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At Mountain States Health Alliance, our 9,000 team members share a common goal: We are committed to bringing loving care to health care. It’s the mission that binds us together around a common cause, and it’s at the center of everything we do. We chose this mission statement for MSHA because loving care is a natural fit in the health care world. Our team members are in this business because they genuinely care about people and want to make a difference for the patients they serve, and we want to honor their passion by keeping the patient at the forefront of all our activities.

Our mission statement goes on to say that the reason MSHA exists is to identify and respond to the health care needs of individuals and communities in our region and assist them in attaining their highest possible level of health. In many cases, this means providing the highest quality patient-centered care when folks come to our hospitals or physician offices for treatment of an illness or injury. But if we are to truly accomplish our mission in terms of improving the health of our communities, there is much more that we must do.

As health care reform marches on, providers across the nation are looking at new ways of caring for people. No longer are we focused on simply treating people when they become sick or injured; we are now responsible for helping all of our neighbors to stay healthy and out of high-cost settings like hospitals. Everything we do is graded on three criteria: Are we creating better patient outcomes? Are we providing a better patient experience? And are we doing all of this at the lowest possible cost? This new approach is far better for our patients, it’s better for our communities. And it goes hand-in-hand with our mission of bringing loving care to health care. In order to achieve these goals, there are a number of community services that MSHA provides at no cost to patients. Within the pages of this community benefits report, you’ll find stories of some of those services and the people who have benefited from them. I am inspired by the commitment that MSHA team members have shown to these programs and to our patients, and I’m encouraged by the positive results their efforts have produced. Thank you for your support of MSHA as we work to create healthier communities and a brighter future for the residents of our region.

Sincerely,

Dennis Vonderfecht, FACHE
President and Chief Executive Officer
Mountain States Health Alliance

“ I am inspired by the commitment that MSHA team members have shown to these programs and to our patients…”

— Dennis Vonderfecht, President & CEO of MSHA

Serving our community: A labor of love

2012 MSHA Community Benefits Report 2
These patients are staying healthier. They walk away with the help they need and the education that helps them manage their condition.

— Julia Bates, FNP

Congestive Heart Failure Clinic

Seen after the woman walked into the Congestive Heart Failure Clinic in the lower level of Johnson City Medical Center, family nurse practitioner Julia Bates made a quick assessment and a rapid decision.

"After her discharge from the hospital, she had gained 19 pounds in two weeks," says Bates. "I told her, ‘You need to go to the emergency room — now.’"

Bates’ quick decision and help from the CHF Clinic was a godsend for Nancy, a woman in her early 50s, who is now on the road to a healthier life with fewer trips to the hospital. Bates gets a constant stream of appreciative feedback from patients like Nancy.

Bates worked with Dr. Vijay Ramu, a board-certified cardiologist who specializes in electrophysiology with Quillen ETSU Physicians, to create the model for the CHF Clinic, where she is now clinical director, and whose services are free. About one-third of JCMC patients with congestive heart failure end up being readmitted to the hospital. So, the goal for this first year has been to reduce readmissions of congestive heart failure patients by five percent.

There is a high risk of needing further hospital care when discharged patients don’t comply closely with their physician’s prescribed medication regimen and diet and nutrition guidelines. Reasons for non-compliance vary; some can’t afford their medicine, others don’t stick to the necessary diet, and some aren’t able to keep office follow-up visits with their physician. CHF Clinic is there to fill those gaps.

Each weekday, Bates teaches patients how to manage their condition and medications, and to follow dietary guidelines that lower cardiac risk factors. If patients can’t afford their prescriptions, the clinic taps resources that provide medication assistance.

"My patients coming here have a history of getting readmitted," says Bates. "But now, it’s working for them; these patients are staying healthier. They walk away with the help they need and the education that helps them manage their condition."

Nancy, the patient who had rapidly gained 19 pounds after discharge, is a prime example of the type of success story that puts a smile on Bates’ face.

“She told me, ‘I’m going to the emergency room something like twice a month. I don’t know what to do,’” recalls Bates.

At the CHF Clinic Bates arranged for medication assistance and worked closely with Nancy to help her manage medications and diet.

“I told her, ‘I need to see you every four to five days; it’s the only way we can manage your condition,’” Bates says. “And it worked. In two weeks, she dropped all 19 pounds, got back to her discharge weight. Her breathing, her blood pressure – it’s all better. She struggles with ups and downs in her weight, but we’re keeping a check on her and she’s no longer going to the emergency room on a regular basis.”
When the man who leads Dickenson Community Hospital (DCH) explains why the facility is a necessity for the people of the county, his assessment comes as much from his perspective as a local as it does from his executive experience as DCH director of operations. “I’ve lived in Clintwood the past 40 years,” says Mark Vanover, director of operations at DCH. “It’s a straight shot down to Pound, and under the best of circumstances you’re looking at 30 minutes. Some people who use our hospital live nowhere near that route and it takes them even longer.”

In short, Dickenson Community Hospital is a critical part of the county’s fabric. “Critical” is indeed an apt word, as the facility is officially designated a “critical access hospital,” one of two Mountain States Health Alliance hospitals given that classification by the federal government. Both hospitals are relatively small – Johnson County Community Hospital (JCCH) is one of the smallest hospitals in the nation with only two inpatient beds – but both have fully-staffed, 24-hour emergency departments, and a staff of physicians, nurses and other health care professionals.

Typically, the small rural communities and low patient volume would prevent the hospitals from being economically viable, but MSHA has remained committed to providing hospital care. Through the critical access designation – which provides cost-based reimbursement from the federal government for small, rural hospitals – both facilities are meeting the needs of their patients. Critical access status, awarded to JCCH in 2001, gives the community a health care safety net and also contributes to the local economy, says Lisa Heaton, JCCH assistant vice president and administrator. In 2011, JCCH received two distinguished awards for superior performance: the Rural Health Quality Award from the National Rural Health Association, and the HealthLeaders Media Top Leadership Team Award for Small and Rural Hospitals. At DCH, MSHA invested in renovations to the emergency department and lobby; creation of an outpatient diagnostics suite; a new digital radiology room; and new mammography services.

Regulations for critical access hospitals allow for flexibility, according to Norton Community Hospital and DCH Vice President and CEO Mark Leonard. “They can be adapted and molded to really reflect the community and the nature of the community’s specific health care needs.” DCH does just that, says Mark Vanover. “I’ve been at the hospital over two years, and I can safely say that there are people living now in this community who probably would not be here were it not for this facility. I think there’s a true appreciation for what we all have here.”

“I can safely say that there are people living now in this community who probably would not be here were it not for this facility.”

— Mark Vanover, DCH director of operations
Pay to have your prescription filled or buy food for the family? Some people without health insurance are forced to make that choice. Thankfully, these are the cases where the Northeast Tennessee Dispensary of Hope can step in to help.

Since it opened in 2009, Dispensary of Hope, 401 Elm St. in Johnson City, has filled more than 65,000 prescriptions at no cost to patients.

“We’ve been successful at meeting the needs of many people who can’t afford their medications, especially maintenance medications such as those used to treat diabetes and high blood pressure,” Dr. Joy Weikle-Waddell says.

A pharmacist and MSHA team member, Weikle-Waddell has been pharmacist-in-charge and pharmacy site manager since the pharmacy opened. Though the dispensary is an independent non-profit entity and is part of a Nashville-based chain of pharmacies that provides free medications to Tennesseans, the support of Mountain States was essential to making it a reality.

MSHA is supplying $500,000 for the first four years of operation while the pharmacy seeks other funding sources. The dispensary also has received grant support from the state of Tennessee. Medications are donated by local physicians, pharmacists and pharmaceutical companies.

Uninsured residents of Washington County, Tennesse, and others recently discharged from a Johnson City hospital are eligible for assistance. Patients are referred by physicians or by providers at the Washington County Health Department and the Johnson City Community Health Center, formerly known as the Johnson City Downtown Clinic.

Weikle-Waddell knows the impact the program has on individuals, pointing to a case where the dispensary’s provision of diabetes care made a profound difference.

Marilyn was in her mid-40s with two children, one with severe autism. As she dealt with tough issues at home, her medication compliance lapsed, making her diabetes complications worse. Frequent encouragement she received at Dispensary of Hope helped her get back on track with her medications. And through Project IMPACT, a grant-funded effort, she received an eye exam with Dr. Dana Grist, who diagnosed her with early-stage glaucoma.

“She’s currently addressing her condition with the Johnson City Eye Clinic,” Weikle-Waddell says. “As a result of a recent, sizeable donation from a local provider, I believe we may have enough eye drops to treat her condition for at least six months. It’s just a remarkable story for me to see that with just a few talks, she is not only able to get back on track with her diabetes, but also able to save her eyesight.”

“We’ve been successful at meeting the needs of many people who can’t afford their medications.”

— Joy Weikle-Waddell

MSHA Pharmacist

$208,423

in unreimbursed costs for the Dispensary of Hope
After the local chef finished his healthy cooking demo, the kids mobbed him like he was a rock star. “It was great to see that happening,” says Sara Cardinale, manager of the Abingdon Farmers Market and the creator of Farm Fresh Kids youth program. “I knew the message of Farm Fresh Kids was getting through!”

Cardinale is one of many adults and children who are striving to bring better health to Appalachia. It’s a lofty goal to achieve better health for an entire region. But programs like Farm Fresh Kids who receive micro-grants from HEAL Appalachia are making strides in that direction.

HEAL (Healthy Eating, Active Living) Appalachia is a collaborative program of Mountain States Health Alliance and East Tennessee State University started in 2009 to address a drastic increase in the number of overweight children. Statistics from the Centers for Disease Control and Prevention show that Tennessee has one of the highest obesity rates in the nation, and though Virginia ranks higher overall than Tennessee, the rates in Southwest Virginia mirror those in Northeast Tennessee.

HEAL Appalachia partners with groups throughout Northeast Tennessee and Southwest Virginia to focus on improving nutrition for kids and reducing childhood obesity by offering $50,000 total in micro-grants each year to organizations using innovative approaches to fight childhood obesity.

“HEAL Appalachia is one of our health system’s most important programs, because it’s making a difference with the next generation,” said Bo Wilkes, special projects coordinator for MSHA. “But HEAL Appalachia is only part of the solution. The real work and the innovative approaches are coming from schools, community groups and individuals who care about the health of our kids.”

Farm Fresh Kids is one of those HEAL Appalachia grant recipients that is making a difference. Each week from June through August, a different volunteer with expertise in food, nutrition or cooking leads a class where kids prepare and sample healthy food. At the end of each session, participants receive a “Fresh Buck” voucher worth $2 that can be used to purchase any produce they want at the Abingdon Farmers Market.

Through the dizzying array of fresh smells, textures and colors at the market – raspberries, potatoes, broccoli, peppers, lettuce, greens – kids are able to introduce healthier fare to the family dinner table. Occasionally they contribute something that may have never been there before – but could be again.

“I remember one boy who decided to buy fresh fennel; his mother at first wondered what to do with it,” Cardinale says. “They ended up taking it home and chopping it up to use in a fresh salad, and it turned out to be delicious.”

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“I remember one boy who decided to buy fresh fennel; his mother at first wondered what to do with it,” Cardinale says. “They ended up taking it home and chopping it up to use in a fresh salad, and it turned out to be delicious.”
Ever thought of going to the mall to... get your blood pressure checked? Take a yoga class? Get tips for healthy cooking? Chat with a nurse about a health concern? Visitors to the area’s two largest malls, The Mall at Johnson City and Kingsport Town Center, do just that and much more when they visit the Health Resources Centers (HRC) located inside.

“Maybe this isn’t your traditional way of reaching out to people,” says Laurel McKinney, RN, manager of the Health Resources Center in Kingsport. “But we reach people who wouldn’t otherwise go to a health care facility.”

Fifteen years ago, Mountain States Health Alliance acted on the concept of taking preventive health care to where people are, instead of waiting for them to come to a medical facility, by opening the Health Resources Center at The Mall at Johnson City. Since then it has gained a respected reputation of reaching people through health classes, education and screenings. In November 2012, MSHA opened the Health Resources Center in Kingsport, which offers the same services.

Both MSHA centers are staffed with at least one registered nurse. A robust health library is there for all visitors and free blood pressure checks and other health screenings are offered daily. Health seminars and physician lectures offered at the Johnson City HRC range from “Beat the Tobacco Habit” to “Managing Sick Days with Diabetes” to cooking gluten-free.

According to McKinney, the HRC reaches out into the community, too.

“We’ve partnered with the city of Kingsport and Sullivan County schools to provide health education,” McKinney says. “We sponsored an art show at Indian Springs Elementary School where children drew bodies made out of fruits and vegetables, which taught them about good nutrition. We’ve also been reaching out to the girls at Girls Inc.”

Last May the HRC received a grant to help them host a women’s expo in the old Belk store. Support groups now meet to assist new moms with breast-feeding and help parents with special needs children.

The number of health screenings held makes it highly likely that health issues will be uncovered by HRC staff. McKinney recalls Grady Church of Kingsport, a mall-walker who often makes a habit of stopping by in the mornings. He had complained of hearing troubles, so the staff talked him into coming by later for hearing screenings that were scheduled. It turned out clearing the ear canal of intensive wax build up fixed everything.

“He was very thankful that we convinced him to attend a screening,” says McKinney. “It wasn’t a serious thing, but it was an important thing. It changed his quality of life.”

We reach people who wouldn’t otherwise go to a health care facility, and so many of those people are appreciative of what we’re able to offer them.”

— Laurel McKinney, RN, Health Resources Center

$610,923
in unreimbursed costs for the Health Resources Centers
When Ronald and Charlsie Porter made the 90-minute drive from Harrogate, Tenn., to Food City in Greeneville it was to get answers, not groceries. Ronald had received good reports from his regular doctor, but hadn’t been feeling well. Charlsie learned that HeartCoach would be nearby, so she scheduled a cardiovascular screening for him.

The news they got was shocking. Tests revealed that Ronald had an abdominal aortic aneurysm, which could kill him. Today, the Porters are still grateful for that bad news, because for Ronald it meant the difference between life and death.

“They said, ‘Do you know a surgeon you would like us to call?’” Ronald recalls. HeartCoach clinicians then arranged for an evaluation for surgery and within a week, the aneurysm was surgically repaired. Like Ronald, almost 3,000 other people throughout Northeast Tennessee and Southwest Virginia have received one of the most comprehensive mobile cardiovascular screenings in the nation at HeartCoach, a service operated by Mountain States Health Alliance. The bright red 40-foot RV with a heart on the side is MSHA’s way of making an invaluable, sometimes lifesaving, health service affordable for all at convenient locations such as churches, schools, various businesses and shopping centers. And at a charge of only $125 for heart tests that would normally cost more than $1,000, it’s a great savings for patients.

HeartCoach screening coordinator Scott Shealy and the staff of three others needed to operate the service – two echo-vascular technicians and a registered nurse – meet a wide variety people who come to HeartCoach. Many are attracted to the fact that they don’t have to go to a doctor’s office.

It takes about 45 minutes to run the non-invasive tests that include an echocardiogram, a carotid artery scan, an aorta scan and ankle brachial index measures; the latter to test for peripheral arterial disease. The team also produces readings for cholesterol, triglycerides, glucose and blood pressure.

After testing, clinical staff sits down with each patient to discuss the results and answer questions. Shealy says even when HeartCoach patients walk away with no major concerns, they get peace of mind provided by this preventive service. And some, like Ronald Porter, leave with the gift of longer life.

Now Charlsie is planning her own HeartCoach visit. Ronald’s aneurysm has drastically decreased in size, amazing his doctor. Charlsie credits that marked improvement to HeartCoach, and to a higher power who saw that Ronald was in the right place at the right time on that spring day.

“If we hadn’t gone there that day,” says Ronald, “I wouldn’t be here.”
The elderly man was fading; death was imminent. A parish nurse sat with him, knowing that his daughter would not make it in time. But what happened before he took his last breath remains forever etched in the memory of Mountain States Health Alliance Parish Nurse Program coordinator Lula Gray, and in the heart of the man’s grateful daughter who was driving frantically that day to get to her father’s side.

“Knowing the situation,” Gray remembers, “she called the daughter, suggested she pull off the road, then put the phone to the gentleman’s ear, allowing a distraught daughter to say goodbye to her dad. Perhaps he did not hear her, but a daughter had the opportunity to express her love before he died. Incidents like this can only occur when the nurse knows his or her parishioners and understands the dynamics of the family relationship.”

This story resonates for Gray not because of a life unexpectedly saved, but for the measure of comfort and closure that came when, otherwise, there might have been none. That kind of compassion is a requisite quality for those in the Parish Nurse Program, which MSHA started in 2001 as an outreach service to the community.

Today, many churches throughout the region have a MSHA parish nurse who may be both a church member and a church nurse who serves as health educator and counselor, advocate and resource person, liaison with community health organizations and active visitor to parishioners who are hospitalized, in nursing homes or homebound.

Kathy Willis has relied heavily on the understanding and empathy of Tammy Payne, the MSHA parish nurse at Boone’s Creek Christian Church in Gray, Tenn. In the fall of 2012, Willis had a persistent cough that turned out to be more than she expected – a nodule on her lung, a spot on her thyroid and two odd spots on a lymph node. As she sat waiting for her first scans Payne walked up and asked how she was doing.

“I said, ‘Well, obviously not so great,’” Willis says. “Then we stood right there in the lobby and she had a prayer with me,” Willis remembers. “Tammy went with me to all my appointments after that. The information was coming so quickly, and to have someone who could be there with me to support me and to translate when I didn’t understand completely, that was so important … she has been such an integral part of me getting through this.”

A parish nurse takes a cue from Jesus, Gray points out. “For a parish nurse the word ‘health’ means looking at the total person – body, mind and spirit,” she says. “The parish nurse is in a unique position to provide a safe environment where parishioners can speak openly about the deeper things in life that impact their health.”

Where body meets spirit: Parish Nursing

“The parish nurse is in a unique position to provide a safe environment where parishioners can speak openly about the deeper things in life that impact their health.”

— Lula Gray, coordinator
MSHA Parish Nurse Program

$58,514
in unreimbursed costs for the Parish Nursing Program
Carla Shuffler was trapped within her own home, knowing that her health was so bad that it could kill her. Disabled by a severe foot ailment, Shuffler had gained weight and become so obese that she could not leave her home. When she discovered that it would cost $2,000 for medical transport, Carla almost gave up. “I was hopeless,” she says crying, as she remembers those dark days.

Shuffler courageously recounts her story, which is one of resilience and caring and of a new way of delivering health care — one that brought help to Shuffler’s front door. “I couldn’t believe that someone cared enough about me to come out to my home when I couldn’t get out,” Shuffler says.

This “new” way of delivering health care, called Patient-Centered Medical Home, or PCMH, embraces a national trend that shifts the way primary health care services are delivered. Health care teams are assigned to oversee patients for preventive care and to coordinate care for those with certain health conditions such as diabetes, high blood pressure and high cholesterol. Health care team members work together to provide patient education, proactive health management measures and open lines of communication.

Several Mountain States Medical Group practices have now received PCMH Level 3 recognition, the highest offered by the National Committee for Quality Assurance. Those PCMH practices include MSMG Family Medicine-Johnson City; MSMG Family Medicine/Internal Medicine-Kingsport; MSMG Family Medicine-Elizabethon; and MSMG Family Medicine/Internal Medicine/Pediatrics, Kingsport.

It was Dr. Shari Rajoo with MSMG Family Medicine/Internal Medicine-Kingsport, who discovered Shuffler was homebound when she investigated why she hadn’t seen her patient for an exam in some time. At that point, the PCMH team was set in motion. Teresa Smith, PCMH Patient Care Manager, and Julie Montgomery, a nurse and PCMH Care Coordinator, visited Shuffler and helped devise a multi-faceted plan of care.

In addition to visits by Dr. Rajoo, Smith and Montgomery, and a registered dietitian provides nutritional guidance. A social worker assessed Shuffler for depression. The continual care through the Patient-Centered Medical Home program has set Shuffler on a different road. “She has a walker and she’s up doing exercises now. Our registered dietitian estimates that she has lost 40 pounds,” Smith says. “It’s been a miraculous recovery for her, and it’s still going to be a longer journey, but she is making strides.”

“I couldn’t believe that someone cared enough about me to come out to my home when I couldn’t get out.”

— Carla Shuffler, Gate City, Va.
For remote areas of the Appalachians, sheer distance to a tertiary referral center can mean costly minutes when health care is needed. Add in the mountainous terrain and treacherous roads in bad weather and almost any emergency – a heart attack, a stroke or a car accident – becomes a case of life, death or permanent disability.

Fortunately, leaders at Mountain States Health Alliance in 1995 had the vision to create what is now a necessary part of MSHA's health care infrastructure: Wings Air Rescue. Veteran flight nurse Dwain Rowe, founding manager of the air ambulance service and now corporate director of Wings Air Rescue, remembers what it was like before helicopters performed routine rescues.

"If something happened where minutes count, if someone had a heart attack where time is muscle and it was two to three hours before you could get that patient to a cath lab or where they could be given clot-busting drugs..." says Rowe, shaking his head. He does not have to continue complete the picture of tragedy that resulted.

Today, about 1,600 patients each year receive rapid, emergency medical treatment and transport through Wings. The five Bell 407 helicopters cover a five state region from four bases – Wings I in Elizabethton, Wings II in Greeneville, Wings III in Jenkins, Ky., and Wings IV in Marion, Va. From each of those bases, a Wings transport, carrying a pilot, a flight nurse and a flight paramedic, serves an area of 125 nautical miles.

The nature of air rescue is risky, which sometimes puts the flight crews in peril. However, Amanda Vanover, base leader for Wings IV, is proud of the fact that Wings has an unblemished safety record.

"We’ve had no accidents in 17 years, and we do a lot of training to keep it that way," says Vanover.

The adrenaline a flight crew feels when they’re called to respond to an emergency inevitably slips away, but memories remain. In fact, the medical rescuers and their patients form such a tight bond that the group gathers each spring for a reunion. It’s an odd assortment of people – those who fly the helicopters as a routine part of a daily job, and others who flew just once as a result of misfortune such as a heart attack or a life-threatening accident.

One patient in particular revisits Rowe’s thoughts on a regular basis. A Greene County man in his 70s was cutting a tree when it unexpectedly fell toward him and struck him square in the chest.

“When we got there, he was blue, he was so hypoxic,” Rowe recalls. “We were able to save him – and no service other than an advanced air medical crew could have saved him. To bring that level of care to someone is something you never forget.”

Saving lives in the air: Wings Air Rescue

We were able to save him – and no service other than an advanced air medical crew could have saved him.”

— Dwain Rowe, Wings Air Rescue corporate director

$1,070,067

in unreimbursed costs for Wings Air Rescue
MSHA Community Support:
A Fiscal Year Comparison

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<td>Bad Debt (patients who can’t pay)</td>
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<td>$26,032,100</td>
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Total $130,722,830

in unreimbursed health care costs to our community in fiscal year 2011

Charity Care                                  | $16,787,608   | $22,137,893   |
Unreimbursed Medicaid                         | $8,639,545    | $14,126,509   |
Unreimbursed TennCare                         | $23,348,907   | $23,227,648   |
Unreimbursed Medicare                         | $16,712,157   | $29,260,981   |
Community Health Improvement Services         | $5,548,849    | $6,145,778    |
Health Professions Education                  | $9,014,671    | $7,921,173    |
Subsidized Health Services                    | $20,819,006   | $13,499,008   |
Research                                      | $472,920      | $490,139      |
Contributions to Health Promotion Programs    | $462,966      | $395,032      |
Community Building Activities                 | $2,314,258    | $2,820,892    |
Bad Debt (patients who can’t pay)             | $26,601,943   | $26,032,100   |

Total $145,967,153

in unreimbursed health care costs to our community in fiscal year 2012
Philosophy
Mountain States Health Alliance team members as caregivers create relationships, environments and service delivery centered on the patient through a holistic approach to healing that ministers to the mind, body and spirit. Mountain States caregivers believe that healing can exist without curing, but healing cannot exist without caring.

Mission
Mountain States Health Alliance is committed to “Bringing Loving Care to Health Care.” We exist to identify and respond to the health care needs of individuals and communities in our region and to assist them in attaining their highest possible level of health.

Vision
We passionately pursue the healing of the mind, body and spirit as we create a world-class health care system.

Values
Integrity . . . honesty in everything we do
Service . . . with caring and compassion
Leadership . . . with creativity and innovation
Excellence . . . always pursuing a higher standard

MSHA: A World-Class Approach