surrounding communities. Highlands-Cashiers Hospital qualifies to participate in the 340B program based on its critical access status, and has participated in the program since 2010. Highlands-Cashiers Hospital provides inpatient beds, a 24-hour emergency room, and a range of diagnostic services. An 80-bed center offers extended nursing care. In May 2017, Highlands-Cashiers completed construction on a new Emergency Department.

## **Mission Health Community Health Improvement Programs, Services, and Investments:**

### **Enabling Access to Care for Everyone**

**ABCCM Medical Ministry:** For more than 25 years, Mission has supported this local free medical clinic to assure access to care for our community’s most vulnerable individuals. The partnership has included a financial commitment to sponsor 50 percent of the clinic budget (over \$2 million from 2012-2016). Support for the clinic also includes in-kind medical services (including labs, radiology, and medication expenses) at over \$2.7 million from 2012-2016.

**EMS & Transportation Services** – In our rural and mountainous region, transportation continually



emerges as a priority need across western North Carolina, and is a primary catalyst for communities identifying “Access to Care” as a top health issue. Mission Health provides EMS services in three local, rural communities – Madison, Mitchell, and Yancey Counties. Mission Health

also provides more than \$3M in regional transport services each year, including Behavioral Health transport.

**Mountain Area Medical Airlift (MAMA):** MAMA has been providing critical care transport through



Mountain Area Medical Airlift (MAMA) since 1986. With two helicopters available 24 hours a day from bases in Asheville and Franklin, NC, MAMA provides air medical services to 18 western North Carolina counties, eastern Tennessee, northeast Georgia and northern

South Carolina. MAMA covers roughly 10,000 square miles in 2-3 flights a day (about 90 flights each month) and has transported more than 21,000 patients.

## Children's Services



**Mission Children's Hospital** is the only full-service children's hospital in western North Carolina employing the only pediatric subspecialists for the region. Mission Children's provides a wide variety of child-specific services to ensure the highest quality care for our smallest friends and neighbors. As just one example, **Mission's Child Life Program** uses play and developmentally appropriate education to help reduce anxiety and stress for procedures and diagnoses. Mission provides this critical, unfunded program at a cost of more than \$300,000 a year.



**Mission's Fullerton Genetics Center** provides comprehensive genetic counseling and evaluations for all



genetic indications, including preconception, prenatal, pediatric and cancer. At a cost of more than \$700,000 each year, the Genetics Center performs evaluations for children with birth defects, unique physical features, developmental delays, metabolic conditions, atypical development, and family history of genetic conditions, among many other needs.

**The Olson Huff Center for Child Development** provides specialty services including audiology, autism services, learning disabilities, Down syndrome, birth defects and congenital anomalies as well as occupational, physical, and speech therapy, at a cost of more than \$750,000 each year.

**The Mountain Child Advocacy Center:** located within the child-friendly setting of Mission Children’s



Hospital, the Mountain Child Advocacy Center provides support and treatment for child victims of abuse, and was established in coordination with the Family Justice Center. Mission donates \$68,000 annually through the provision of space for the Mountain Child Advocacy Center and support

for its operating expenses. Sadly, Mission provides significant services for child abuse medical evaluation and counseling, with each hand print representing an abused child (partial photo shown).

**Family Support Network (FSN)** helps ensure families of children with special needs have a place to turn



**Family Support Network™ of WNC**

for advice, guidance, and peer support. FSN serves more than 900 families a year, on average, at a cost of

over \$100,000. Staff with FSN support families in the Neonatal Intensive Care Unit, provide formal peer mentoring and connection for parents and caregivers, and also offer monthly family group nights with educational workshops.

**Mission Children’s Hospital ToothBus:** Mission Children’s Hospital operates two 40-foot-long mobile



oral care programs that provide free preventive and restorative oral care to school-aged children throughout the region. The ToothBuses are set up to provide the same services offered in a traditional dental office in remote

areas that have no other access to care. The buses travel the rural, mountainous roads to take care of

children during the day at their elementary school site so that parents do not have to take time off from work.

### **General Services**

**Primary Care Medical Homes** - When a survey of primary care availability showed a deficit of more than 130 primary care physicians to meet basic access requirements for the people we serve, and high rates of end-stage disease being diagnosed in the Emergency Department, Mission Health responded with a commitment to recruit physicians and develop practices. Since then, Mission has invested more than \$5 million in the recruitment of 164 primary care physicians and advanced practitioners to support critical access to care region-wide. We have done so through Mission Medical Associates (MMA), a wholly-owned physician-led subsidiary of the Mission Health, which was incorporated in 2008 to serve as a patient-centered organization dedicated to providing tools and support to help physicians enhance the quality of care in a cost-effective manner. As of July 31, 2016, Mission Medical Associates employed over 625 physicians and advanced practitioners (physician’s assistants, nurse practitioners or certified registered nurse anesthetists).

**Region-wide Stroke Program** – Mission Health’s neurological services provide highly specialized care for



stroke patients throughout the region at a cost of more than \$300,000 each year, ensuring patients across western North Carolina have access to timely, state-of-the-art care. Mission Hospital earned the Joint Commission’s Gold Seal of Approval and the American Heart Association/American Stroke Association’s Check Mark for Advanced Certification for Comprehensive Stroke Centers. Additionally, Angel Medical Center, a Mission Health member hospital and Critical Access Hospital, earned Acute Stroke Ready

Hospital recognition.

To support remote patients even at non-Mission hospitals, Mission provides 24X7X365 TeleStroke coverage for the region. Mission Health’s service area is rural or suburban, and mountainous



terrain can make it challenging to access care any day of the week. Mission's investment in Telemedicine for stroke care, called TeleStroke, enables neurologists to treat patients remotely, providing the quick response and quality care that can be the difference between life and death for a patient experiencing a stroke. Because of the improvement in time between onset of symptoms and treatment, TeleStroke patients have more favorable outcomes.

**Support for Independent Physician Practice Quality** – Mission Health initiated and enabled the formation of an Accountable Care Organization, **Mission Health Partners**, that provides support and resources to providers across western North Carolina, enabling them to offer higher quality, safe and efficient care to their patients. Given our population, this means providing high quality, coordinated care for people dealing with (typically) more than one chronic disease.

**Tallulah Community Health Center** is a rural family practice clinic serving a small community in western



North Carolina. Acquired in 2010, Mission provided care and developed the practice into a primary care medical home model at a loss of \$1.2 million each year. The Tallulah Community Health

Clinic is currently managed in partnership with Appalachian Mountain Community Health Centers, providing primary care for both adult and pediatric patients.

### **Behavioral Health Programs**

**Behavioral Health Transport:** Patients receiving Behavioral Health services at Mission often require transportation between inpatient facilities, or from the Emergency Department to other facilities on campus. This transportation is provided by Mission and operates at a full annual loss, with a value of \$4,000-\$5,000 each year since 2014.

**Behavioral Health Integration** – Through telehealth and staff positions, Mission Health is working to integrate behavioral health care resources and support into primary care practices across western North Carolina. Our Behavioral Health Consultants provide support in local primary care practices, using the Primary Care Behavioral Health (PCBH) model. This population health strategy uses assessment, triage, and skills-building to extend the reach of care to any patient whose condition has a behavioral component, not just those with mental health needs.

This program was established in 2015 and currently provides Behavioral Health Consultants in four clinics, at a cost of \$330,000 each year. Behavioral Health Consultants are qualified Masters or Ph.D. level providers working in-person to bridge primary care with broader behavioral health services. Our partnership with Meridian Behavioral Health Services allows placement of Meridian therapists in primary care practices to bridge between consultation and broader services and create full-service, wrap-around care.

We also provide telehealth services in four primary care clinics to extend access to behavioral health care, with a goal of providing this care in every Mission primary care clinic by the end of 2018. Behavioral Telehealth provides real time access to behavioral health providers, in the clinic where a patient's need has been identified. This care is provided using a tele-health cart, at a cost of \$12,708 per year for each cart. Currently, telehealth carts are in use in four primary care locations for provision of behavioral health care services. Mission additionally provides 1.2 FTE team members to staff these telehealth sites five days per week, at a cost of roughly \$100,000 each year.

A dedicated 0.5 FTE staff person, at a cost of \$41,500 per year, develops education curriculum and Continuing Education Units for Behavioral Health Team members at Mission Health, and primary care providers have access to BH-specific education opportunities, including a summer series on psychiatry and behavioral health. Rural Health Clinics serve a large portion of western North Carolina residents, and these clinics are often under-resourced. Mission is targeting new growth in Behavioral Health Integration toward providers with Rural Health Clinic designations to help ensure broader access to behavioral services for patients.

**C3@356 Comprehensive Care Center:** a walk-in urgent care center for those with behavioral health



needs, including 24-hour urgent care unit, mobile crisis management team, a mental health and substance use crisis

facility, a community pharmacy and outpatient services. Mission provided \$1 million toward the establishment of this facility, which was matched by a grant from the North Carolina Department of Health and Human Services totaling almost \$1 million more. This center was established in collaboration with local officials, law enforcement, local behavioral health and safety net providers, the local management entity (LME/MCO – effectively a behavioral health managed care organization), and the local chapter of NAMI (National Alliance on Mental Illness).

### **Perinatal Substance Use Workgroup**

The urgency of substance use issues in western North Carolina gave rise to the development of the Perinatal Substance Use Workgroup in December of 2015. This regional group is hosted by Mission, in partnership with Mountain Area Health Education Center, Vaya Health, local behavioral health providers, and state and local government representatives. The workgroup aligns services to better address the needs of pregnant women with substance use disorders and support them through healthy pregnancy, delivery, and post-partum. The workgroup meets monthly and Mission has invested \$22,000 in in-kind staff time to this effort.

**Emergency Department Psychiatric Services** – By placing much-needed psychiatrists in emergency departments, Mission increased the availability of psychiatric evaluations to help quickly identify patients in need of behavioral health services. This annual investment of more than \$1.3 million is a

service provided by Mission in response to the growing need for better access to behavioral health care for uninsured behavioral health patients in crisis.

**Family Justice Center:** a centrally located, living-room style safe place for victims of interpersonal violence and sexual assault, providing wrap-around care in a trauma-informed setting. The Family Justice Center is home to numerous agencies providing support to victims and survivors, as well as legal aid, on-site SANE nurses, and on-site childcare. Mission outfits on-site medical examination rooms and provides SANE Forensic Nursing services to clients of the Family Justice Center and Mountain Child Advocacy Center, at a value of more than \$105,000 annually. This center was a collaboration of local community agencies, law enforcement, city and county officials, and health services partners. The Family Justice Center serves individuals from across WNC.



**Medication Assistance Program:** Mission Health primarily utilizes a centralized Medication Assistance Program for hospitals in the system. The program serves all patients and all hospitals in Mission Health. The program is not limited to 340B eligible patients/340B eligible drugs. The program utilizes a



combination of 340B, WAC purchases, and donations to meet the medication needs of the specific patient. The combined WAC value of

these medications for Mission Health patients in FY 17 ending September 30, 2017 is projected to be \$4,464,000. The cost to Mission to staff this program in FY 17 is projected to be \$563,590.

In addition to the Mission MAP program, our support of the Asheville Buncombe Community Christian Ministry (ABCCM) Medical Clinic provides medications at no cost to patients in need. ABCCM does not qualify for 340B drug pricing, but despite this, will provide over \$1.4 million in free medications (valued at WAC pricing) in 2017. The labor costs to staff this program are \$336,000 per year.

In addition to these two programs, Angel Medical Center uses a contract pharmacy agreement, and 340B or WAC priced medications to assist patients in need of medications. Angel pays the contract pharmacy their usual and customary charge, and hopes to recoup a portion of this cost if the prescription eventually qualifies for 340B pricing.

**Sexual Assault Nurse Examiners (SANE):** Mission employs forensic nurse examiners that are specially



trained, registered nurses who provide comprehensive care for victims of sexual assault, domestic violence, and child, elder, and dependent-adult abuse and neglect, and other violent crimes. Forensic nurses are also involved

in community outreach and educational programs designed to raise public awareness of sexual assault, safe relationships, and recognizing and dealing with intimate partner violence. These nurses are on duty 24/7/365 and have a presence at each Emergency Department in Mission Health System. In 2016, operational costs of the SANE program were valued at just over \$660,000.

**Rathbun House:** Mission's Rathbun House provides a home-like environment where families or



caregivers coming with a patient to Asheville can stay for free close to their loved ones, in a comfortable and supportive setting. Patients from around the region come to Asheville to receive care or medical treatment at Mission Hospital and the Rathbun House helps to

ease the burden of being away from home.

**Dale Fell Health Center:** Mission enabled the creation of a new, federally qualified health center (FQHC) focused on the homeless and located in Asheville, NC. It is a part of a network of health centers across the region and provides a primary care medical home for our most vulnerable community members. The development of this health center, designed to help meet the needs of the medically underserved, homeless, migrant or seasonal farmworkers, community-based health centers, and community agencies serving the homeless and other at-risk members of the community. For its role in this partnership, Mission's commitment \$750,000 to support the creation and development of the Dale Fell Health Center, and continues to provide leadership and partnership as the center grows to meet the needs in our community.

### **Community Investment Grants**

Mission Health provides roughly \$1 million in grants to community agencies each year for programs that improve health across the region. Mission Health's investments into the 18-county western North Carolina region, made possible by savings from programs like 340b, are guided by the priority health needs identified in each county's Community Health Assessment Process.

### **The Grant Process**

Every three years, hospitals and health departments are required, as part of the Affordable Care Act, to collaborate with community members and key stakeholders to assess the community's needs, prioritize the top health issues, and strategize together about how to address them. To facilitate this process, Mission Health invests more than \$100,000 annually the **WNC Health Network** (WNCHN), an alliance of 17 hospitals in western North Carolina working together to improve health and healthcare. As



part of this alliance, WNCHN coordinates **WNC Healthy Impact** to coordinate partnership between hospitals and local public health, designed to align

the Community Health Assessment process across western North Carolina and increase capacity to have a greater impact on critical health improvement efforts. WNC Healthy Impact conducts regional and local primary and secondary data collection, stratifies and analyzes data for each partner, and works to infuse Results Based Accountability™ into the process to ensure our successes are evaluated and measured. WNC Healthy Impact aligns the work of 16 counties in western North Carolina and the Eastern Band of Cherokee Indians.

### **Western North Carolina Identified Health Priorities – 2012-2016**

- Mental Health & Substance Use
- Access to Care
- Chronic Disease Prevention & Management
- Healthy Lifestyles – Physical Activity, Healthy Weight, Nutrition

### **Community Investments**

**Regional Asthma Disease Management Program** – One of Mission Children’s outreach services, The



Regional Asthma Disease

Management Program (RADMP), is an

award-winning, multi-faceted approach to help families build skills in managing environmental triggers and connects them with other community resources. Serving all children in western North Carolina, the program has a special focus on Native American, African American, and Hispanic children who may not receive intervention on a regular basis. The program strives to form an active, educated and aware partnership with each family, appreciating the role of cultural beliefs and adapting to educational and literacy levels. Healthcare cost-savings 12 months post-intervention were roughly \$880,000, and Mission has invested more than \$700,000 in the program since 2012.



**Mammograms** – Mission Cancer Services provides the Ladies Night Out program to make mammograms accessible for women in western North Carolina. Women who are uninsured or underinsured can access a mammogram, as well as additional screenings and health checks, in a friendly environment. Mission’s investment in Ladies Night Out is roughly \$40,000 each year.

**Camp Bluebird for Cancer Survivors** – Camp Bluebird a 2-night, 3-day retreat for adult cancer survivors



held twice a year in the beautiful mountains of western North Carolina. Sponsored by Mission Health, in partnership with AT&T Telephone Pioneers (the volunteer organization of the telephone company), the camp is available to anyone aged 18 or older with a

past or current diagnosis of cancer. Mission Health nurses volunteer at the camp, and help create a supportive environment in which campers experience unparalleled peer support, as well as counseling and spiritual support, and learn coping skills in addition to the many fun activities they participate in. Mission’s costs for Camp Bluebird run between \$10,000-20,000 annually, though the value of the camper’s experience cannot be quantified.

### **Community Partnerships & Other Investments**

**Physician Education & Innovative Care Models** – Mission Health partners extensively with **Mountain Area Health Education Center (MAHEC)** to provide educational opportunities to local providers and the community. The partnership has also supported implementation of a Centering Pregnancy model for routine prenatal care provided by MAHEC OB/GYNs, and expanded to regional providers; this model supports pregnant women and their families and connecting them with a full spectrum of resources to improve wellbeing. In FY16, Mission supported \$4.9m of net community benefit attributed to medical education and grants.



**YMCA Summer Camp for Low-Income Kids** – Mission Health supported construction of the medical



building at the YMCA of WNC’s Camp Watia summer camp for kids. Mission invested \$250,000 over 5 years in

the project, helping to ensure that kids from across the region who attend summer camp have high quality medical care during their stay.

**Capacity-building for Local Nonprofits** – As part of a collaboration of local funders, Mission invests



\$25,000 annually in WNC Nonprofit Pathways, a capacity-building organization that supports the growth and development of local nonprofits. Through assessment, education and training

opportunities, consultant services, on-site training, and coaching in financial and sustainability issues, WNC Nonprofit Pathways creates a support system for western North Carolina’s community agencies. Local nonprofits working to improve their communities’ health have the support they need to be healthy themselves.