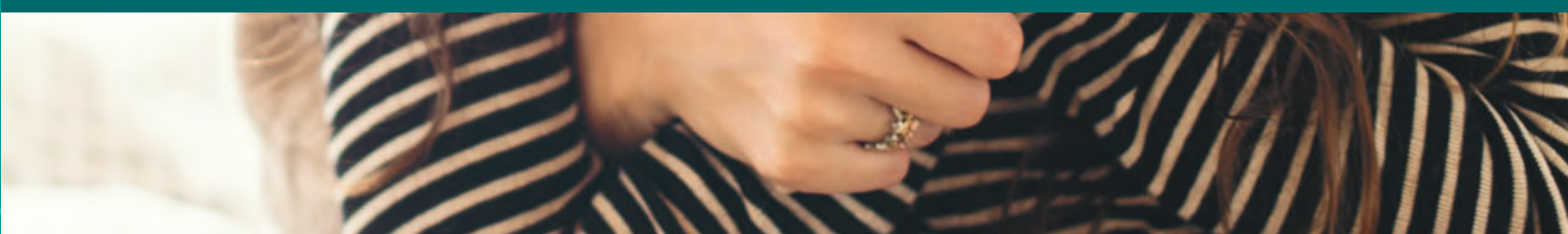




  
**Atrium Health**  
AtriumHealth.org

 **Atrium Health**

**2019**  
ANNUAL REPORT



# What's Inside

1

**Foreword**  
Our relentless pursuit  
of excellence

3

**In One Day**  
At Atrium Health

5

**Caring for All**  
Partnerships help us  
transform healthcare – inside  
our hospital walls and beyond

7

**First and Best**  
Achieving our vision  
of excellence

15

**Improve Health**  
Delivering world-  
class clinical care

25

**Elevate Hope**  
Bringing light to more lives

33

**Advance Healing**  
Powering breakthroughs in  
research and innovation

41

**For All**  
Caring across our  
community

49

**Gifts That Go Above and Beyond**  
Philanthropic gifts help  
us change and save

51

**Diversity and Inclusion**  
Providing care for all – by all

57

**Key Stats**  
Leadership, facilities and  
financial information

69

**Awards and Recognition**  
Displaying the impact of  
caring for all



# One patient at a time, 365 days a year

It's often said that change is the only constant. This seems to be truer today than it was ever before, throughout our nation and within the dynamic field of healthcare. Over the last year and decade there have been several seismic shifts across our landscape that have brought forth new opportunities for health systems to re-think, re-shape and re-form the ways we care for those in our communities.

Every day, the passion and commitment of our teammates keep us firmly rooted in our **mission to improve health, elevate hope and advance healing – FOR ALL**. What's more, Atrium Health and our nearly 70,000 teammates continue to welcome this crucial moment in our existence to truly lean in and tell our story in new and meaningful ways.

Two years ago, we began a bold new chapter for our organization when we changed our name to Atrium Health. And by the end of 2019, 18 of our hospitals, and so many more of our facilities, had re-painted our teal tree-of-life design with our new name beneath it. Our story of change, growth and evolution was echoed throughout our communities, on the street and on social media, in 2019. And not only does this signify that our communities and patients are #AtriumHealthProud but so are our teammates.

In 2019, we proudly opened new doors and expanded care sites throughout North Carolina. In addition, we planted many seeds that will blossom over the coming years – new trees that will look vastly different 10 years from now. And continuing to extend our growing branches beyond state lines, we've also seeded new and promising relationships with Wake Forest Baptist Health, Wake Forest University and Floyd Health. Our shared visions with these organizations will lay a foundation upon which we can continue to expand our clinical excellence and financial capacity – not to mention opening Charlotte's first medical school.

However, notwithstanding the excitement of breaking news headlines, featuring new partnerships, new buildings and new innovations, at the end of the day, the core of Atrium Health is about delivering great, quality care – one patient at a time, 365 days a year.

And while we closed 2019, certainly one of the most pivotal years in our recent history, little did we know what 2020 would have in store for us.

In fact, as I write this to you now, we're just weeks into caring for our patients and communities during the coronavirus pandemic. With each passing day, the world as we knew it last year seems more and more like a distant memory. These times are shaped by uncertainty and change ... however, one thing is very clear to me: I've never been prouder of our heroes in teal, our Atrium Health family. In the selfless ways they're serving our communities right now, our teammates are proving, yet again, that **when confronted with the worst, we rise with our best**.

I hope you find that the pages of this report breathe life into their everyday, heroic efforts – ones that are sure to bring health, hope and healing FOR ALL, for generations to come.

sincerely

EUGENE A. WOODS

PRESIDENT AND CEO

# In One Day at Atrium Health

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34,000

patient encounters

(1 every 2 seconds)



700

home health visits



480

surgeries



\$4.5 million

each day in uncompensated care  
and other benefits to our community



215

virtual care  
encounters



4,700

unique patient  
visits



21,000

physician visits



70

babies delivered



3,300

ED visits



# Caring for All

**Partnerships help us transform healthcare – inside our hospital walls and beyond**

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As we continue to grow, we remain committed to creating a personalized care experience for every patient we serve and bringing the next generation of healthcare to communities in need.

We kicked off 2019 by officially combining with Georgia-based Navicent Health. This relationship provides us with the opportunity to boost health for everyone we serve across the region.

Later in 2019, we announced plans with Wake Forest Baptist Health and Wake Forest University to create an innovative and transformative academic healthcare system, including a School of Medicine campus in Charlotte. Together, we can expand virtual care capabilities across the state, making care more accessible and affordable for the nearly 7 million North Carolinians who live in rural and urban areas served by Atrium Health and

Wake Forest Baptist Health. Additionally, we can coordinate efforts to advance large, multi-site, patient-centered research collaborations in high blood pressure, diabetes, hypertension, arterial disease and other conditions that affect millions of Americans.

Also in late 2019, we signed a letter of intent to create a strategic combination with Georgia-based Floyd Health System, with the goal of bringing enhanced capabilities and new investments in skills and talent, facilities, and technology to the communities served by Floyd.

In combining with these organizations, we are revolutionizing how people become and stay healthy, ultimately enriching countless lives and communities throughout North Carolina, the Southeast, and the nation.



# First and Best

Achieving our vision  
of excellence

# A Big Feat for Tiny Feet

**Premature infant became one of only a handful worldwide to receive clot-busting treatment**

Two weeks after she was born, Scarlett LaPierre developed a massive blood clot in her heart, with little time to spare. In most patients, surgery would be the answer, but Scarlett was tiny. Delivered at just 26 weeks, she weighed less than a pound and a half, meaning surgery could do more harm than good.

Fortunately, her team of neonatologists, pediatric hematologist-oncologists and pediatric cardiologists at Levine Children's Hospital had advanced knowledge of a rare, lifesaving treatment: a powerful clot-busting medicine called tPA.

Tissue plasminogen activator, or tPA, had been used in only a handful of babies around the world, including at Levine Children's Hospital, but few were as small as Scarlett. In fact, only 10 similar cases with premature

babies had been reported worldwide. Though tPA presents some bleeding risks, Scarlett's doctors knew she could be a candidate, and it might be her only chance to survive.

Within 3 days of starting tPA, the clot disappeared. "We were prepared to say our goodbyes, but Scarlett is a fighter," said Tracey, Scarlett's mother. "We owe her life to her doctors' expertise."

After 4 more months in the NICU, this once-tiny baby was on the road to recovery and growing fast.





# Transforming Care, Together

## Team successfully combines surgical techniques in first-in-world procedure for rare liver cancer

In 2019, we saw the successful outcome of a new procedure for locally advanced liver cancer pioneered by Atrium Health.

Historically, only 2 surgical options have been available:

- Ex vivo, where the liver is removed, cleared of the cancer outside of the body, then transplanted back to the patient.
- ALPPS, where the liver is split to promote regeneration, then the cancer is removed.

And while surgery is considered the only potentially curative treatment for liver cancer, only select patients are eligible.

But now, a third option has emerged: Atrium Health performed the world's first ex vivo-ALPPS procedure, a combination of the existing techniques that gives more patients access to a potential cure.

The surgical first highlights the importance of collaborative care: When experts from multiple disciplines come together, powerful breakthroughs are possible.

Hepato-pancreato-biliary surgery and transplant experts worked with cancer specialists from Levine Cancer Institute to develop ex vivo-ALPPS, which requires a team of 25 healthcare providers to carry out.

A small number of patients qualify for the procedure, but it's given new hope to those who do.

"If I didn't do the surgery, I wouldn't have had but a year to live," said Robin Jeter, one of the first patients to undergo ex vivo-ALPPS. In December 2019, Robin celebrated 1-year cancer-free.



# Better Together

**When the brightest minds in medicine come together, our patients and teammates benefit**

It's been a year since Atrium Health and Georgia-based Navicent Health embarked on a strategic partnership.

Early on, leaders from both organizations put a lot of focus and energy into bringing their teams together in an authentic way, knowing that connection would be best for everyone involved and foster greater value down the road.

"When it comes to integration, relationship and culture building must come first," said Eugene A. Woods, president and CEO of Atrium Health. "Yes, we'll integrate so we can find savings and best practices, and we're

going to be a well-operated organization on the back end, but none of that short- or long-term success is possible if we don't approach integration with a high degree of emotional intelligence."

Ninfa M. Saunders, PhD, FACHE, president and CEO of Navicent Health agreed, "The combination of Atrium Health and Navicent Health brings together two highly aligned healthcare systems with similar missions and culture."

This partnership exceeded our initial goals, and together, we're bringing better care to everyone we serve – from the Carolinas to Georgia and throughout the Southeast.

**“ The combination of Atrium Health and Navicent Health brings together two highly aligned healthcare systems with similar missions and culture. ”**

## Together we:

### Launched virtual behavioral health services

Connecting patients to mental health experts virtually during primary care visits in our Georgia locations

### Expanded heart care

Bringing greater access to specialized care and experts in Macon, GA, including cardiac surgeons, valve specialists and advanced cardiac imaging

### Hired 80+ nurses

Now working in locations throughout Georgia

### Achieved \$30+ million in savings

By combining vendor contracts, finding inventory efficiencies and improving revenue collection techniques, we more than doubled our initial estimates

### \$109+ million improvement

In financial performance (EBITDA) over previous year, including revenue cycle, volume growth and other improvements

A group of diverse children are running happily on a grassy field in a park. The children are of various ethnicities and are wearing colorful clothing. The background is filled with lush green trees, suggesting a sunny day. The overall mood is joyful and active.

# Improve Health

Delivering world-class clinical care

# Breaking Ground, Building Access

**Expanded footprint makes specialized care available to more patients in more places**

## **Sanger Heart & Vascular Institute Tower**

Atrium Health Cabarrus opened a new Sanger Heart & Vascular Institute tower on its campus. Located in Concord, NC, the tower increases access to advanced cardiovascular care for patients across the region, with new technologies, the latest design concepts in space planning and enhanced integration of multidisciplinary care.

**163,000 square feet**  
**60 patient beds**  
**2 cardiac catheterization labs**  
**1 electrophysiology lab**

making us better equipped to meet our community's need for comprehensive cancer care.

**260,000 square feet**  
**60 infusion chairs**  
**8 isolation bays**

## **Beverly Knight Olson Children's Hospital**

Navicent Health is now home to Beverly Knight Olson Children's Hospital in Macon, GA. Within days of its grand opening, newborn patients were transferred to the new NICU, the first surgeries were performed, and a dedicated pediatric emergency department was opened – the only one in central and south Georgia.

**160,000 square feet**  
**21 pediatric critical care beds**  
**4 pediatric operating rooms**

## **Levine Cancer Institute II**

Levine Cancer Institute II (LCI II) was opened as an extension of Levine Cancer Institute's research and academic headquarters in Charlotte, NC. Additional square footage, infusion chairs and isolation bays mean greater capacity for patients,



# Peace of Mind

**From video monitoring to brain surgery, advanced care makes seizure freedom possible**

For years, Scott Anderson lived in fear. When would his next seizure strike?

Scott developed epilepsy as the result of a traumatic brain injury he suffered in a motorcycle accident. His seizures – which ranged from a nauseated trance to a body-shaking blackout – sometimes happened daily.

Medication didn't work, and while brain surgery is an effective treatment for some, Scott didn't think he was eligible. Previous doctors had told him that the part of his brain that caused seizures – called the seizure focus – couldn't be safely removed. He began losing hope.

Things changed when Scott started seeing Dan-Andrei Dimitriu, MD, an epileptologist at our Neurosciences Institute. Based on his initial evaluation, Dr. Dimitriu suspected that

Scott's seizure focus was misdiagnosed and recommended advanced testing to pinpoint the source.

Scott was admitted to the epilepsy monitoring unit at Carolinas Medical Center for a comprehensive neurodiagnostic evaluation, including a video EEG to record his seizures. Based on the results, Scott's care team determined that surgically removing the seizure focus was not only possible – it was his best chance of a seizure-free life.

In early 2019, Scott underwent an intracranial EEG to identify his seizure focus even more accurately, and then a temporal lobectomy to remove it. He hasn't had a seizure since.

"I feel amazing, just as I did before the accident," Scott said. "I don't have to worry. Now, I have peace of mind."

**“ Scott’s care team determined that surgically removing the seizure focus was not only possible – it was his best chance of a seizure-free life. ”**

# Soaring After Psychosis

## Early intervention program provides crucial combination of care

When psychosis occurs, the unreal becomes real. Or at least that's what it feels like, looks like and sounds like to those who experience it. For Marquis Brown, 23, it looked like a bunch of men chasing him down the street with gleaming knives.

Psychosis – often a symptom of mental health conditions like bipolar disorder – negatively impacts the brain. Those who face recurring episodes find it difficult to keep up with work, struggle with addiction and homelessness, and face a high rate of suicide.

The sooner someone receives the right diagnosis, medication and support after experiencing psychosis, the better the outcome. But all too often people fall through the healthcare cracks and don't receive the timely care they need.

That's where Atrium Health's Eagle Program comes in. Offering wrap-around services, like therapy, medication management and employment support, the program provides a crucial combination of care to young adults who've recently experienced their first episode of psychosis.

"Early intervention is the main goal," said Ashlynn Reed, an Eagle Program coordinator. "We also help participants not only live with their condition but thrive."

In 2019, 81% of participants who'd been in the program for at least 6 months were employed or in school, exceeding the program's 80% goal.

For Marquis, who eventually diagnosed with schizophrenia, the program was profoundly impactful. He's now pursuing a psychology degree so he can one day help others with mental health conditions.



# The Best Medicine

**Coupled with compassionate care, breakthrough cancer treatment yields amazing outcomes**

When Bill Briggs went to the hospital in early 2018, he expected it would be a trip to treat kidney stones. Instead, the visit led to an alarming diagnosis: stage 4 prostate cancer.

With cancer as advanced as his, Bill said he wanted a “best of the best” medical team. Seeking to learn all he could, he read up on emerging treatments and joined a prostate cancer support group.

There, new friends suggested finding a cancer center renowned for both research and care. Bill was thrilled to find one close to home in Charlotte.

When he went to see Earle Burgess, MD, an oncologist at Levine Cancer Institute (LCI), Bill was instantly comfortable. “Dr. Burgess had such compassion and professionalism when he laid out my treatment options,” he recalled.

Bill chose to enter a Phase II clinical trial led by Dr. Burgess, available only at LCI. During this trial, patients received hormone therapy, chemotherapy and an anti-androgen medication at the same time, rather than the standard approach of providing them separately.

One year after he began treatment, Bill received exciting news: Tests showed that his once widespread cancer was nearly undetectable.

“This clinical trial is truly groundbreaking,” Bill said. “It feels great to contribute to research that will help thousands and thousands of other men in the future.”



# Elevate Hope

Bringing light to more lives



# Care Across the World

## Following a deadly cyclone, doctors fly to Mozambique to serve communities in need

In March 2019, Cyclone Idai made landfall in Beira, Mozambique, destroying 90% of the coastal city. It was the worst natural disaster to strike southern Africa in at least 20 years, leaving hundreds of thousands of people in urgent need of humanitarian assistance.

In partnership with Team Rubicon, a veteran-led disaster response organization, emergency physicians from Atrium Health deployed to Beira to provide lifesaving care.

On-site, the World Health Organization-verified Type 1 Mobile Emergency Medical Team (EMT) provided triage, clinical care and basic laboratory and pharmacy services.

**David W. Callaway, MD, MPA**, Atrium Health's professor of Emergency Medicine as well as chief medical officer and medical director of Team Rubicon, aided with the Mozambique response.

According to Dr. Callaway, whose prior experience in conflict zones and military relations lends to Team Rubicon's efforts, serving those affected by crisis is a calling.

"I've been given great opportunity, and with that opportunity comes great responsibility," says Dr. Callaway. "Oftentimes, people most affected by disaster are those already disenfranchised from society. If in these moments, we can show them that humanity does actually care, then we've made a difference."

Dr. Callaway leads Atrium Health's Operational and Disaster Medicine Fellowship program — one of just a few fellowships of its kind in the country. Since inception, the program has deployed Atrium Health doctors and nurses to Nepal, Guatemala, Honduras, Ecuador, Mexico, Dominica and more.

"The mission of the Operational and Disaster Medicine Division is to build resilience and provide emergency response capabilities globally," says Dr. Callaway.



# Letting Hope Bloom

**Infertility treatment helps families get their best diagnosis yet: parents**

At 16 weeks pregnant with twins, Loren Bassett suffered pregnancy loss. That's when she first saw the azaleas blooming in her front yard.

Infertility can be heartbreaking. And Loren and her husband Mike had their share of heartbreak. After a year of trying naturally, followed by 5 unsuccessful rounds of intrauterine insemination (IUI), they were starting to give up hope. But their team at Atrium Health Women's Institute had one more treatment option they knew might work: in vitro fertilization, or IVF.

There's a lot of misinformation out there about IVF, like that it's a surefire path to having multiples. But advances at

Atrium Health and elsewhere have made this perception outdated. In fact, the number of IVF single-embryo transfers has increased each year and is a reassuring option for families like the Bassetts, who have a history of complicated twin pregnancies.

Loren's first embryo transfer resulted in a pregnancy, and she gave birth to a healthy baby, Ellie, on March 27, 2019. Exactly a year to the day of her pregnancy loss.

What's more, when they returned home from the hospital, the Bassett family was greeted once again by those azaleas – blooming just in time to meet their little girl.

**“The number of IVF single-embryo transfers has increased each year and is a reassuring option for families like the Bassetts, who have a history of complicated twin pregnancies.”**



# From Homeless to Healthy

## Georgia artist draws new life from hospital program

A homeless Georgia artist's health and life were turned around in 2019 thanks to the Healthy Communities High Utilizers of the Emergency Department program at Navicent Health.

This program identifies and works with patients who have come to the emergency department (ED) at least 3 times in 60 days.

Steve Reynolds has been an artist since childhood, drawing mostly religious artwork which he enjoys gifting to people. Drawing is more than his business – it gives him purpose in life.

About 6 years ago, Steve suffered a heart attack and underwent heart surgery at The Medical Center, Navicent Health (MCNH). But after discharge, he had nowhere to go and lived on the streets, battling severe heart failure and behavioral health issues that made his situation dire.

Steve made just enough money to survive by drawing on his sketchpad – until he ran out of paper. Then, someone stole everything he had.

With his health and life situation in crisis, Steve visited MCNH 7 times in 2 weeks. During one of these visits in March 2019, Carol Babcock, MFT, director of palliative care and healthy communities, met Steve in the cafeteria, offered to pay for his meal and convinced him to get the help he needed through the high utilizers of the ED program.

Through the program - which MCNH launched in 2019 - care coordinators connected Steve with the clinical and social support he needed after determining needs through financial, housing, health literacy, medication adherence and other screenings.

“The results of these interventions lead to a decrease in ED visits and hospitalizations,” Babcock says of the program. “The Healthy Communities team also partners with many community-based organizations to meet the needs of these patients.”

Teammates provided Steve art supplies and a place to draw, inspiring him to create some of his best work yet and moving his life back on track. Steve has continued to have the support of a care coordinator and is using his artistic talents to bring in the finances to manage his situation.

A photograph of a doctor in a white coat interacting with a woman and a young girl. The doctor is on the left, looking towards the woman and child. The woman is in the center, smiling and looking at the child. The child is on the right, looking down at something in her hands. The background is a blurred clinical setting.

# Advance Healing

Powering breakthroughs in  
research and innovation

# Light-Years Ahead

## Novel technology cures irregular heartbeats

Our doctors have embraced a breakthrough technology that easily and permanently treats heart arrhythmias or irregular heartbeats: the high-density grid mapping catheter, also known as “the Grid.”

Light-years ahead of traditional treatment methods that required doctors to take a fingers-crossed approach, the Grid helps doctors access and treat arrhythmias more effectively and in less time – within minutes. It also eliminates the need for invasive radiology, painful surgery and long-term medication use.

Levine Children’s Hospital and Sanger Heart & Vascular Institute were the first in the region to use the Grid to ablate, or

destroy, a scar-related arrhythmia in a post-operative adult congenital heart patient. That arrhythmia belonged to Bradley Cox, 25, whose heart rate remained at 198 beats per minute even hours after he’d exercised (60 to 100 beats per minute is a normal resting heartbeat).

The Grid cured his arrhythmia. That’s a big deal because it means he’ll avoid heart failure, which can develop when the heart beats inefficiently for a prolonged time. Going forward, Bradley – and other heart patients who receive the same treatment – will have more energy to enjoy life and live fully.

In 2019, we successfully used the Grid on 30 patients to cure various types of arrhythmias.





# The Healing Power of Touch

Sometimes the best medicine isn't medicine at all

The number of babies born with neonatal abstinence syndrome (NAS), a combination of conditions caused by opioid withdrawal, increases each year. An innovative method, Eat Sleep Console (ESC), trades NICU stays and medications for a simpler kind of treatment: human touch.

Led by Douglas Dodds, MD, a pediatrician at Levine Children's, an interdisciplinary team first introduced ESC to a group of babies in 2016. This treatment lets newborns room with their mothers in an inpatient unit, where they're prescribed frequent cuddling, rocking and singing.

In the few years since ESC was first implemented, we've already seen success in our youngest patients. In August 2019, Dr. Dodds and his co-authors published the results of their study. The team reported that with ESC, zero patients were readmitted or transferred for NAS-related complications.

They also saw an average:

**79% reduction in morphine use per patient**

**5.94-day reduction in length of stay**

**48% reduction in average variable cost per patient**

"It's not that the baby needs morphine. What the baby needs is to be held and soothed to help them go through their withdrawal," explained Sara Horstmann, MD, a Levine Children's pediatrician.

Levine Children's hopes to expand ESC to other hospitals. For now, we're receiving referrals to the program at Levine Children's Jeff Gordon Children's Center, Atrium Health Cleveland and Atrium Health Lincoln from throughout the area.

# A Giant Leap Forward

## Rare type of muscular dystrophy may soon be treatable

Last year, our researchers announced a discovery that could change the face of muscular dystrophy treatment. A new therapy, developed at Atrium Health's McColl-Lockwood Laboratory for Muscular Dystrophy Research, was created to treat limb-girdle muscular dystrophy type 2I (LGMD2I).

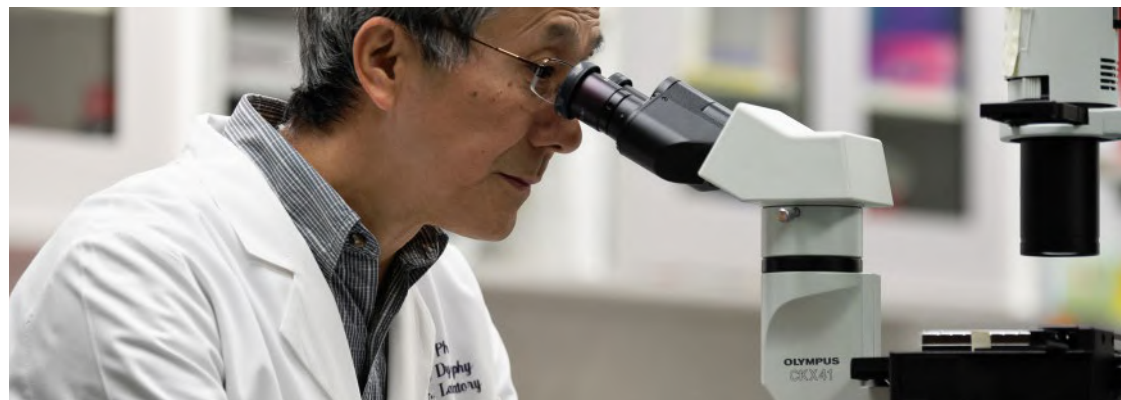
One of the rarest forms of muscular dystrophy, LGMD2I produces a slow-progressing muscle weakness that leads to mobility loss and ultimately cardiac and respiratory failure. Currently, there are no approved treatments – and no cure.

But now there is hope. This new therapy, BBP-418, could be a game changer. Based on the science, researchers anticipate that

BBP-418's therapeutic potential could reduce LGMD2I symptoms by at least 50%, dramatically changing the quality of life for those with the disease.

“For years, our researchers and scientists have worked day in and day out, making steady progress toward unlocking some of the keys to muscular dystrophy treatment,” said Qi Long Lu, MD, director of the McColl-Lockwood Laboratory for Muscular Dystrophy Research. “With this new development, we've taken a giant leap forward.”

Dr. Lu and his team continue to support the development of the BBP-418 program and hope to make an effective treatment available to LGMD2I patients as soon as possible.



# On the edge of science and medicine

**Research gives us the ability to improve patient care and outcomes in our communities and beyond. In 2019, we passionately and tirelessly pursued breakthrough treatments, practices and techniques.**

## Unraveling the link between radiation and oral problems

Radiation therapy is used to kill cancer cells. Unfortunately, it also harms healthy cells. Patients who undergo radiation to treat head and neck cancers are prone to oral and dental problems – the most serious being osteoradionecrosis, which is bone death. This typically occurs in the jawbone, and in severe cases bone replacement surgery is necessary.

Last year, Atrium Health began a multi-phase study – funded by nearly \$13 million in grants from the National Institutes of Health – to better understand why oral problems result from radiation and to decrease the prevalence of those problems in head and neck cancer patients.

While there is still much to uncover, early results have revealed key risk factors that doctors can apply to their patient care now to hopefully reduce some of the side effects.

## Taking on sepsis

More than 14 million adults survive sepsis each year, but many suffer from poor long-term outcomes, like a higher risk of cognitive impairment, cardiovascular disease and even death.

In 2019, Atrium Health researchers were awarded a \$3.5 million grant from the National Institutes of Health to test the value of practicing post-sepsis care at 8 of our hospitals. More specifically, the study aims to evaluate the effectiveness and costs of implementing an evidence-driven Sepsis Transition and Recovery (STAR) program to further what's known on best practices for post-sepsis care.

“This NIH-funded study is an example of how we're striving to deliver remarkable care to the patients we serve, and beyond, by strategically leveraging Atrium Health as a living lab – where we unlock live insights from our data, diverse populations, and cross-continuum care settings to fuel scientific discovery,” said Rasu Shrestha, MD, MBA, chief strategy officer and executive vice president at Atrium Health.

# For All

Caring across our community



# A Healthy Home

**\$10 million commitment to affordable housing aims to improve health outside of hospital walls**

Everyone deserves a safe, stable place to live. But amid booming population growth, Mecklenburg County is facing a serious affordable housing crisis.

Thousands of residents have struggled to find a secure home, which can negatively impact health. Families who forgo healthy food or medicine to pay for housing may have poor health outcomes, and those experiencing homelessness are more likely to have severe mental and physical illnesses.

In 2019, Atrium Health committed \$10 million toward the Charlotte Housing Opportunity Investment Fund (CHOIF), which aims to develop quality housing that serves residents in a range of incomes. The commitment is part of our ongoing work to improve health beyond our walls.

In partnership with Local Initiatives Support Corporation, Atrium Health will embed health and social services into housing investments made through CHOIF. The joint strategy is moving forward thanks to a contract award from Fannie Mae's Sustainable Communities Innovation Challenge, a competition exploring innovative ideas that address the affordable housing crisis in America.

"Quality housing is critical to a strong and growing Charlotte, and it's just as critical to the health of our residents," said Charlotte Mayor Vi Lyles. "This new plan to connect the city's housing expansion to better health, and the money Atrium Health has committed, will have a lasting positive impact on thousands of people."

**“ Families who forgo healthy food or medicine to pay for housing may have poor health outcomes. ”**





# Boosting Health Beyond Our Walls

A look at our community impact in 2019

## Giving as one

 **47,000+**  
hours volunteered through teammate community service

 **\$3.6 million**  
contributed by Atrium Health employees to charitable organizations and other community-based entities

## Supporting our community

 **1,300+**  
referrals made from our Community Resource Hub, a platform connecting community members to free or low-cost social services

 **3,000+**  
people provided over 26,000 pharmacy items in 7 counties (free over-the-counter medications through NC Med Assist mobile distribution)

 **\$1.6 million+**  
invested in health and social determinants of health improvements

## Making an impact



To have the greatest impact on our community's health, we focus our efforts in 5 areas:

- Access to care
- Mental health
- Obesity
- Social and economic disparities
- Tobacco uses

## Strengthening child health



**8,200+**  
mental health visits for uninsured and Medicaid patients



**1,681**  
free screenings performed on Heart of a Champion Day, a sports-specific health screening and educational program for high school student-athletes



**25,608**  
students across 45 schools participating in Healthy Together 5210, Atrium Health's evidence-based childhood obesity prevention program

## Fighting hunger

In partnership with Second Harvest Food Bank of Metrolina:



**1,500+**  
families served through mobile food pantries held at Title I schools in 10 counties, in partnership with Second Harvest Food Bank



**167,000+**  
meals prepared in 19 counties for children who will go without meals during the summer



**7,453**  
healthy breakfast and lunches distributed by our Kids Eat Free program at Atrium Health Stanly and Atrium Health University City (provided Monday through Friday during summer for low-income kids)

# Driven to Serve

## New mobile health units deliver care to communities in need

In 2019, we teamed up with partners to introduce new mobile health units that drive health and wellness services directly into Mecklenburg County's most underserved communities.

These specially equipped vehicles make regular stops at churches, libraries and other key sites to extend care to people who otherwise wouldn't have access.

### Wellness on Wheels

- We partnered with the YMCA of Greater Charlotte to introduce Wellness on Wheels, a mobile health unit that aims to reduce chronic disease by empowering people to prioritize their health.
- The unit provides healthcare, screenings and nutrition education to address and prevent conditions like high blood pressure, heart disease and Type 2 diabetes.

### Mobile Health Units

- ONE Charlotte Health Alliance (OCHA), formed by Atrium Health, Mecklenburg County Public Health and Novant Health, launched 2 mobile health units with the support of a 3-year, \$750,000 commitment from Blue Cross and Blue Shield of North Carolina.
- The OCHA mobile units bring primary, dental and behavioral health care, including screenings and education, to areas in Charlotte with the greatest health and quality of life disparities.

The mobile health units build upon existing work to eliminate disparities and improve access to care throughout the communities we serve.

Together with our partners, we're on the road to a healthier future – for all.





# Gifts That Go Above and Beyond

**Philanthropic gifts help us change and save countless lives**

Without the generosity of donors, we couldn't make the impact we do. These are the people who see a need, have a passion and want to help us achieve what might otherwise be beyond our grasp.

In 2019, we celebrated the grand opening of the newly expanded and renovated Bone Marrow Transplant and Cellular Therapies unit at Levine Children's Hospital, bringing the most novel, curative therapies to even more children with life-threatening illnesses. This expansion was made possible by funds raised during the 2017 and 2018 Levine Children's Galas, including significant support from Sandra and Leon Levine and their family.

Last year, Atrium Health also received:

- **\$3 million** from Rosalind and Jerry Richardson to support cardiovascular care at Sanger Heart & Vascular Institute
- **\$2.5 million** from Receptions for Research: The Greg Olsen Foundation to help build The HEARTest Yard Pediatric Cardiac Center, a next-level pediatric cardiovascular and congenital heart outpatient clinic at Levine Children's
- **\$2 million+** from the Levine Children's Gala to benefit Levine Children's Hospital
- **\$2 million** from The Leon Levine Foundation to help advance cancer research and enhance survivorship programs at Levine Cancer Institute
- **\$2 million** from the William, Jeff and Jennifer Gross Family Foundation to launch the Center for Cardiovascular Care Transformation at Sanger Heart & Vascular Institute
- **\$1.75 million** from the 24 Foundation to fund cancer survivorship programs at Levine Cancer Institute
- **\$1 million** from the Carolina Panthers to support cancer research at Levine Cancer Institute through the Keep Pounding Fund

A group of diverse healthcare professionals, including a Black woman in a white lab coat and a white woman, are gathered around a table in a clinical setting, engaged in a discussion. The Black woman is speaking and gesturing with her hands. The white woman is listening attentively. Other healthcare workers in blue scrubs are visible in the foreground and background. The scene is set in a bright, modern clinical environment with medical equipment and shelves in the background.

# Diversity and Inclusion

Providing care for all – by all

## Our Diversity Agenda

# For All

PATIENTS | TEAMMATES | COMMUNITY

The Diversity Agenda is the framework through which diversity initiatives are developed and implemented throughout Atrium Health.

## Patients come first

Effectively provide care that responds to the unique needs of every patient

## Teammates are the key

Promote diversity, engage teammates and help them grow, together

## Every community matters

Develop lasting partnerships that support diverse and at-risk communities

# Strengthening Our Roots

## New initiatives support commitment to providing care for all, by all

Since our founding, we've aspired to create an environment where everyone feels welcomed, respected and heard. It's only possible through our continued work to understand and embrace the diverse needs of our patients, teammates and communities.

Here are just a few ways we made Atrium Health truly "for all" in 2019.

### A gender health clinic for kids

In April 2019, we opened the Levine Children's Center for Gender Health, the first clinic of its kind in Charlotte, and one of only a handful in the region. The center's mission is to provide compassionate, affirming medical and mental health care for transgender and gender-diverse youth, promote education and understanding, and advocate for patients and their families.

### Greater access to LGBTQ+ education

Diversity education helps us create an inclusive environment for teammates and patients alike. In 2019, we piloted [identiversity.org](https://identiversity.org), a digital learning hub about gender and sexual identity, among teammates. The tool, which Atrium Health helped fund, provides education about LGBTQ+ terms and topics through modules that combine expert information with real-life perspectives.

### Expanded parental benefits for teammates

To support our teammates' varying journeys to parenthood, we announced enhanced benefits for all Atrium Health teammates welcoming a new child to their home. Effective in January 2020, the added benefits include 4 weeks of paid leave for non-birth parents and \$3,500 in financial assistance for adoption.

# A Table for Everyone

## High-low exam tables improve access to women's healthcare

A specialist in spinal cord injury at Atrium Health Carolinas Rehabilitation, LaTonya Lofton, MD, serves many patients with mobility limitations. She discovered that physical challenges prevented several of her female patients from seeking routine women's health screenings. Many hadn't had a mammogram or gynecological exam in as long as 20 years, due to issues getting in the necessary positions – or on the exam table at all.

In addition to her work as a healthcare provider, Dr. Lofton is part of a Diversity and Inclusion council within Atrium Health. She shared her concerns with council members Suzanne Kauserud, vice president of home health and hospice; Suzanna Fox, MD, medical director of the women's service line; and Ronella Eaddy, assistant vice president of patient care services.

Together, the team found the appropriate solution to eliminate this disparity in women's healthcare: exam tables with adjustable heights and a powered backrest for added support during visits.

In 2019, the council was approved for a grant to cover the cost of 2 of these tables. By the end of the year, the women's clinic at Carolinas Rehabilitation saw its first patients on those very tables, improving access to traditional gynecological services for patients with mobility limitations.

Through their ongoing efforts, Dr. Lofton and her council members are showing what it means to live out the Atrium Health mission – addressing inequities and delivering care that's truly for all.



# Key Stats

Leadership, facilities and financial information

# Atrium Health Leaders



**Eugene A. Woods, MBA, MHA, FACHE**  
President and Chief Executive Officer



**Anthony C. DeFurio, MBA, MHA**  
Executive Vice President and Chief Financial Officer



**Brett J. Denton, JD**  
Executive Vice President and Chief Legal Officer



**Jim Dunn, PhD, DHA, DAST, FACHE**  
Executive Vice President and System Chief Human Resources Officer



**Ken D. Haynes, MBA, MSHA, FACHE**  
Executive Vice President and Chief Operating Officer



**Carol A. Lovin, MHSA, MN**  
Executive Vice President, Chief Integration Officer and System Chief of Staff



**Scott C. Rissmiller, MD**  
Executive Vice President and Chief Physician Executive



**Ninfa M. Saunders, DHA, FACHE, MSN, MBA, RN**  
President and Chief Executive Officer, Navicent Health



**Rasu B. Shrestha, MD, MBA**  
Executive Vice President and Chief Strategy Officer



**Armando L. Chardiet, MSW**  
President, Atrium Health Foundation

# Board of Commissioners and Board of Advisors

## EXECUTIVE COMMITTEE

Edward J. Brown III, Chair  
Eugene A. Woods  
William C. Cannon, Jr., Vice Chair  
Vicki S. Sutton, Vice Chair  
Gracie P. Coleman, Vice Chair and Secretary  
Albert L. McAulay, Jr.  
Thomas C. Nelson

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Felicia Hall Allen  
Charles F. Bowman  
Swati V. Daji  
Pamela S. Lewis Davies, PhD  
G. Bryon Gragg  
Mark E. Reed

## BOARD OF COMMISSIONERS

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Thomas C. Nelson  
William T. Niblock  
Michael D. Rucker  
J.W. "Bill" Tillett  
Angelique R. Vincent-Hamacher  
Donaldson G. Williams  
Richard "Stick" Williams  
Ronald H. Wrenn



# Size and Scope

---



55,000+

teammates



36

hospitals



44

urgent care locations



35

emergency departments



32

cancer care locations



3,100+

providers



15,000+

nurses

\$10.7 Billion

total operating revenue

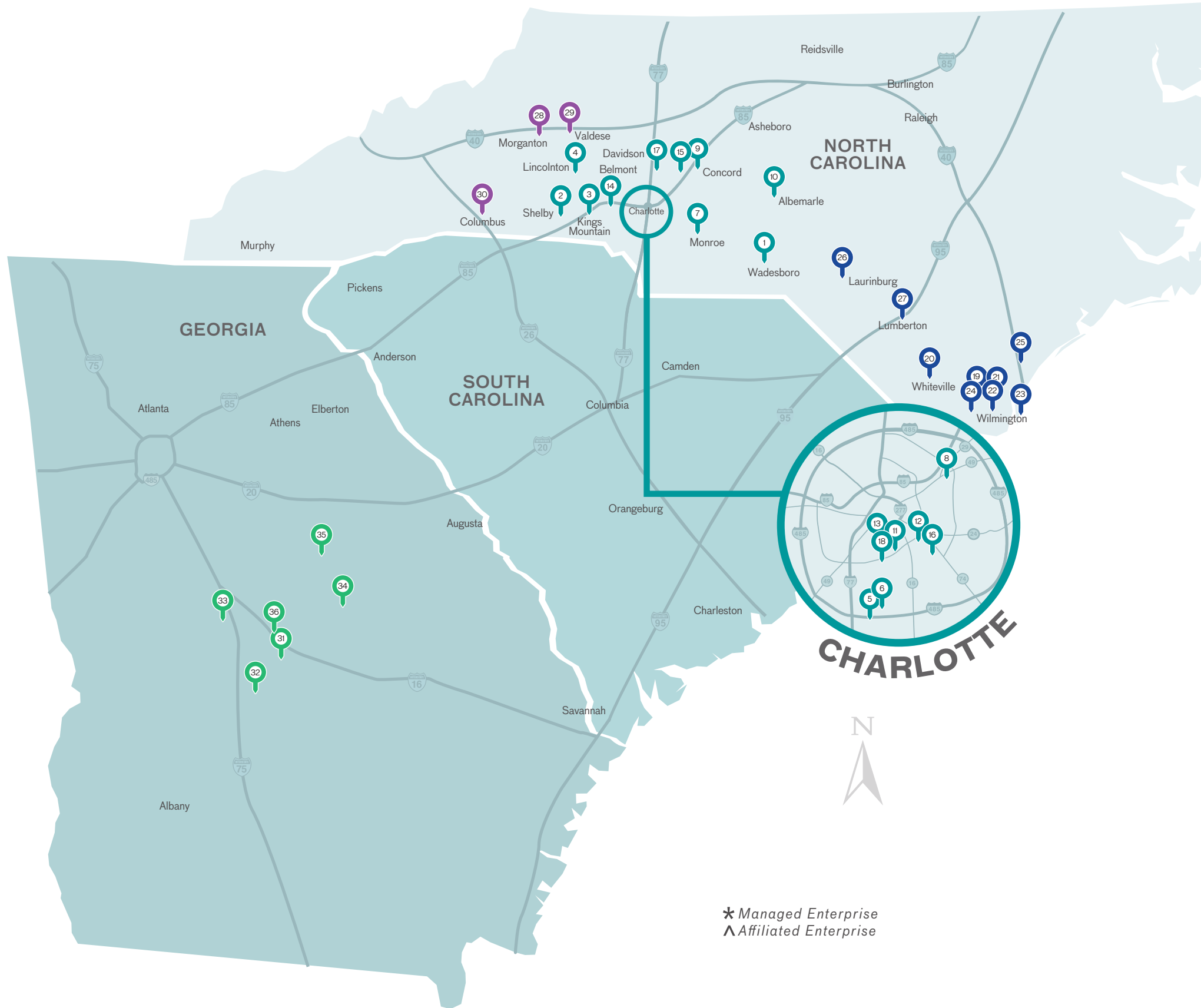
\$2.8 Billion

in last 5 years

invested into renovations, new care locations, equipment upgrades and other capital projects

\*Includes Joint Venture and Affiliated Enterprises  
\*\*As of December 31, 2019

# Facilities & Locations



NORTH CAROLINA

GEORGIA

## CHARLOTTE

1. Atrium Health Anson
2. Atrium Health Cleveland
3. Atrium Health Kings Mountain
4. Atrium Health Lincoln
5. Atrium Health Pineville
6. Atrium Health Pineville Rehabilitation Hospital
7. Atrium Health Union
8. Atrium Health University City
9. Atrium Health Cabarrus
10. Atrium Health Stanly
11. Atrium Health's Carolinas Medical Center
12. Carolinas Medical Center-Mercy
13. Carolinas Rehabilitation
14. Carolinas Rehabilitation-Mt. Holly
15. Carolinas Rehabilitation – Cabarrus
16. Atrium Health Behavioral Health-Charlotte
17. Atrium Health Behavioral Health-Davidson
18. Atrium Health Levine Children's Hospital

## COASTAL

19. Betty H. Cameron Women's and Children's Hospital^
20. Columbus Regional Healthcare System\*
21. New Hanover Regional Medical Center^
22. New Hanover Regional Medical Center Behavioral Health^
23. New Hanover Regional Orthopedic Hospital^
24. New Hanover Regional Rehabilitation Hospital^
25. Pender Memorial Hospital^
26. Scotland Memorial Hospital\*
27. Southeastern Regional Medical Center^

## WESTERN

28. CHS Blue Ridge-Morganton\*
29. CHS Blue Ridge-Valdese\*
30. St. Luke's Hospital\*

## CENTRAL

31. The Medical Center, Navicent Health
32. Medical Center of Peach County (Navicent Health)
33. Monroe County Hospital (Navicent Health)\*
34. Navicent Health Baldwin
35. Putnam General Hospital (Navicent Health)\*
36. Rehabilitation Hospital, Navicent Health

\* Managed Enterprise  
 ^ Affiliated Enterprise

# Our Locations

## CHARLOTTE

### CENTRAL MARKET

Vicki Joy Block, MHA  
Senior Vice President, Market President

### Atrium Health Mercy

Saju Joy, MD, MBA  
Interim Facility Executive, Chief Medical Officer,  
Atrium Health Mercy and Carolinas Medical Center

### Atrium Health's Carolinas Medical Center

D. Channing Roush, MHA  
Vice President, Facility Executive, Carolinas Medical  
Center and Musculoskeletal Institute

### Atrium Health Levine Children's Hospital

Callie F. Dobbins, MSN, RN  
Vice President, Facility Executive

### Atrium Health Behavioral Health, a facility of Carolinas Medical Center

- Charlotte Campus
  - Mindy Ellen Levine Campus (Davidson, NC)
- Martha Whitecotton, MSN, RN, FACHE  
Senior Vice President

### NORTHEAST MARKET

Chris Bowe, FACHE  
Senior Vice President, Market President

### Atrium Health Cabarrus

Asha Rodriguez, MBA  
Vice President, Facility Executive

### Atrium Health University City

William H. Leonard, MHA, FACHE  
Vice President, Facility Executive

### Atrium Health Stanly

Brian L. Freeman, MHA, FACHE  
Vice President, Facility Executive

### SOUTH MARKET

Michael J. Lutes, MHA  
Senior Vice President, Market President

### Atrium Health Anson

David Anderson  
Administrator, Vice President, Facility Executive

### Atrium Health Pineville

Alicia Campbell, RN  
Vice President, Facility Executive

### Atrium Health Union

- Jesse Helms Nursing Center
- Denise White, RN  
Vice President, Facility Executive and  
Chief Nursing Executive

### WEST MARKET

Brian D. Gwyn, MBA  
Senior Vice President, Market President

### Atrium Health Cleveland

Veronica Poole-Adams, RN  
Vice President, Facility Executive and  
Chief Nursing Executive

### Atrium Health Kings Mountain

Donald Alexander Bell  
Vice President, Facility Executive

### Atrium Health Lincoln

Peter W. Acker, MHA, FACHE  
Vice President, Facility Executive

### CONTINUING CARE

#### Carolinas Rehabilitation

- Carolinas Rehabilitation
  - Carolinas Rehabilitation-Mount Holly
  - Carolinas Rehabilitation-Cabarrus
  - Atrium Health Pineville Rehabilitation Hospital
- Robert G. Larrison, Jr., MBA, FACHE  
President

#### Cleveland Pines Nursing Center

Brad Myers, MA, LNHA  
Executive Director

#### Continuing Care Services

- Healthy@Home
  - Home Health
  - Home Medical Equipment
  - Home Infusion
  - Hospice & Palliative Care Network
  - Skilled Nursing Facilities
  - Sleep Services
  - Pain Services
  - YMCA, Sports and Event Medicine
- Collin H. Lane, MSPH, MHA  
Senior Vice President

### Huntersville Oaks

Scharee Majeed, MHA, NHA  
Executive Director

### Sardis Oaks

Colin C. Clode, NHA  
Executive Director

### MEDICAL EDUCATION & RESEARCH

#### Cabarrus College of Health Sciences

Margaret E. Patchett, PhD  
Provost, Academic Affairs

Michael E. Ruhlen, PhD  
Vice President, Medical Education and Medical Director,  
Charlotte AHEC

#### Carolinas College of Health Sciences

T. Hampton Hopkins, BS, MS, EdD  
President

#### James G. Cannon Research Center

Michael Gibbs, MD, FACEP, FAAEM  
Interim Vice President of Research

Christine Becker, PhD, MBA, BSN, RN  
Assistant Vice President of Enterprise Research

### COASTAL

#### Columbus Regional Healthcare System\*\*

John Young, MBA  
President and Chief Executive Officer

#### New Hanover Regional Medical Center\*\*\*

- Behavioral Health Hospital\*\*\*
  - Betty H. Cameron Women's & Children's Hospital\*\*\*
  - New Hanover Regional Medical Center\*\*\*
  - New Hanover Regional Medical Center  
Orthopedic Hospital\*\*\*
  - New Hanover Regional Medical Center  
Rehabilitation Hospital\*\*\*
  - Pender Memorial Hospital\*\*\*
- John Gizdic  
President and Chief Executive Officer

### Scotland Health Care System\*\*

Scotland Memorial Hospital\*\*  
Gregory C. Wood, FACHE  
President

### Southeastern Health\*\*\*

Joann Anderson, MSN, FACHE  
President and Chief Executive Officer

### WESTERN

#### Carolinas HealthCare System Blue Ridge\*\*

- Carolinas HealthCare System Blue Ridge  
- Morganton
  - Carolinas HealthCare System Blue Ridge  
- Valdese
  - Carolinas HealthCare System Blue Ridge  
- College Pines
  - Grace Ridge Retirement Community
- Kathy C. Bailey, FACHE  
President & Chief Executive Officer

#### St. Luke's Hospital\*\*

Michelle Fortune, MBA, BSN, RN, CAPA,  
FACHE  
Chief Executive Officer

### CENTRAL

#### Navicent Health

- Carlyle Place
- Medical Center of Peach County
- Monroe County Hospital\*\*
- Navicent Health Baldwin
- Pine Pointe Hospice Navicent Health
- Putnam General Hospital\*\*
- Rehabilitation Hospital Navicent Health
- The Medical Center, Navicent Health  
Ninfa Saunders, DHA, FACHE  
President and Chief Executive Officer

# Financial Information

## An overview of Atrium Health's operating revenues and expenses

Schedule of Income and Expenses for the Year Ended December 31, 2019  
(dollars in thousands)

	Atrium Health <sup>A</sup>		Managed Partners <sup>B</sup>		Atrium Health + Managed Partners	
	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL
<b>Total Operating Revenues</b>						
Tertiary & Acute Care Services	5,461,625	73%	2,441,450	76%	7,903,075	74%
Continuing Care Services	259,004	4%	52,610	2%	311,614	3%
Specialty Services	406,941	5%	108,778	3%	515,719	5%
Physicians' Services	1,253,927	17%	385,742	12%	1,639,669	15%
Other Services	90,907	1%	209,779	7%	300,686	3%
<b>TOTAL</b>	<b>7,472,404</b>	<b>100%</b>	<b>3,198,359</b>	<b>100%</b>	<b>10,670,763</b>	<b>100%</b>

	Atrium Health <sup>A</sup>		Managed Partners <sup>B</sup>		Atrium Health + Managed Partners	
	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL	DOLLAR TOTAL	PERCENTAGE OF TOTAL
<b>Total Operating Expenses</b>						
Wages, Salaries & Benefits	4,201,534	59%	1,583,203	51%	5,784,737	56%
Materials, Supplies & Other	2,531,274	35%	1,306,247	42%	3,837,521	37%
Depreciation & Amortization	367,562	5%	201,954	6%	569,516	6%
Financing Costs	87,368	1%	29,996	1%	117,364	1%
<b>TOTAL</b>	<b>7,187,738</b>	<b>100%</b>	<b>3,121,400</b>	<b>100%</b>	<b>10,309,138</b>	<b>100%</b>

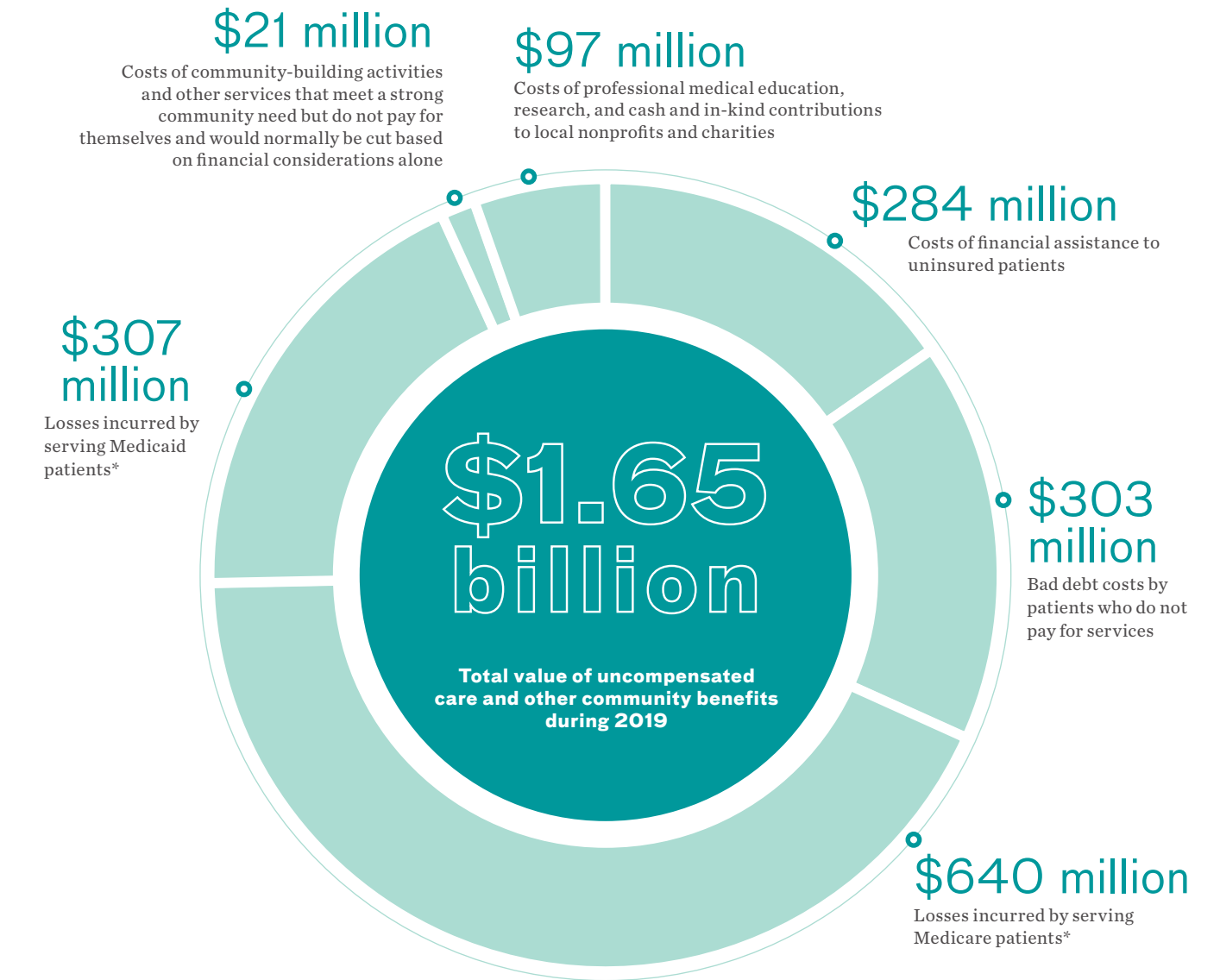
<b>Operating Revenues less Operating Expenses</b>	284,666		76,959		361,625	
<b>Non-Operating Income <sup>C</sup></b>	913,504		61,986		975,490	
<b>Net Results</b>	1,198,170		138,945		1,337,115	

<sup>A</sup> Certain Atrium Health affiliates, which are reported as part of Atrium Health, are not part of the Atrium Health Obligated Group. Only the Atrium Health Obligated Group has a legal obligation to pay bonds issued by Atrium Health.

<sup>B</sup> Managed Partners include AnMed Health (9 months ended September 30, 2019), Blue Ridge HealthCare, Columbus Regional HealthCare System, Cone Health (12 months ended September 30, 2019), Scotland Health Care System, and St. Luke's Hospital.

<sup>C</sup> Consists primarily of investment results including realized and unrealized gains and losses.

# 2019 Community Benefit



**21.3%** Total value of uncompensated care and other community benefits as a percentage of operating expenses

\*Medicare and Medicaid programs do not reimburse hospitals in a manner that compensates for the actual cost of treating their beneficiaries. Hospitals cannot turn these patients away or negotiate higher reimbursements. Government payers recognize this fact and expect hospitals to make up the difference through efficiencies and from other revenue sources. The financing of this unpaid government debt is considered a community benefit.

\*\*Data included in the table above is unaudited as it is inclusive of the Atrium Health Total Enterprise.



# Awards and Recognition

