

2017 / ANNUAL REPORT



Atrium Health



Atrium Health

[atriumhealth.org](http://atriumhealth.org)

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# Spreading health far and wide

Just as a single drop of water creates a ripple effect, one small act of health, hope or healing can positively change so many lives.

When it comes to our work at Atrium Health, I can't help but think about all the unique stories and the countless ripples that are connected to each of the lives we touch throughout the year. In fact, imagine the power of the more than 12 million patient encounters we experienced in 2017.

Whether it's how we're using virtual technology to connect at-risk patients with behavioral health resources when and where they need it most; how we're partnering with others in unique ways to address food insecurities; or how we helped a former patient to run a half marathon one year after he was nearly paralyzed – incredible examples of the power of health, hope and healing can be found throughout the pages of this report.

As a ripple can also be easily followed to its source, it's quite remarkable to think back to our system's humble beginnings when a group of ambitious, young clinicians relentlessly lobbied for a new hospital to better meet the needs of the community.

Today, nearly 80 years later, I'm proud to say we're known as one of the nation's leading healthcare organizations. And if you follow our ripples of health, hope and healing back to their source, you'll find the very core of our identity: A place filled with light. A place where each and every heartbeat begins. A place where connections are made – and a place that immediately comes to mind when you hear our new name: **Atrium Health.**

So, with this report, it's my honor to invite you to learn more about who we are and how we bring health, hope and healing to life each day through steady hands, innovative minds and open hearts.

sincerely

EUGENE A. WOODS  
PRESIDENT AND CEO

# In One Day at Atrium Health



31,750+

patient encounters

(1 patient every 3 seconds)



600+

home health visits



550+

surgeries



\$5.56 million

each day in uncompensated care and  
other benefits to our community



20+

virtual care and eVisits



85+

new primary  
care patients



23,000

physician visits



88+

babies delivered



4,200

ED visits

# FIRST AND BEST

Choice for care



# A Second Chance for Hope

## First combined liver-kidney transplant performed at Levine Children's Hospital

In 2017, Bailey Frair made Levine Children's Hospital (LCH) history – for the second time.

Bailey first made hospital history when he was just 6 months old. Born with a rare liver disorder called biliary atresia, Bailey became LCH's youngest patient to receive a liver transplant.

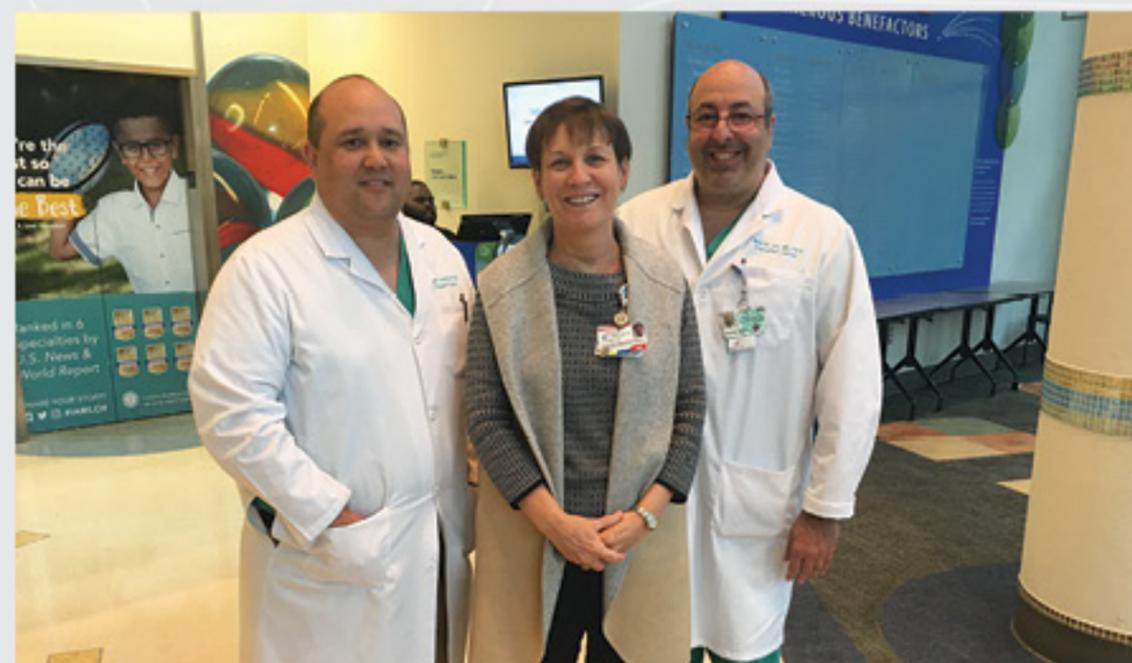
Years later, Bailey's liver started to fail, and he also developed a rare kidney disorder that requires dialysis and causes kidney failure. In 2017, the now-teenage Bailey made LCH history for the second time: **He became the hospital's first liver-kidney transplant.**

As few as 10 multiple-organ transplants are performed worldwide each year. Because

Bailey's treatment involved a re-transplant, the operation was as risky as it was rare.

"Complex cases like these highlight the collaboration that's required for our care teams to give patients the very best chance at a good outcome," says Jerome Menendez, MD, assistant vice president of transplant services.

Fortunately, the challenge was no match for Bailey's medical team and the many doctors and nurses who've cared for him since he was an infant. Life after transplant has dramatically improved for Bailey, who now has more freedom and time to live the life he's always dreamed of.





# Ready to Roll

Screening bus is a first in the fight against lung cancer

In 2017, a new effort to prevent and treat lung cancer rolled out – literally. In the spring, Levine Cancer Institute launched its “lung bus,” a **first-of-its-kind mobile unit bringing lung cancer screening and care directly to the communities where it’s needed most**. The goal: to catch the deadly disease earlier and save lives.

Developed by Samsung NeuroLogica and Frazer trucking with a grant from Bristol-Myers Squibb, the mobile vehicle travels to underserved areas in North Carolina to provide:

- Free lung cancer screening for uninsured patients using an advanced low-dose CT scanning unit
- Treatment to help screened patients quit smoking
- Personalized help getting connected to more lung cancer treatment resources

People found to have lung cancer through the program are offered clinical care and education, plus access to patient navigators – special nurses who help guide them through their cancer-treatment decisions and fears.

“Whether it’s a lack of transportation, finances or some other resource, we’re eliminating the barriers that prevent people from getting the early diagnosis and life-saving treatment they need,” says Mellisa Wheeler, Levine Cancer Institute’s director of disparities and outreach. “And that means a better chance of surviving.”

# A Heart for Kids

## New program brings supportive care to kids with congenital heart diseases

Since 2013, Levine Children's Hospital (LCH) and Sanger Heart & Vascular Institute have been partnering with The HEARTest Yard. Founded by Carolina Panthers player Greg Olsen and his wife Kara, The HEARTest Yard is an initiative that supports infants with congenital heart diseases and their families at LCH.

In November 2017, we joined forces yet again to make a very exciting announcement: The HEARTest Yard would be expanding its services and launching a new cardiac neurodevelopmental program.

Thanks to modern medicine, children born with congenital heart diseases are living longer than ever before. But as they defy the odds, they're facing many unexpected educational and behavioral challenges.

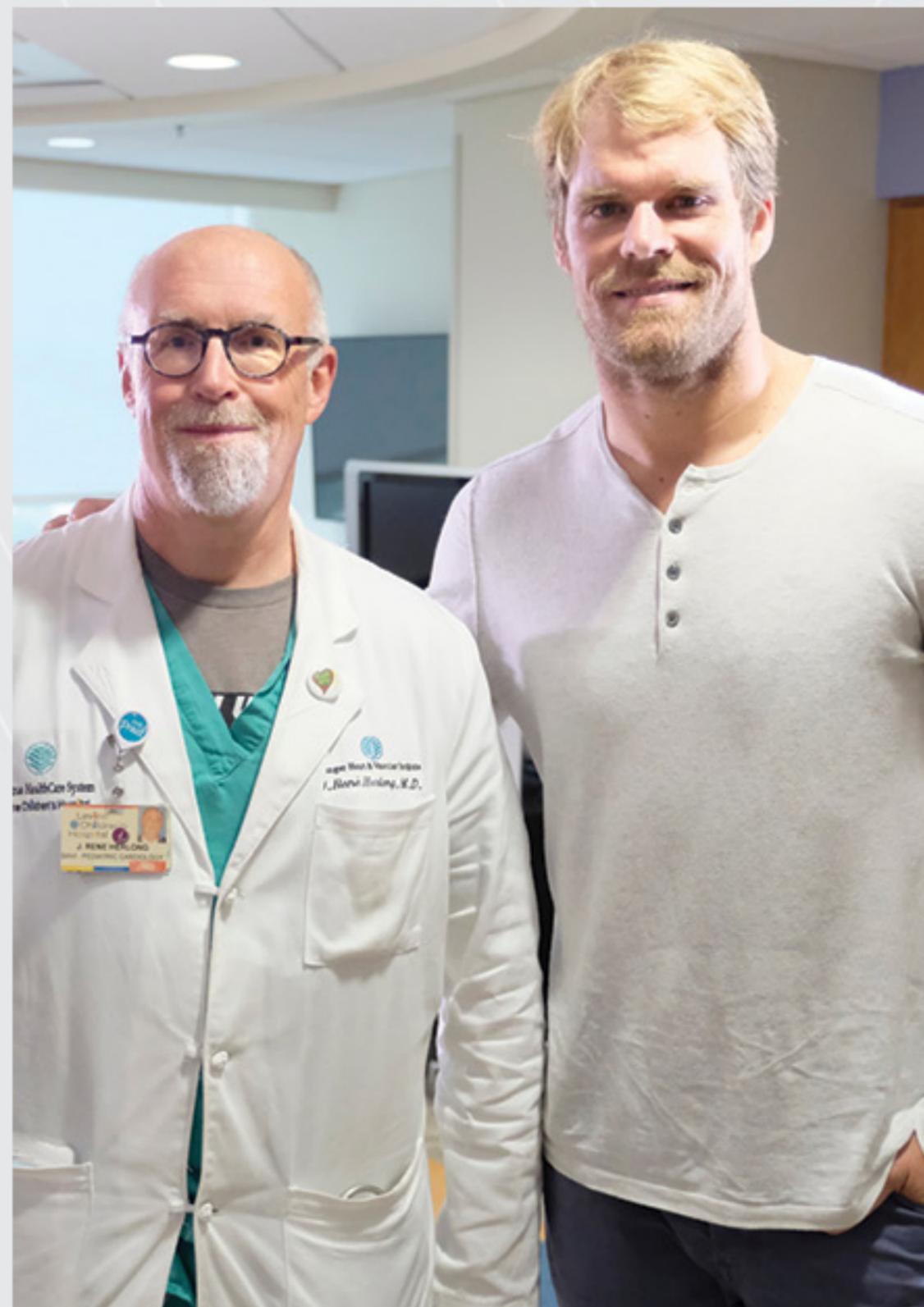
**A first of its kind in our region, this program is designed to give these children the care and resources they need not just to survive, but to thrive into adulthood.**

Services will include:

- Early diagnosis so that children can get the care they need when it matters most
- Thorough evaluation of the child's overall well-being, including physical, mental and behavioral health
- Coordinated care through a single clinic
- Leading research to develop the most effective treatments

"A program like this brings everybody together in the same place, same time," says Paul Kirshbom, MD, chief of pediatric cardiac surgery at LCH and Sanger. "Having a neurodevelopmental clinic for a child's long-term care is going to set this program apart certainly in this region – and probably in the country."

Children born with congenital heart diseases will get the care and resources they need not just to survive, but to thrive into adulthood.



# IMPROVE HEALTH »»

Delivering world-class  
clinical care

# From Fighter to Survivor

## Pediatric heart transplant makes hospital history

Just hours after Ella Kate was born, doctors at Levine Children's Hospital discovered tumors throughout her heart. Although the tumors were benign, the tiny newborn's heart was failing.

At less than a day old, Ella Kate was in the fight of her life, with only one chance of survival: a heart transplant.

In the U.S., about 450 pediatric heart transplants take place each year – and only 10 percent of children 2 and younger are ABO-incompatible, which means they can accept organs from all blood types. Ella Kate was fortunate to be among that 10 percent and was added to a transplant waiting list.

When a heart became available, Ella Kate's care team knew this transplant would be far from traditional – and not without risk. Heart tumors are incredibly rare in children, and her doctors faced the added challenge of working with different blood types. Yet at just a few months of age, Ella Kate became the recipient of the **first pediatric ABO-incompatible heart transplant surgery** in Levine Children's Hospital history.

From the moment she was born, Ella Kate had to fight for her life. And thanks to a life-saving surgery at Levine Children's Hospital, she's now more than a fighter – she's a survivor.





# A Critical Connection

Telestroke virtually connects patients to lifesaving care

When 69-year-old Linda Cunningham arrived at the ER exhibiting stroke-like symptoms, the team at Carolinas HealthCare System Union leapt into action.

A neurological exam showed that Linda was likely having a stroke, but there wasn't a neurologist on call to provide the expert care she needed. This prompted Linda's team to activate telestroke, an emergency stroke protocol that sends a page out to offsite neurologists for virtual care.

Telestroke ensures that every patient, no matter where they live, receives the specialized treatment they need as quickly as possible.

Within five minutes, neurologist Arvind Vasudevan, MD, responded. After reviewing Linda's CT scan and interacting with her via two-way videoconferencing, he determined that she was a candidate for tPA (a clot-busting medicine) and suspected surgery would be needed.

Linda was transported by air to Carolinas HealthCare System NorthEast where Dr. Vasudevan successfully operated, removing the clot in her brain. An hour after surgery, Linda was recovering nicely, and by the next day, all of her stroke symptoms were gone.

According to Dr. Vasudevan, **without the immediacy of the expert care she received, Linda's recovery wouldn't have been possible.** "These innovative advances in stroke treatment are proving to be extremely effective, to say the least."

The Neurosciences Institute at Carolinas Medical Center (CMC) was recognized as a Comprehensive Stroke Center (CSC) by The Joint Commission in 2017 – one of only 100 CSC hospitals in the U.S. CMC is the first Atrium Health location to achieve this certification, which is given to select stroke centers that meet the highest standards for treating the most complex stroke cases.

» The region's largest and most advanced stroke network saved Linda's life. «

# No Ordinary Outcomes

## Surgery recovery program sees success soon after launch

When patients need surgery, it's not just about having a successful procedure – it's about having a successful recovery. That's where using protocols for Enhanced Recovery After Surgery (ERAS®) comes in – and in 2017, it's an area where we continued to make big strides.

**ERAS®, an evidence-based, patient-centered approach, uses pathways from across different disciplines to eliminate variations in care.** Key elements of the approach include empowering and engaging patients using education and technology, and using predictive analytics to identify ways to improve care.

In 2016, we became the nation's first ERAS® Society-accredited center of excellence. A year later, we've fully implemented ERAS® in three major complex abdominal surgeries: Whipples, Distal Pancreatectomies, and Hepatectomies (Liver resections).

We've seen some exciting results in these areas:

- Our overall length of stay in these three surgery types has dropped from an average of 7.9 days to 6.6 days
- The combined readmission rate for these three surgery types dropped 12.5%
- Our readmission rate for Whipple procedures – one of the most complex abdominal operations – decreased 28%

Spurred by our success, we're now expanding the program to even more areas.

"Within two years, ERAS® will be extended to all of our surgical programs," says HPB surgeon Dionisios Vrochides, MD. "The results have really been remarkable."



# ELEVATE HOPE »»

Bringing light to more lives

# The Road to Hope

Hit by a truck, cyclist Dean Otto overcomes paralysis, runs a half-marathon

Husband, father and all-around athlete Dean Otto was cycling early one Saturday morning when he suddenly felt a huge mass crash into him. The worst had happened: he'd been hit from behind by a truck.

Right away, he knew something was wrong.

"I can't feel anything below my waist," Dean recalls saying when the driver ran to his side. "I think I'm paralyzed."

Taken by ambulance to Carolinas Medical Center, Dean was diagnosed with minimal sensory function below the waist and no motor function.

The neurosurgeon on call, Matthew McGirt, MD, specializes in complex spinal surgery and rushed Dean into surgery – knowing

that with each passing second, the nerve cells in his spine were in greater danger of expiring.

When Dean woke up, he saw Dr. McGirt smiling over him. The surgery had gone perfectly.

Working as hard as he could in rehab, Dean eventually made a full recovery. And one year to the day after his accident, he ran a half-marathon. **Running beside him was his surgeon, Dr. McGirt – and Will, the driver of the truck that struck him down.**

For Dean, getting support from his doctor and forgiving Will made all the difference. "I wanted to really recover – not just physically, but emotionally," Dean says. "I knew I wasn't going to let this stop me."





# From Recovering to Climbing

Groundbreaking brace helps veteran defy the odds

In 2009, Benjamin Breckheimer was on patrol in Afghanistan when he suffered severe injuries from an IED explosion, nearly losing his right leg. Ben needed extensive limb salvage surgery to save his leg – and if that didn't work, he'd need an amputation.

Joseph Hsu, MD, his orthopedic trauma surgeon, performed dozens of intricate surgeries on Ben, reconstructing his leg while saving as much tissue and bone as possible. The outcome was a success, but Ben had the difficult task of relearning to use his leg.

As luck would have it, there was a rehab program designed to help patients, just like

Ben, regain function after severe limb injuries – and it was led by Dr. Hsu.

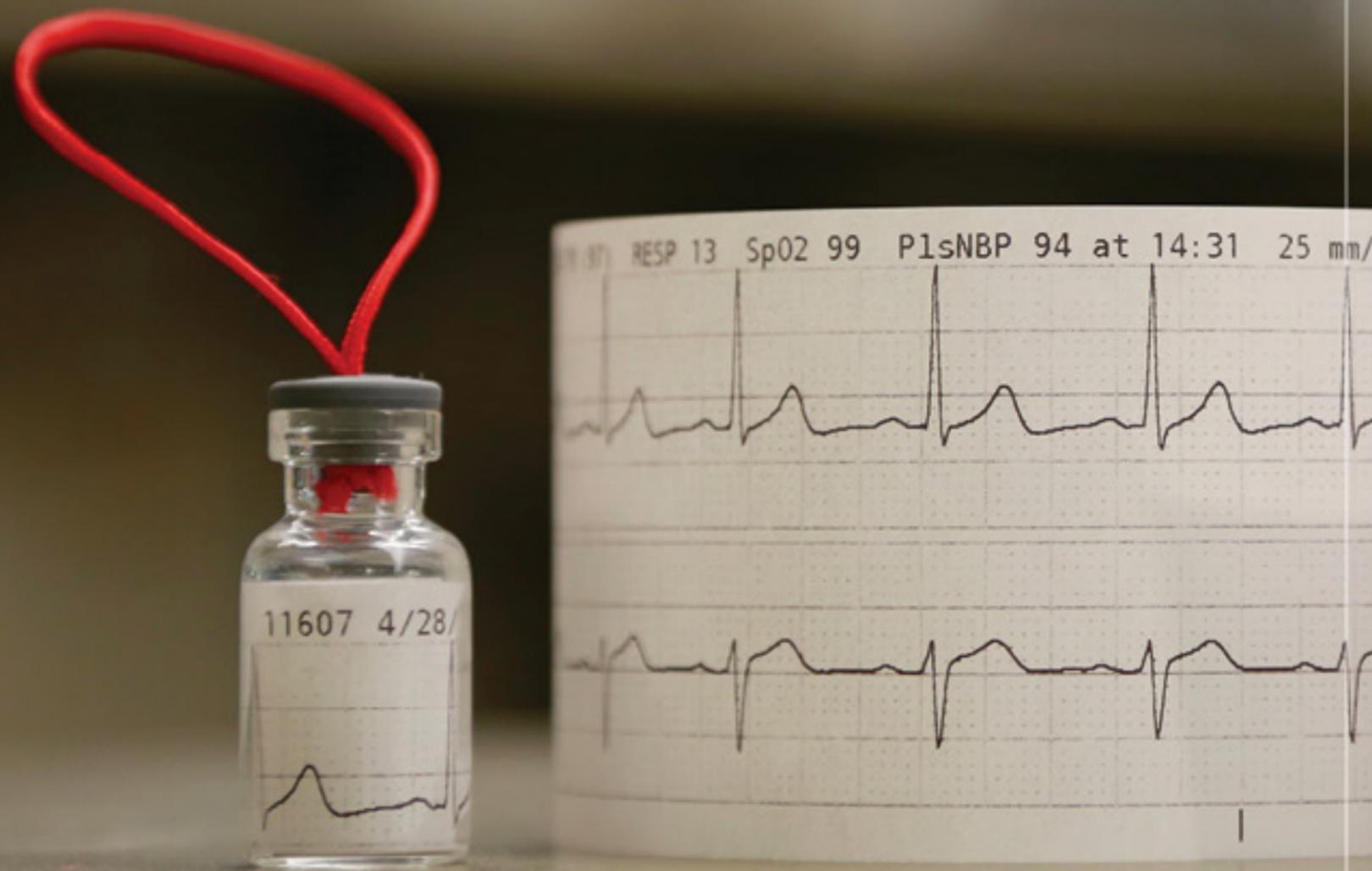
The key to the program's effectiveness? A brace known as a passive dynamic ankle-foot orthosis (AFO), which stores and returns energy to the limb while providing stability and support for pain relief and improved functionality.

**With Dr. Hsu's guidance, the AFO brace and Ben's determination, Ben learned how to walk again.** And eventually, he set his sights on a new challenge: climbing the seven tallest summits in the world. So far, he's climbed four, including Mount Everest.



Ben nearly lost his right leg in an IED explosion. Now, he's pursuing a new challenge: climbing the seven tallest summits in the world.





# Heartbeat in a Bottle

**Final heartbeats form a cherished keepsake for bereaved families**

Losing a loved one is one of the hardest things a family can go through. As a trauma nurse in the ICU, Charis Mitchell, RN, witnessed the pain firsthand – and she wanted to do something to help.

After some searching, she found an idea that felt right: she'd give families **a small medicine bottle containing an EKG strip of their loved one's last heartbeats** – a keepsake she calls a "heartbeat in a bottle."

"We explain, 'This is one of the last heartbeats of your mom, one of the last heartbeats of your daughter, while they were still here with us on earth,'" she says. "I know you're going to carry them with you wherever you go, but this way you have a

piece of their heart with you as well."

Daniel Haulk received a heartbeat in a bottle on the day his wife, Nelia, passed away from cancer.

"We were married for 31 years," Daniel says. "Even though she's not in our world today, we're still one. She's with me at all times. It means a lot to me."

Mitchell has since created a toolkit to teach other nurses how to create the memento.

"It's emotional for us, and it's certainly emotional for our families," she says. "But it feels like it brings healing, and that makes it worth it."

# ADVANCE HEALING »»

Powering breakthroughs in  
research & innovation

# Top of Mind

## New app offers an easy, intuitive way to track migraines

The process of tracking migraines, usually in a paper diary, has long been a pain point for migraine sufferers.

Enter MigrnX™ app, a new app developed by Atrium Health Vice President of Therapeutic Research and Development George McLendon, PhD.

Released in 2017 by McLendon's company SensorRX, **MigrnX helps patients track their headaches and migraines in real time via their smart phone** and makes it easy for them to share that data with their neurologist – which is key to identifying the most effective treatments for better outcomes.

The MigrnX app helps users track:

- Headache/migraine frequency
- Levels of severity
- Medications taken during an episode
- Environmental triggers
- Other possible triggers, like whether they're menstruating, sleep deprived, or have eaten something unusual

The MigrnX app is the first automated migraine management tool to directly impact patient care. Almost as soon as it launched, our neurologists started encouraging patients to use the game-changing app, and now over 500 Atrium Health patients are actively using it.

"SensorRX and Atrium Health share the largest clinically integrated electronic database," says McLendon. "This innovative collaboration creates an optimal integration where patients can send data directly to their electronic medical records and receive the highest quality care."





# Unbreakable

## Doctor's invention keeps patients strong after open-chest surgery

Cardiothoracic surgeon Jeko Madjarov, MD, knew that open-chest surgery was a life-saving procedure for many patients. But he also saw just how tough it could be on the body. Supporting a patient's bone structure after open-heart surgery was critical – not only to their recovery, but for lessening the damage from any future trauma.

So he came up with a solution: instead of the traditional titanium and wire that holds the breastbone together horizontally after surgery, he developed a device that could close and hold the sternum together with additional support.

**The sternal closure device was developed entirely in-house at Atrium Health, and in**

**2016, it was approved by the FDA as the only device of its kind to use a high-quality polymer.**

Soon after Dr. Madjarov implanted the device for the first time, it was put to the ultimate test: a car crash. And while the patient suffered rib and back injuries, his chest closure remained rock solid. For Dr. Madjarov – and the patient – the closure device was validated as a true life-saver.

"This device has helped save multiple patients' lives," says Dr. Madjarov. "Now it's available nationally – and it's been used in over 2,000 cases."

» While the patient suffered rib and back injuries, his chest closure remained rock solid. «

# Filling the Gap

## Virtual care brings patients greater access to behavioral health services

Studies have shown that up to 70 percent of primary care visits involve a psychosocial component. But primary care doctors at times find it challenging to treat and manage these complex issues.

To fill this gap, we've brought behavioral health services into the primary care setting via telemedicine.

Atrium Health's Behavioral Health Integration (BHI) program provides primary care patients, who may be struggling with mental health or substance use issues, the opportunity to **interact with behavioral health specialists and get the support they need from the convenience of their doctor's office.** This support can come in the form of real-time assessments and consults as well as ongoing support such as health coaching over the phone.

### In 2017:

- 84 percent of patients who reported suicidal thoughts at the start of our program no longer reported suicidal thoughts after receiving health coaching
- 51 percent of patients receiving BHI services showed a 50 percent reduction in depression screening scores
- 36 percent of patients receiving BHI services achieved total remission

Our plan, already well underway, is to integrate behavioral health services into over 200 primary care locations over the next eight years, providing the more than one million patients actively managed in our primary care network with the expanded care offerings they need.



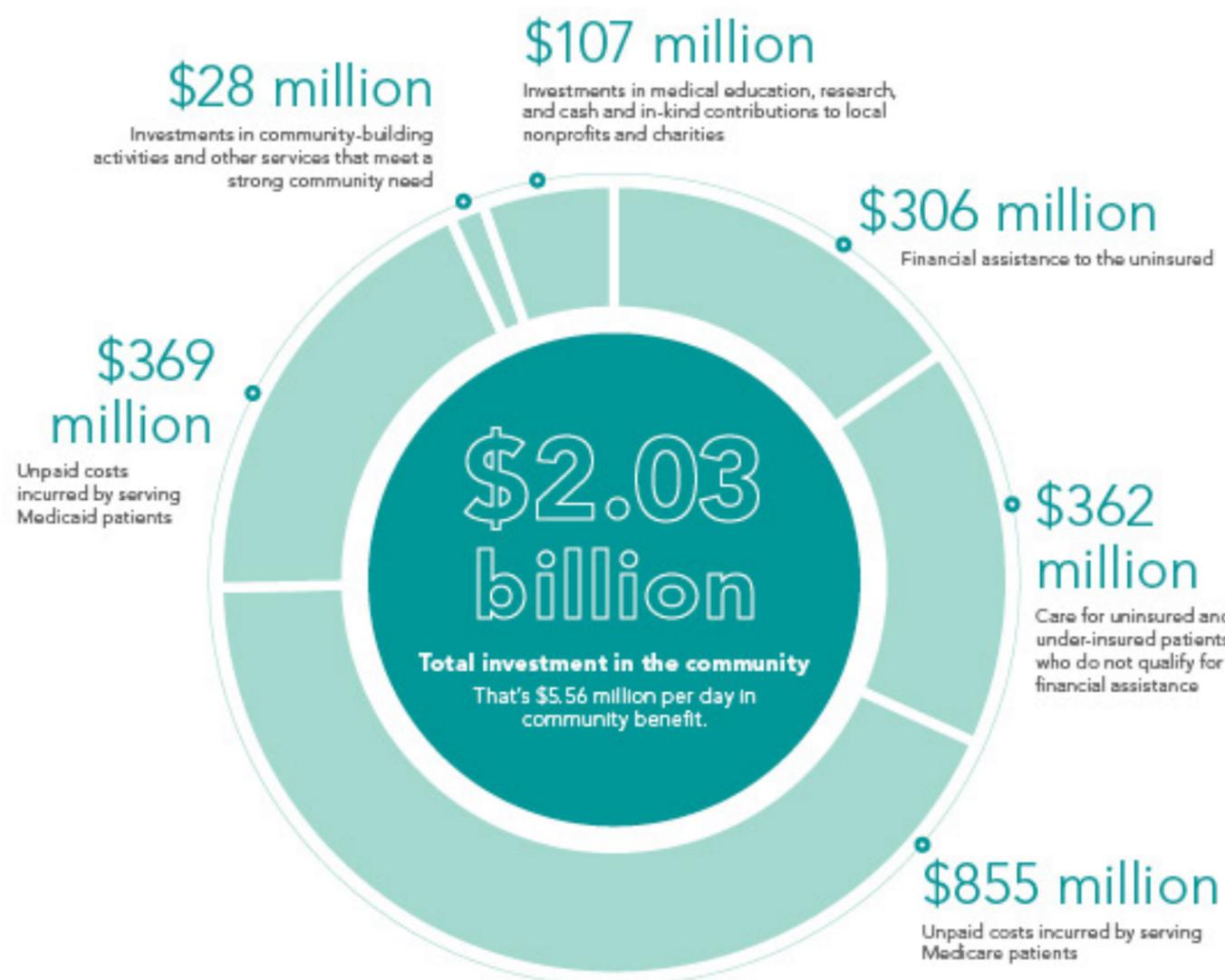
# FOR ALL

Making strides to enhance  
population health



# Community Benefit in Action

Atrium Health's 2017 investment tops \$2 billion



» **21.1%** of our annual operating cost supports our commitment to our community «

# Casting a Wide Net of Caring

Employees give generously to spread health and hope across a wide footprint



## Outreach and collaboration drive fresh successes in boosting community health

Our commitment to health reaches far beyond our walls to bring health, hope and healing to underserved corners of our community:

- Building Uplifted Families – a community collaboration between Atrium Health, Renaissance West Community Initiative, Novant Health, UNC Charlotte, and the Mecklenburg County Health Department was awarded a \$250,000 BUILD Health Challenge grant to improve the health and overall well-being of Renaissance West residents and neighbors along **Charlotte's West Boulevard corridor**.
- To combat hunger in our communities, we launched a new program to check patients' **"hunger vital signs"** and connect those in need with SNAP (Supplemental Nutrition Assistance Program) benefits.
- We re-cemented our partnership with the **YMCA of Greater Charlotte**, establishing new ways to work together to improve health.

Atrium Health's **Faith Community Health Ministry** continued to bridge faith and medicine for better health:

- 155 faith partners across 10 counties
- 200+ nurses and health promoters embedded in faith communities
- 11,700+ nurse visits in 2017

# Making Care Count

## New Accountable Care Organization helps enhance care for Medicare patients

We're always working to enhance the quality of care for our Medicare patients. In 2017, that work got a boost when we established our own Accountable Care Organization (ACO) – a group of doctors, hospitals and other healthcare providers who come together voluntarily to **make sure Medicare patients have coordinated, high-quality care.**

In addition to creating our ACO, we applied for and participated in the Medicare Shared Savings Program (MSSP). Through this program, we can:

- Better use actionable data, which gives us opportunities to engage with our patients in new and different ways
- Provide coordinated care for all patients, including between Atrium Health providers, regional partners and affiliate providers
- Continue to evaluate value-based care as one of the largest ACOs in the country, with over 99,000 Medicare beneficiaries assigned to our MSSP

We're staying true to our mission of improving health, elevating hope and advancing healing for all. And by taking advantage of the MSSP structure, we're able to deliver high-value, lower-cost care to all the communities we serve.

# On the Job

## HEALTHWORKS scores new wins in employer health

The Atrium Health HEALTHWORKS division teams up with employers to assess the healthcare needs of employees and their family members, and then develops **customized programs that improve health and reduce healthcare costs**, for everyone.

 45,000+ lives

In 2017, the HEALTHWORKS health promotions and wellness teams touched 45,744 lives at health fairs and biometric screenings. This represents an increase of nearly 1,000 more lives compared to 2016.

 21%

Of the 10,533 participants screened, 21 percent had abnormal results and were referred to appropriate care.

 2,600+ encounters

Health coaches had 2,644 encounters with participants and client retention for 2017 was 99 percent.

 up 8%

Biometric screenings for 2017 were up 8 percent compared to 2016.

# Breaking Barriers

ONE Charlotte Health Alliance makes strides in tackling critical community needs

We know it takes our entire community working together to dismantle disparities and keep our community strong. In 2017, inspired by a shared commitment to improving community health, Atrium Health and Novant Health came together to form the ONE Charlotte Health Alliance with the support of the Mecklenburg County Public Health Department.

**The group's initial focus is on improving access to coordinated health services and resources** for Mecklenburg County's public health priority areas: six zip codes identified as having the highest level of disparities in health and quality of life.

The coalition's key accomplishments include:

- Committing to provide \$1 million in financial resources to the public health priority areas

- Working to develop a ONE Charlotte-branded mobile health unit to bring medical, dental and behavioral health services to some of Charlotte's most underserved areas
- Beginning to build a public-facing IT platform to share real-time community health status information with local organizations

By June 2020, ONE Charlotte Health Alliance aims to increase access to high quality and advanced primary care, increase appropriate care to reduce unnecessary Emergency Department utilization and readmissions, and increase school-based entry vaccination rates.



# Transforming Healthcare Together

**Carolinas Physician Alliance drives new efforts to impact quality and cost**

Our work to transform how healthcare is delivered continues to bring new wins. In 2017, our physicians participating in Carolinas Physician Alliance (CPA) worked together to come up with new ways to improve the health of our communities.

Through collaboration among more than 2,600 participating clinicians and 300 physician practices, we've implemented several initiatives that improve quality and reduce overall costs for our patients.

As the healthcare model continues to change, CPA continues to work to enhance the patient experience, elevate the quality of care, and make care more affordable – for all the communities we serve.

 **2,600+**  
participating physicians

 **300+**  
physician practices

 **19**  
counties covered

 created patient 360 tool to pilot with providers to give us a broader view of each patient

**\$5 million+**

generated savings through the Hospital Quality and Efficiency Program (HQEP), a partnership between CPA and Atrium Health



**\$400,000+**  
in savings for low-cost prescription alternatives

# GIVING FOR GOOD »»

Advancing care through the  
generosity of donors

# Gifts That Keep on Giving

## Philanthropic gifts lay the foundation for next-level care

We couldn't make the impact we do without the generosity of others. 2017 brought a number of philanthropic gifts that allowed us to continue providing exceptional care and develop the treatments of the future.



1



2



3



4

## 1 Cutting-edge cardiac care gets a boost with a \$1 million gift from the Mattei Foundation.

The Mattei Cardiovascular Innovations Fund will support the advancement of research, innovative medicine and technology at Sanger Heart & Vascular Institute. As an initial project, Sanger will advance its cardiac MRI imaging infrastructure to enable further collaboration with other cardiac MRI centers of excellence. The gift brings the Mattei family's total support of Atrium Health programs to more than \$4 million.

## 2 Sandra and Leon Levine give \$4 million to Levine Children's Hospital and Levine Cancer Institute.

Each facility received \$2 million to be allocated to areas in the most critical need of support. "Sandra and Leon Levine continue to inspire us by their generosity," says Atrium Health President and CEO Gene Woods. "Not only have they been instrumental in bringing world-class healthcare to this region, but they're faces of hope in our community. Their dedication to serving patients from all walks of life has been unwavering."

## 3 Four physician leaders are named endowed chairs.

Through philanthropic gifts, the following endowed chairs were established in 2017:

**The Hemby Family Foundation Endowed Chair in Supportive Oncology**  
Chair Holder: Declan Walsh, MD

**Edward N. Hanley, Jr., MD, Endowed Chair for Orthopaedic Surgery**  
Chair Holder: Claude Moorman, MD

**Francis Robicsek, MD, PhD, Endowed Chair in Cardiovascular Surgery**  
Chair Holder: Joseph McGinn, MD

**Jeff Gordon Children's Foundation Endowed Chair in Cancer & Blood Disorders**  
Chair Holder: Javier Oesterheld, MD

Naming endowed chairs allows us to attract the brightest minds in medical research, and it's one of the highest honors a physician leader can receive.

## 4 The Isabella Santos Foundation helps fund a new treatment for pediatric cancer patients.

A long-time supporter of Levine Children's Hospital's pediatric oncology program, The Isabella Santos Foundation pledged \$1 million over two years to fund a state-of-the-art MIBG treatment room at the hospital. MIBG, which stands for Metaiodobenzylguanidine, is a type of therapy used to treat advanced neuroblastoma, a type of brain cancer that most commonly occurs in infants and young children. This newly funded MIBG treatment room will be the first of its kind in the region.

# KEY STATS

Leadership, facilities  
& financial information



# Atrium Health Leaders



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



**Jim D. Dunn, PhD, DHA, DAST, FACHE**  
System Chief Human Resources Officer



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



**Ken Haynes, MBA, MHA, FACHE**  
Executive Vice President and Chief Operating Officer



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



**Roger A. Ray, MD, MBA, FACPE**  
Executive Vice President and Chief Physician Executive



**Keith A. Smith, JD**  
Executive Vice President and General Counsel



**Armando L. Chardiet, MSW**  
President of Carolinas HealthCare Foundation

*This list includes the names of leaders serving the organization as of June 1, 2018.*

# 2017 Board of Commissioners and Board of Advisors

## EXECUTIVE COMMITTEE

Edward J. Brown III, Chair  
Malcolm E. Everett III, First Vice Chair  
William C. Cannon, Jr., Vice Chair  
Vicki S. Sutton, Vice Chair  
Gracie P. Coleman, Secretary  
Albert L. McAulay, Jr.  
Eugene A. Woods

## BOARD OF COMMISSIONERS

Donnie R. Baucom  
Amy Woods Brinkley  
Marshall Carlson  
Michael R. Coltrane  
Rush S. Dickson III  
Nancy J. Gritter, MD  
May Beverly Hemby  
Hal A. Levinson  
James E. Mattei  
Thomas C. Nelson  
William T. Niblock  
Edward K. Prewitt, Jr.  
Elizabeth G. Reigel  
Michael D. Rucker  
Felix S. Sabates, Jr.  
Angelique R. Vincent-Hamacher  
Donaldson G. Williams  
Richard "Stick" Williams  
Ronald H. Wrenn

## BOARD OF ADVISORS

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

*This list includes the names of board members who were in office as of December 31, 2017.*

# 2017 Statistics and Locations

- 65,000+ teammates
- 46 hospitals across 3 states
- 27 urgent care locations
- 35 EDs
- 25+ cancer care locations
- 3,000+ physicians
- 16,000+ nurses
- \$9.9 billion net operating revenue
- \$2.9 billion in last 5 years

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



- PRIMARY ENTERPRISES**
1. Carolinas HealthCare System Anson
  2. Carolinas HealthCare System Cleveland
  3. Carolinas HealthCare System Kings Mountain
  4. Carolinas HealthCare System Lincoln
  5. Carolinas HealthCare System NorthEast
  6. Carolinas HealthCare System Pineville
  7. Carolinas HealthCare System Stanly
  8. Carolinas HealthCare System Union
  9. Carolinas HealthCare System University
  10. Carolinas Medical Center
  11. Carolinas Medical Center-Mercy
  12. Carolinas Rehabilitation
  13. Carolinas Rehabilitation-Mt. Holly
  14. Carolinas Rehabilitation-NorthEast
  15. CHS Behavioral Health-Charlotte
  16. CHS Behavioral Health-Davidson
  17. CHS Rehabilitation (Pineville)
  18. Levine Children's Hospital
- REGIONAL ENTERPRISES**
19. Alamance Regional Medical Center
  20. AnMed Health Medical Center
  21. AnMed Health Rehabilitation Hospital
  22. AnMed Health Women's and Children's Hospital
  23. Annie Penn Hospital
  24. Behavioral Health Hospital (Cone Health)
  25. Bon Secours/St. Francis Hospital
  26. Cannon Memorial Hospital
  27. CHS Blue Ridge-Morganton
  28. CHS Blue Ridge-Valdese
  29. Columbus Regional Healthcare System
  30. Moses H. Cone Memorial Hospital
  31. Mount Pleasant Hospital
  32. Randolph Hospital
  33. Roper Hospital
  34. Scotland Memorial Hospital
  35. St. Luke's Hospital
  36. Wesley Long Hospital
  37. Women's Hospital (Cone Health)
- AFFILIATED ENTERPRISES**
38. Betty H. Cameron Women's and Children's Hospital
  39. New Hanover Regional Medical Center
  40. New Hanover Regional Medical Center Behavioral Health
  41. New Hanover Regional Orthopedic Hospital
  42. New Hanover Regional Rehabilitation Hospital
  43. Pender Memorial Hospital
  44. Southeastern Health

# Charlotte Metro Market

## Cabarrus College of Health Sciences

Dianne O. Snyder, BSN, MSN, DHA  
Chancellor

## Carolinas College of Health Sciences

T. Hampton Hopkins, BS, MS, EdD  
President

## Carolinas HealthCare System Anson

Gary A. Henderson, MBA  
Assistant Vice President & Facility Executive

## Carolinas HealthCare System Behavioral Health, a facility of Carolinas Medical Center

- Charlotte Campus
- Mindy Ellen Levine Campus (Davidson, NC)

Martha Whitecotton, RN, MSN, FACHE  
Senior Vice President

## Carolinas HealthCare System Cleveland and Carolinas HealthCare System Kings Mountain

Brian D. Gwyn, MBA  
President

## Carolinas HealthCare System Lincoln

Peter W. Acker, MHA, FACHE  
President

## Carolinas HealthCare System NorthEast

Phyllis A. Wingate, MHA, FACHE  
President, Carolinas HealthCare System NorthEast  
Senior Vice President, Northern Division

## Carolinas HealthCare System Pineville

Christopher R. Hummer, MHA  
President, Carolinas HealthCare System Pineville  
Senior Vice President, Southern Division

## Carolinas HealthCare System Stanly

- Stanly Manor

Brian L. Freeman, MHA, FACHE

## Carolinas HealthCare System Union

- Jesse Helms Nursing Center

Michael J. Lutes, MHA  
President, Carolinas HealthCare System Union  
Senior Vice President, Southeastern Division

## Carolinas HealthCare System University

William H. Leonard, MHA, FACHE  
President

## Carolinas Medical Center

W. Spencer Lilly, MHA  
President, Carolinas Medical Center  
Senior Vice President, Central Division

## Carolinas Medical Center-Mercy

Scott R. Jones, MBA, FACHE  
Vice President & Facility Executive

## Carolinas Rehabilitation

- Carolinas Rehabilitation
- Carolinas Rehabilitation-Mount Holly
- Carolinas Rehabilitation-NorthEast
- Carolinas HealthCare System Rehabilitation, a facility of Carolinas HealthCare System Pineville

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
- Wound Care
- YMCA, Sports and Event Medicine

Collin H. Lane, MSPH, MHA  
Senior Vice President

## Huntersville Oaks

Scharee Lee, MHA, NHA  
Executive Director

## James G. Cannon Research Center

George L. McLendon, PhD  
Vice President, Research

## Levine Children's Hospital

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

## Sardis Oaks

Colin C. Clode, NHA  
Executive Director

# Other Markets

## AnMed Health

- AnMed Health Medical Center
- AnMed Health Rehabilitation Hospital
- AnMed Health Women's and Children's Hospital
- Elbert Memorial Hospital

William T. Manson III, FACHE  
Chief Executive Officer

## AnMed Health Cannon

Brandon P. Clary, MHA  
President & Chief Executive Officer

## Carolinas HealthCare System Blue Ridge

- Carolinas HealthCare System Blue Ridge-Morganton
- Carolinas HealthCare System Blue Ridge-Valdese
- Carolinas HealthCare System Blue Ridge-College Pines
- Carolinas HealthCare System Blue Ridge-Grace Heights
- Grace Ridge Retirement Community

Kathy C. Bailey, FACHE  
President & Chief Executive Officer

## Columbus Regional Healthcare System

Carla Parker Hollis, MHA  
President & Chief Executive Officer

## Cone Health

- Alamance Regional Medical Center
- Annie Penn Hospital
- Behavioral Health Hospital
- Edgewood Place at The Village at Brookwood
- Moses H. Cone Memorial Hospital
- Wesley Long Hospital
- Women's Hospital
- Penn Nursing Center

Terrence B. Akin  
Chief Executive Officer

## Murphy Medical Center

- Murphy Medical Center Nursing Home

J. Michael Stevenson, CPA  
President & Chief Executive Officer

## Roper St. Francis Healthcare

- Bon Secours St. Francis Hospital
- Roper St. Francis Mount Pleasant Hospital
- Roper Hospital
- Roper Hospital-Berkeley
- Roper Rehabilitation Hospital

Lorraine L. Lutton, FACHE  
President & Chief Executive Officer

## Scotland Health Care System

- Scotland Memorial Hospital

Gregory C. Wood, FACHE  
President & Chief Executive Officer

## St. Luke's Hospital

James B. Bross  
Chief Executive Officer

# Atrium Health

## Financial Performance

Schedule of Income and Expenses For the Year Ended December 31, 2017

(dollars in thousands)

|                                       | Primary Enterprise and Atrium Health Foundation (previously Carolinas HealthCare Foundation) <sup>A</sup> |                     | Regional Enterprise <sup>B</sup> |                     | Total Enterprise  |                     |
|---------------------------------------|---|---------------------|----------------------------------|---------------------|-------------------|---------------------|
|                                       | DOLLAR TOTAL  | PERCENTAGE OF TOTAL | DOLLAR TOTAL                     | PERCENTAGE OF TOTAL | DOLLAR TOTAL      | PERCENTAGE OF TOTAL |
| Tertiary & Acute Care Services        | 4,214,688   | 65%                 | 3,073,179                        | 73%                 | 7,287,867         | 67%                 |
| Continuing Care Services              | 218,565   | 3%                  | 137,315                          | 3%                  | 355,880           | 3%                  |
| Specialty Services                    | 76,196  | 1%                  | 97,829                           | 2%                  | 174,025           | 2%                  |
| Physicians' Services                  | 1,184,314   | 18%                 | 511,445                          | 12%                 | 1,695,695         | 16%                 |
| Other Services                        | 266,416   | 4%                  | 167,480                          | 4%                  | 433,896           | 4%                  |
| Operating Income                      | 5,960,079   | 91%                 | 3,987,248                        | 94%                 | 9,947,327         | 92%                 |
| Non-Operating Activities <sup>C</sup> | 590,948   | 9%                  | 229,082                          | 6%                  | 820,030           | 8%                  |
| <b>TOTAL INCOME</b>                   | <b>6,551,027</b>  | <b>100%</b>         | <b>4,216,330</b>                 | <b>100%</b>         | <b>10,767,357</b> | <b>100%</b>         |

|  | Primary Enterprise and Atrium Health Foundation (previously Carolinas HealthCare Foundation) <sup>A</sup> |                     | Regional Enterprise <sup>B</sup> |                     | Total Enterprise  |                     |
|--|---|---------------------|----------------------------------|---------------------|-------------------|---------------------|
|  | DOLLAR TOTAL  | PERCENTAGE OF TOTAL | DOLLAR TOTAL                     | PERCENTAGE OF TOTAL | DOLLAR TOTAL      | PERCENTAGE OF TOTAL |
| Wages, Salaries & Benefits                       | 3,464,397   | 53%                 | 2,101,305                        | 50%                 | 5,565,702         | 52%                 |
| Materials, Supplies & Other                      | 1,879,603   | 29%                 | 1,548,324                        | 37%                 | 3,427,927         | 32%                 |
| Depreciation & Amortization                      | 310,923   | 5%                  | 259,380                          | 6%                  | 570,303           | 5%                  |
| Financing Costs                                  | 77,954  | 1%                  | 41,676                           | 1%                  | 119,630           | 1%                  |
| Funding for Facilities, Equipment & New Programs | 818,150   | 12%                 | 265,645                          | 6%                  | 1,083,795         | 10%                 |
| <b>TOTAL EXPENSES</b>                            | <b>6,551,027</b>  | <b>100%</b>         | <b>4,216,330</b>                 | <b>100%</b>         | <b>10,767,357</b> | <b>100%</b>         |

<sup>A</sup> Only the Primary Enterprise and The Carolinas HealthCare Foundation, collectively known as the Obligated Group, have a direct obligation to pay amounts due with respect to Atrium Health bonds.

<sup>B</sup> Regional Enterprise includes all Atrium Health managed facilities.

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

# AWARDS & RECOGNITIONS »»

