

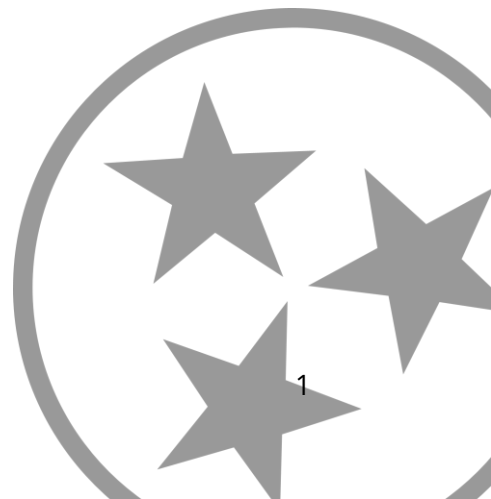


# Certificate of Public Advantage

Department Annual Report

Covering Fiscal Year 2024: July 1, 2023-June 30, 2024

Tennessee Department of Health | April 2025



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## ***Executive Summary***

In 2018, the two largest health systems in Northeast Tennessee, Mountain States Health Alliance and Wellmont Health System, were issued a Certificate of Public Advantage (COPA) by the State of Tennessee and allowed to merge under the name, Ballad Health. As part of the COPA, and as a condition of granting the COPA, the Tennessee Department of Health (TDH or the Department) required the new health system to reinvest expected savings from the merger in ways that would substantially benefit residents living in the system's geographic service area.

The State required the formerly competing systems to agree to a number of terms and conditions that were set out in the Terms of Certification (TOC), a document governing the COPA. The State is required to actively supervise the system, and the TOC subjects the system to an annual review. The goal of the COPA process is to protect the interests of the public in the region and the State and to ensure that the benefits of the merger continue to outweigh the risks associated with a reduction in competition.

This Annual Report presents TDH's Annual Review of the Ballad Health COPA for Fiscal Year (FY) 2024 (July 1, 2023 – June 30, 2024) and includes a review of Ballad Health's performance across multiple health measures.

The Department is required to hold a public hearing every three years, with the last one occurring on June 12, 2023, and future dates to be announced. Public comments on the Ballad Health COPA are accepted year-round through various channels. The Department reviews all submitted complaints and investigates and resolves any that are deemed COPA related. Complaints that are not related to COPA supervision are shared with the appropriate regulatory body for review.

Ballad Health submitted an Annual Report for FY24, which can be read [here](#). Highlights from the Ballad Health Fiscal Year 2024 Annual Report, include:

- An active Clinical Council whose nine subcommittees continued to develop policies and promote best-practices across clinical, therapeutic, technological, and system domains. Notable focus areas for FY24 were medication error reduction, patient flow improvement, and the introduction of tele-neurology and tele-cardiology services.
- The average nursing hours per patient increased significantly in FY24, and nursing turnover fell to its lowest rate since the merger.

- The expansion of Ballad Health’s Behavioral Health programs that resulted in 4,449 crisis assessments, 2,761 behavioral health transports, and 1,769 crisis center patients served. Additional provisions of behavioral health services resulted from the expansion of school-based services in Virginia’s Russell County School System, the opening of a dedicated Child/Adolescent Outpatient Behavioral Health clinic in Johnson City, TN, and new Intensive Treatment Team services for individuals who frequently utilized emergency department ED and inpatient mental health services.
- Ballad Health’s population health improvement programs continued to grow, including Appalachian Highlands Care Network, Strong Pregnancies, and Strong Starts. Additionally, implementation of a social care integration platform and community partner referral network enabled providers and partners to address health-related social needs for vulnerable populations.
- Ballad Health showed improvement in 9 (roughly half) of the 17 Target Quality Measures over 2017 baseline rates. Values improved by more than 50% in Pressure Ulcer, Iatrogenic Pneumothorax Rate, Abdominopelvic Accidental Puncture/Laceration, and CDIFF rates. Ballad Health’s percentage of Elective Deliveries exceeded baselines by more than 10X; rising from 0.56% to 7.0% in FY24.
- Ballad Health spent over \$106.6 million on charity care in FY24 and achieved an operating margin improvement, reflecting positive financial trends despite previous losses.

The COPA Monitor’s critical investigative work continued throughout FY24. The [COPA Monitor Annual Report for FY24](#), included analysis of Ballad Health’s compliance with TOC provisions and recommendations to TDH regarding the Final Score for FY24.

TDH’s three Sub-Index reports, with updated values on Population Health, Access, and Quality (Other) measures, were drafted in accordance with the TOC and are attached to this report as [Exhibits 1, 2, and 3](#), respectively. Improvement was seen in many prevention measures, including population with a primary care physician, preventable hospitalizations, and cancer screening rates. Patient Satisfaction with Access to Care survey scores improved in all three categories, with two categories exceeding 90%. Population Health measures related to healthy births, including smoking during pregnancy, NAS births, and infant mortality, all improved markedly in Ballad Health’s service area since the COPA was issued. Unfortunately, for measures associated with diseases of despair, such as frequent mental distress, drug deaths, and suicide deaths, increased rates were seen over the same period, representing a decline in health.

Trends for multiple Population Health, Access, and Quality (Other) Sub-Index measures are provided in this Department Annual Report.

TDH concluded with the following Sub-Index Score findings:

Economic Sub-Index: **Pass**

Final Score: **93.78**

Pursuant to the Terms of Certification, with a Passing score in the Economic Sub-Index, and a Final Score of 93.78, it is TDH's determination that the Ballad Health COPA continues to provide a Public Advantage.

## ***Introduction and Background***

### **The COPA**

A COPA is a written approval by TDH that governs a Cooperative Agreement (including a merger) among two or more hospitals. A COPA is intended to provide state action immunity to the hospitals from state and federal antitrust laws by replacing competition with state regulation and active supervision. The goal of the COPA process is to protect the interests of the public in the region and the State and to ensure that the benefits of the merger continue to outweigh the risks associated with a reduction in competition.

TDH, after consultation with and agreement from the Tennessee Attorney General's Office (AG's Office), has the authority to issue a COPA if the applicants pursuing a COPA demonstrate that the likely benefits of the proposed Cooperative Agreement outweigh the likely disadvantages that would result from the loss of competition. Tennessee's Hospital Cooperation Act of 1993, Tenn. Code Ann. §§ 68-11-1301 – 1309 (amended in 2015) gives the State the authority to issue a COPA. Permanent Rules 1200-38-.01 et seq. implement this Act.

In February of 2016, the two largest health systems in Northeast Tennessee, Wellmont Health System and Mountain States Health Alliance, applied for a COPA. The applicants' justification for the merger was realized savings by reducing duplication and improving efficiencies. These savings would allow them to sustain their rural hospitals and reinvest in ways that would substantially benefit those residing in their Geographic Service Area (GSA).

The GSA of the combined systems consists of 10 counties in Northeast Tennessee and 11 counties and two independent cities in Southwest Virginia<sup>1</sup>. This part of the Appalachian Region is largely rural and has a number of health, economic, and other challenges that, when combined, present a unique and difficult environment for improving the quality of and access to health care and for improving health outcomes.

On January 31, 2018, TDH issued a COPA to Mountain States Health Alliance and Wellmont Health System, allowing them to merge under the name Ballad Health. TDH and the AG's Office developed the TOC to govern the COPA. The TOC lays out Ballad Health's obligations and

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<sup>1</sup> Carter, Cocke, Green, Hamblen, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington Counties in Tennessee; Buchanan, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe Counties in Virginia; and the independent cities of Bristol City and Norton City in Virginia.

responsibilities and the regulatory role of the Department and Attorney General. The TOC details the conditions required by TDH for Ballad Health to demonstrate ongoing Public Advantage.

Within the TOC is a description of the Index and scoring system that is used to track and evaluate the demonstration of ongoing Public Advantage in four categories (sub-indices):

- Population Health Improvement
- Access to Health Services
- Economic
- Quality of Care (Other)

Via the COPA Index, TDH tracks the system's progress under the Cooperative Agreement and annually determines if a Public Advantage is maintained for the residents of the GSA.

### **The Department Annual Report**

Pursuant to Exhibit F of the TOC, TDH is required to prepare an Annual Report that incorporates findings from (i) Ballad Health's Periodic Reports, (ii) the COPA Compliance Office Annual Report, (iii) the COPA Monitor Annual Report, (iv) the Healthcare Access Report, and (v) the Population Health Report. The Department's Annual Review must also "include determinations of compliance, the Index scores, and trends relevant to the cognizable benefits and demonstration of public advantage for each Fiscal Year that such information is available."

The Department Annual Report is the last in a series of Annual Reports required by the TOC for a given Fiscal Year. Its purpose is to report on the regulated entity's compliance with the terms and conditions under which the COPA was granted and on the Department's determination of whether the COPA continues to provide a Public Advantage.

## ***Annual Review***

Section 7.02 of the TOC reads:

Pursuant to Tenn. Code Ann. §68-11-1303(g), the Department shall review, on at least an annual basis, the COPA to determine Public Advantage (the “Annual Review”). The Department shall review whether Public Advantage is demonstrated or not for each Fiscal Year during the COPA Term, in accordance with the procedures and requirements of the COPA Act and Terms of Certification. This Annual Review shall include, without limitation, the following: (i) the determination of the Final Score and Pass/Fail Grade, (ii) the COPA Parties’ degree of compliance with the Terms and Conditions, ... and any and all COPA Modifications and Corrective Actions occurring prior to such review, and (iii) trends of (Ballad Health’s) performance hereunder since the Issue Date and other factors (which may or may not be reflected in the Index) relevant to the Department’s determination of the likely benefits and disadvantages of the Affiliation which, as of the time of such determination, can reasonably be expected if the Affiliation is continued.

As in all previous Department Annual Reports, this report includes, as a part of its review, comments on things that are working well and concerns regarding non-compliance that either surfaced or persisted in the past year.

### **Resolved instances of potential non-compliance**

The COPA Monitor addressed potential COPA and TOC violations in his COPA Monitor Annual Report. TDH has not found any additional confirmed non-compliance events under the TOC.

## ***Comments on / Summary of Public Input***

The Rules (available [here](#)) require the Department to hold a public hearing every three years. The last public hearing was held on June 12, 2023, just prior to the 2024 fiscal year. The Department intends to conduct its next public hearing before the end of the three-year period, but no date has been set. The date and time of public hearings will be broadly released to media sources well before the date of such hearings to permit the public ample time to arrange attendance.

In addition to public hearings, TDH continues to accept and review public comments related to the Ballad Health COPA submitted via an online comment form, as well as via email and mail, throughout the year. Information on how to submit public comments on the impact of the Ballad Health merger can be accessed here: <https://www.tn.gov/health/health-program-areas/health-planning/certificate-of-public-advantage/redir-copa/public-input-and-complaints.html>. Potential violations of the TOC should be submitted on TDH's COPA complaint intake form, which can be accessed here: <https://www.tn.gov/health/health-program-areas/health-planning/certificate-of-public-advantage/redir-copa/public-input-and-complaints.html>.

Prior to FY23, TDH's Division of Health Licensure and Regulation was responsible for the licensing and regulation of hospitals in the state. That Division conducted investigations of safety concerns at all Tennessee health care facilities. Beginning July 1, 2022, those responsibilities moved to Tennessee's Health Facilities Commission. Individuals with a personnel or facility concern are encouraged to submit information to the Health Facilities Commission via this website: <https://www.tn.gov/hfc/division-of-licensure-and-regulation/filing-a-complaint.html>.

While it is not the role of TDH under the TOC to assist or track individual patients who had a negative experience at a Ballad Health facility, TDH is tracking Ballad Health's performance on multiple safety and quality measures including timely and effective care, infection rates, and patient satisfaction scores at 1) a system level, 2) a statewide level, and 3) each Ballad Health facility. Data on Ballad Health's total patient population is used to monitor trends and track the demonstration of an overall improvement or decline in care quality subsequent to the issuance of the COPA.

A summary of the complaints TDH received related to the COPA during FY23 is not included in this report as these comments are not subject to public disclosure pursuant to Tenn. Code Ann. § 68-11-1310(a)(7).

TDH's COPA staff reviews and responds to each comment individually. The majority of complaints are forwarded to the COPA Compliance Officer to share with department leaders at Ballad Health, who may be able to resolve the complaint, or to the COPA Monitor to review and determine if the complaint should be formally investigated.

## ***Findings on Reports related to Ballad Health's Fiscal Year 2024***

### **The COPA Compliance Office Annual Report**

**The COPA Compliance Office Annual Report** on FY24 is available [here](#).

Key items:

- The COPA Compliance Office Annual Report was filed in compliance with the Terms of Certification and included required information.
- The list of official correspondence and status of requests listed in the COPA Compliance Office Annual Report appears thorough and accurate.

### **Ballad Health's Periodic Reports**

**The Ballad Health Quarterly Reports** were filed in compliance with the Terms of Certification and included the required information.

**The Ballad Health Annual Report** on FY24 is available [here](#).

Key items:

- TDH acknowledges the work of the Ballad Health Clinical Council and appreciates the description of its work in each Ballad Health Annual Report. TDH is pleased with the detailed information on Council membership in this year's report. Many important initiatives undertaken by the Council to establish common standards of care, quality performance benchmarks, and best practice requirements were highlighted, such as:
  - A review of the Medication Reconciliation program to address medication errors, the establishment of a Centralized Bed Placement program to improve patient flow, and providing the system guidance through state and federal policy changes related to care delivery.
  - Clinical documentation improvements, supply chain analysis for safety and quality, as well as the introduction of tele-neurology and tele-cardiology services, to expand access to specialized care for patients in rural areas.
- The average nursing hour per patient increased at Ballad Health facilities in FY24 to 9.364, which is well above the 8.529 reported last year. Further, nursing turnover, which is not a

metric required to be reported under the TOC, fell to 13.8% as reported in FY24, which is the lowest since the merger.

- Ballad Health’s FY24 Annual Report included a helpful summary of progress made across its six spending plans. Some of the most notable accomplishments under each plan were:
  - Behavioral Health
    - Woodridge 24/7 Walk-In Crisis Center saw 1,769 patients in FY24.
    - Opened the first dedicated Child/Adolescent Outpatient Behavioral Health clinic in Johnson City, TN, providing care through 1,112 visits.
    - In partnership with Frontier Health, provided Intensive Treatment Team services for people who frequently utilized ED and inpatient mental health services, reducing ED visits by 20% and inpatient psychiatric hospitalizations by 18% for enrollees.
  - Children’s Health
    - Four childcare centers opened with over 400 children enrolled.
    - School-based telehealth was expanded by two school systems, for a total of 12 participating school systems and 124 individual schools.
  - HIE
    - Ballad Health’s 291 hospitals and 4,561 clinics are on a government-sponsored exchange framework for healthcare data interoperability with a secure data exchange through Epic’s Qualified Health Information Network (QHIN).
  - Population Health
    - Increased the number of social needs referral platform users to 261 organizations – including 531 programs and 2,400 individual users.
    - Expanded Strong Pregnancies and Strong Starts.
      - Conducted 15,486 Strong Pregnancies needs screenings.
      - Enrolled over 6,495 families in Strong Starts.
    - Expanded enrollment in Appalachian Highlands Care Network (a program that connects uninsured patients and their families with free or low-cost clinics, dental services, preventative care services) to 8,528 individuals, with 3,544 in complex care management.
  - HR/GME

- Funding to ETSU to initiate Ballad Health Academy to provide pathways to a career in healthcare by graduation.
  - Ballad Health participated in over 300 recruiting events.
- Rural Health
  - Needed PCPs and specialists in rural areas were hired.
  - Tele-cardiology and tele-neurology to reduce transfers were launched.
  - Remote patient monitoring with kits for 185 patients were launched.
- Key items related to Access:
  - With regard to the Patient Satisfaction Surveys and survey results, TDH noticed that Patient Satisfaction results were favorable across service settings. While Patient Satisfaction in Emergency Services was the only category in which FY24 results were below baselines of 84.25, the FY24 score of 72.84 was a significant improvement over the FY23 score of 68.05.
  - The percentage of population within 10 miles of an urgent care center that is open nights and weekend declined from 2018 to 2024 (from 70.3-56.6). Ballad Health noted that due to staffing and operational considerations, several centers' closing time changed from 8:00 pm to 7:30 pm, which disqualified them from this designation.
  - Screenings for cancers, diabetes, and hypertension all remained above 2017 baselines, while follow-up after hospitalization for mental health illness remains significantly below baseline.
  - The rate of Asthma ED visits per 10,000 continued to decrease subsequent to the merger for 0-4 year-olds (60.4-35.9) and for 5-14 year-olds (41.5-28.1).
- Key items related to Population Health:
  - Ballad Health reported on the two components of the Population Health Sub-Index scoring for FY24:
    1. Regarding Investment in Population Health: Ballad Health reported exceeding its FY24 spending commitment of \$11,000,000.

2. Regarding the Achievement of Process Measures identified in the system's Population Health Plan: Ballard Health reported achieving 15 of the 15 Process Measures selected from the FY24 Population Health Plan.
- TDH appreciates the detailed summary of accomplishments that were reported, especially:
    - Healthy Planet, a social care integration and improved care management platform, was scaled system-wide.
    - Mobile services for at-risk women and disparate groups were expanded to every county in Ballard Health's geographic service area.
  - Key items related to Quality:
    - Ballard Health showed improvement in 9 (roughly half) of the 17 Target Quality Measures over 2017 baseline rates. Values improved by more than 50% in Pressure Ulcer, Iatrogenic Pneumothorax Rate, Abdominopelvic Accidental Puncture/Laceration, and CDIFF rates.
    - Ballard Health's FY24 HCAHPS top box scores were below baselines in all categories but slightly above FY23 scores in most categories. Those who reported that they would definitely or probably recommend the hospital rose slightly over last year from 89-90%.
  - Economic factors:
    - In FY24 Ballard Health spent over \$106.6M on charity care.
    - Ballard Health achieved over \$50 million in *new* cost-efficiency savings in FY24.

## The COPA Monitor Annual Report

The COPA Monitor Annual Report is available [here](#).

TDH appreciates the diligent work of the COPA Monitor in auditing, investigating, and reporting on his findings regularly to TDH and in making written recommendations to TDH.

### Findings:

The COPA Monitor Annual Report finds that Ballad Health complied with the pricing limits of Addendum One for FY24 and recommends Ballad Health receive a *pass score* for the Economic Sub-Index (Section II, page 6) and a Final Score of 93.78 (Section II, page 7). The Monitor reports that the charity care commitment should be considered satisfied by waiver from the COPA Monitor (Section III, page 7). Finally, regarding direct financial obligations, the Annual Report finds that Ballad satisfied all baseline spending obligations, except to the Region-wide Health Information Exchange. Despite this, the Monitor recommends that Ballad be considered to be in compliance with all baseline spending requirements, due to the enhancements made to the functionality of the exchange and the pending update of the baseline spending baseline calculation. (Section III, page 9). The Annual Report further finds that the annual monetary commitment for all Ballad's Plans were satisfied or exceeded in FY24, except for the Region-wide Health Information Exchange. The shortfall in the Region-wide Health Information Exchange should be carried forward into FY25 and beyond. (Section III, page 10) It is noted that four (4) of the six (6) Spending Plans have a cumulative carry-over as of FY24 end, but for two (2) of the Spending Plans, namely Behavioral Health Services and the Region-wide Health Information Exchange, Ballad is entering FY25 with a cumulative underspend. (Section III, page 11)

### COPA Monitor Recommendations and TDH Responses:

- **The State and Ballad work together to quantify a reasonable target level of investment on Facility Maintenance and Capital Expenditures, using industry comparative data as a guide.**

TDH agrees with this recommendation and looks forward to working with Ballad to specify a reasonable target level of investment using industry comparative data.

- **That an updated analysis for the Region-Wide Health Information Exchange be included in the new three-year plan to be developed for the FY26-28 period to remedy the cumulative underspend.**

TDH agrees with this recommendation and awaits the analysis from Ballad on how the underspend will be rectified.

- **The State and Ballad work together to select one or two national quality rating organizations for Ballad to focus its quality of care improvement efforts.**

TDH agrees with this recommendation and looks forward to collaboratively selecting a national quality rating organization or organizations to focus Ballard's quality of care maintenance and improvement efforts.

### **The Department Population Health Report**

To follow is a sample of trending graphs and charts that were generated from values provided by Tennessee data stewards and those contained in the Department's Population Health Reports. Prior years' Population Health Reports can be accessed [here](#). The most recent year's data are reported in the Department's 2024 Population Health Report, which is attached as [Exhibit 1](#).

#### Findings:

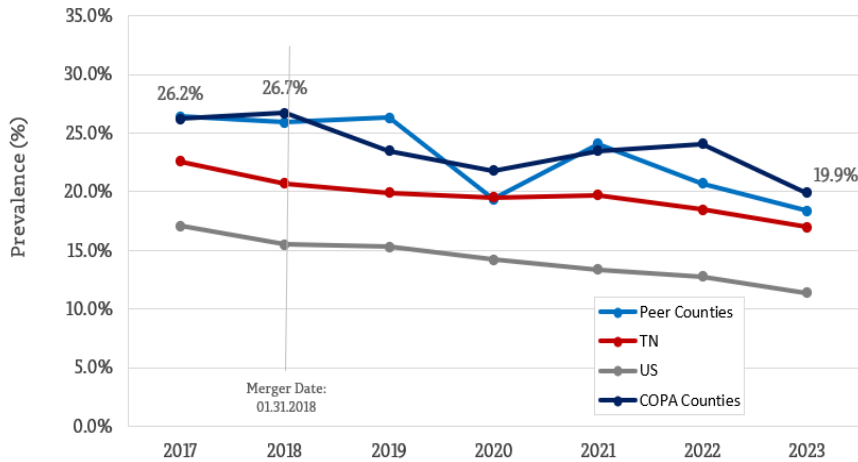
- Compared to peer counties, the COPA region is less healthy in 17 measures and healthier in 29 measures. All differences may not be statistically significant.
- Among the Population Health Sub-Index measures, the greatest improvement for residents of Ballard Health's GSA subsequent to issuance of the COPA was seen for 3<sup>rd</sup> grade reading, mothers who smoke during pregnancy, and hospital mPINC scores. The mPINC scores (which indicate a hospital's maternity care practices and policies that support optimal infant feeding) in the COPA Counties rose seven points since the COPA was issued (from 74 in 2017 to 81 in 2022), while in Peer Counties the scores declined six points (from 74 in 2017 to 68 in 2022). The state average score remained unchanged during the same period, at 72 (The mPINC survey is administered every two years).
- Diseases of despair are health conditions linked to feelings of hopelessness and social isolation. COPA measures associated with diseases of despair include frequent mental distress, drug deaths, and suicide deaths. In the last seven years, values for these three measures increased across all regions that were tracked for the COPA. While each measure had a unique trend, all regions largely trended together.
  - The percentage of adults with frequent mental distress rose gradually in the COPA and Peer Counties, as well as in Tennessee, and the US since 2017.
  - Drug death rates rose steeply in 2020 and 2021 and have not moved significantly toward their pre-pandemic levels.
  - Suicide death rates for COPA Counties and Peer Counties rose significantly in 2022 and 2023, while TN rates remained stable.

*Note: In any instance where a value is not indicated, it is because the verified value was not available at the time of publication.*

# Population Health Sub-Index trends: **Smoking measures**

## Smoking Adults - Percent of Adults Who Are Current Smokers

Adults having smoked at least 100 cigarettes in their entire life and currently smoke every day or some days.



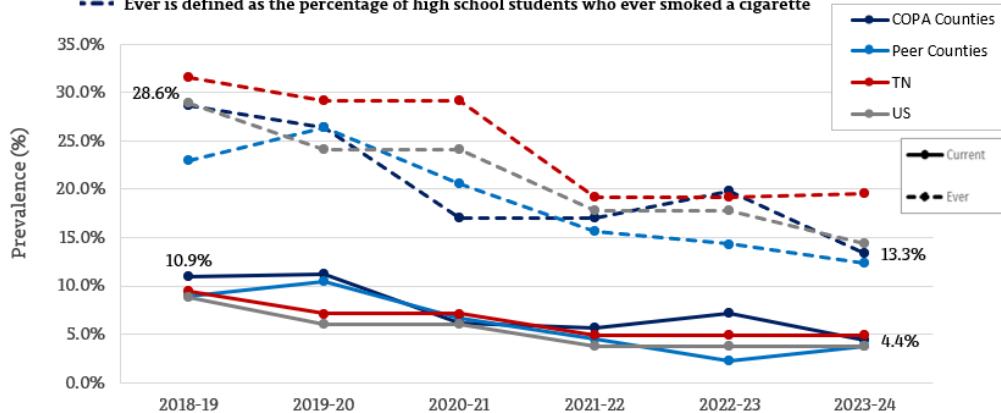
Data Sources: Tennessee BRFSS. TDH, Office of Population Health Surveillance, 2015-23; CDC, BRFSS, 2015-23

- **Adult smoking** in the COPA region decreased after the merger, from an estimated 26.2% in 2017 to 19.9% in 2023.
- Over the life of the COPA, adult smoking estimates in the TN COPA Counties fell at a similar pace as Peer Counties, the State, and the US.

- The percentages of youth in the COPA region who reported they were **current smokers** or had **ever smoked a cigarette** were below baselines.
- While there was some variability from year to year, the trends for each region on these two youth smoking measures were similar.

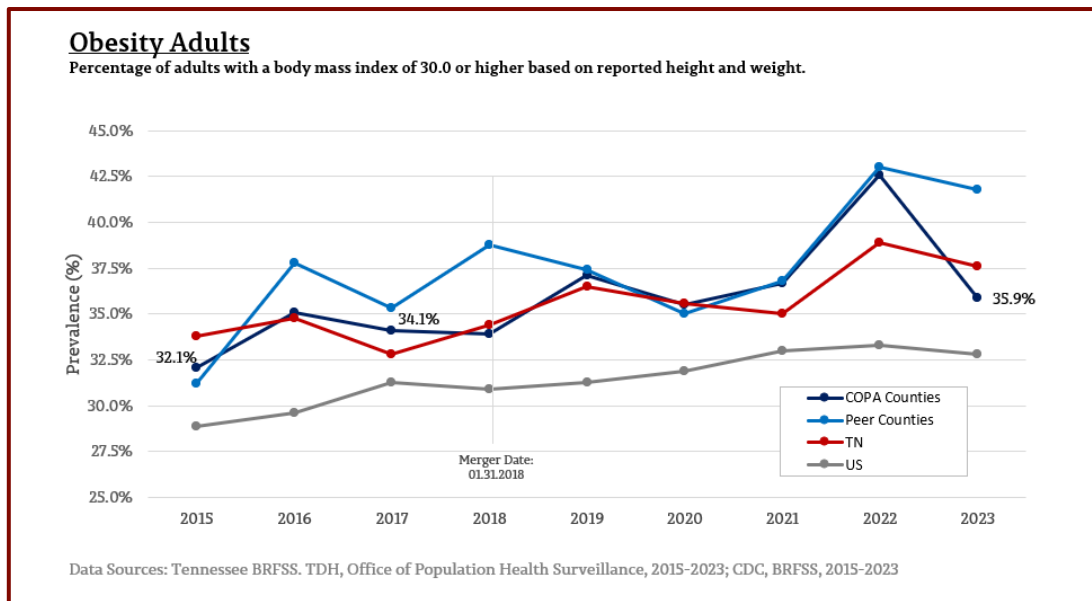
## Youth Tobacco Use - Current and Ever

— Current is defined as the percentage of high school students who smoked cigarettes within the last the 30 days.  
 - - - Ever is defined as the percentage of high school students who ever smoked a cigarette



Data Source: Tennessee Department of Education (TDOE), Office of Coordinated School Health, Youth Wellness Survey, 2018-24 / YRBS, 2018-24 CDC, Youth Risk Behavior Survey (YRBS), 2018-24.

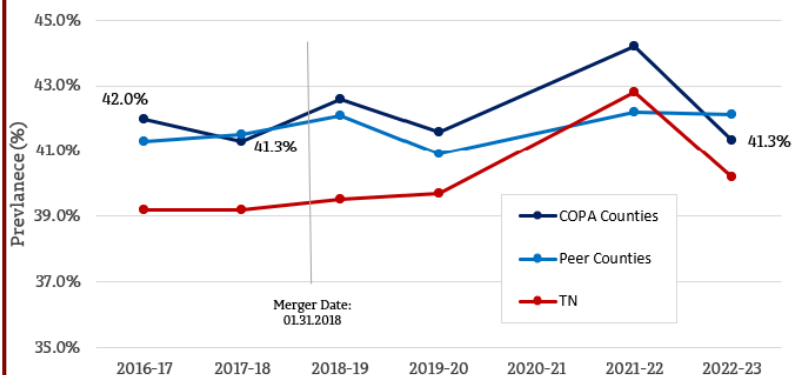
# Population Health Sub-Index trends: **Obesity measures**



- While estimates of **obesity among adults** in the TN COPA Counties increased subsequent to the merger, from 34.1% to 35.9%, greater increases were seen in Peer Counties (35.3% to 41.8%) and the State (32.8% to 37.6%) over the same period.
- **Adult obesity** estimates increased significantly in the COPA Counties, Peer Counties and the State from 2021 to 2022, but of the three regions, only the COPA Counties' estimates sharply decreased from 2022 to 2023.

## Overweight and Obesity among Public School Students

Percentage of public school students in grades kindergarten, 2, 4, 6, 8, and one year of high school found to be overweight or obese during the school year.



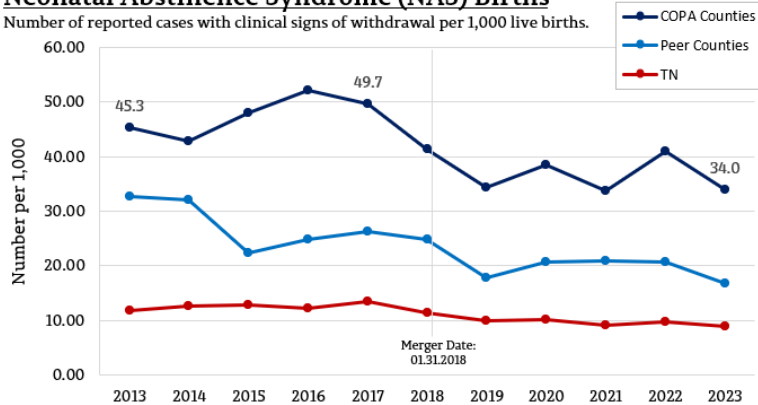
Data Source: TDOE, Office of Coordinated School Health, 2016-2023  
(No data were collected in the 2020-2021 academic year.)

- The percentage of **youth obesity and overweight** in the COPA Counties during the 2022-23 school year was the same as the pre-merger baseline, 41.3%, while the percentage in Peer Counties and TN rose over the last five years, from 41.5% to 42.1% and 39.2% to 40.2%, respectively.

# Population Health Sub-Index trends: Substance Use

## Neonatal Abstinence Syndrome (NAS) Births

Number of reported cases with clinical signs of withdrawal per 1,000 live births.



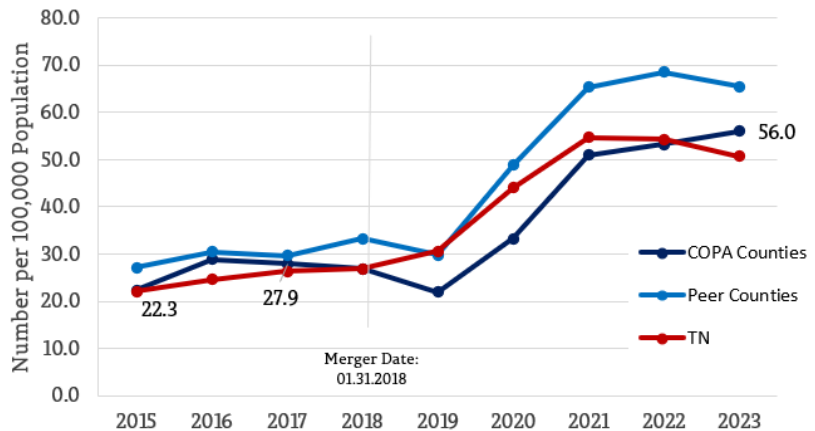
Data Source: TDH, Neonatal Abstinence Syndrome Surveillance, 2013-23

- The rate of **Neonatal Abstinence Syndrome births** in the COPA region fell significantly from its premerger rate of 49.7 per 1,000 in 2017 to 34.0 per 1,000 in 2023. This rate of improvement exceeds that of the Peer Counties, whose rates fell from 26.2 to 16.8 per 1,000.

- Drug Death** rates for all three comparison groups rose steeply during the height of the COVID-19 pandemic, in 2020 and 2021.
- Rates of **Drug Deaths** declined in Peer Counties and the State in 2023, while a slowed increase continued in the COPA Counties.

## Drug Deaths

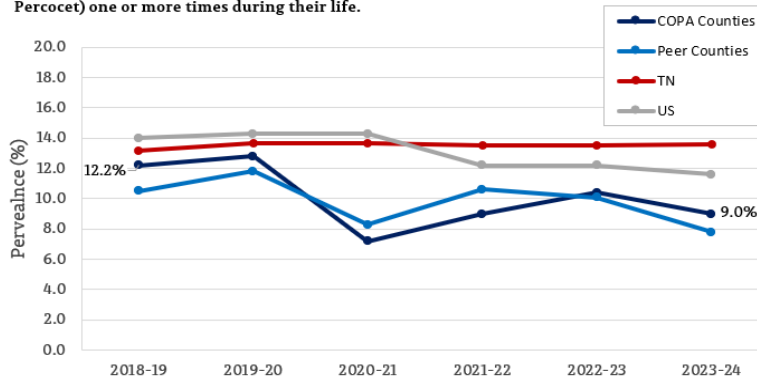
All drug overdose deaths caused by acute poisonings, regardless of intent per 100,000 population.



Data Source: TDH, Division of Vital Records and Statistics, Death Statistical File, 2015-23

## Prescription Drugs among High School Students

Percent of high school students who report ever taking prescription drugs without a doctor's prescription (such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet) one or more times during their life.



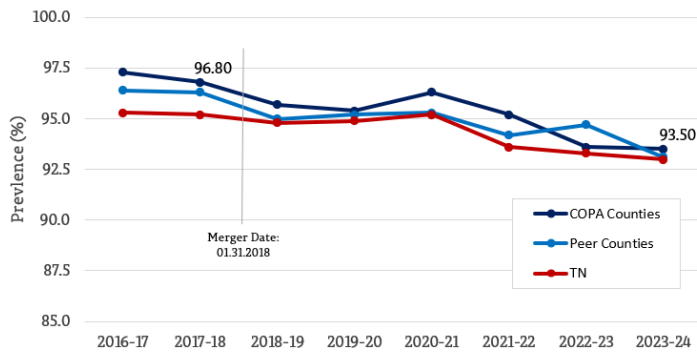
Data Sources: TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2017-24

- The percentage of **high school students who reported taking prescription drugs** without a doctor's prescription in the COPA region declined at a rate similar to those in the Peer Counties. Both regions declined at a faster rate than TN or the US.

# Population Health Sub-Index trends: **Vaccination measures**

## **On-Time Vaccinations for Children**

Percentage of children that are up to date on state-required vaccines at the time of kindergarten entry.



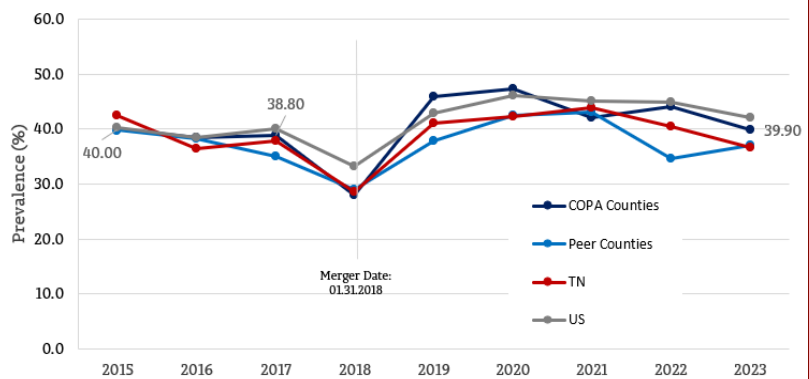
Data Sources: Kindergarten Immunization Compliance Assessment, 2016-23

- The percentage of **on-time vaccinations for children entering Kindergarten** in the 2023-24 school year was slightly higher in schools located in the COPA Counties than those in Peer Counties and the State.
- **Vaccinations for children** declined for all three regions since the COPA was issued.

- The estimated percentage of **Flu vaccinations in Adults and in Older Adults** in the COPA Counties were above the estimates in Peer Counties and in TN.
- It is unclear why all geographies, including Tennessee and the US, saw a drop in Flu vaccinations in 2018.
- **Flu vaccinations among adult and older adults** in the COPA Counties peaked in 2020.
- The 2023 flu vaccination percentage estimates in the COPA region were above baselines for both age groups.

## **Flu Vaccinations in Adults**

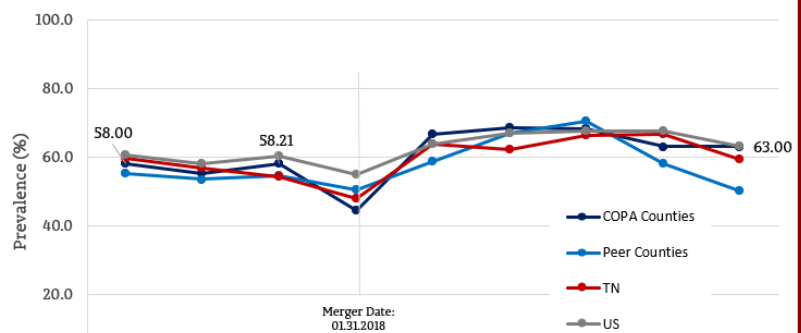
Percent of adults aged 18 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.



Data Sources: Tennessee BRFSS, TDH, Office of Population Health Surveillance, 2015-23; CDC, BRFSS, 2015-23

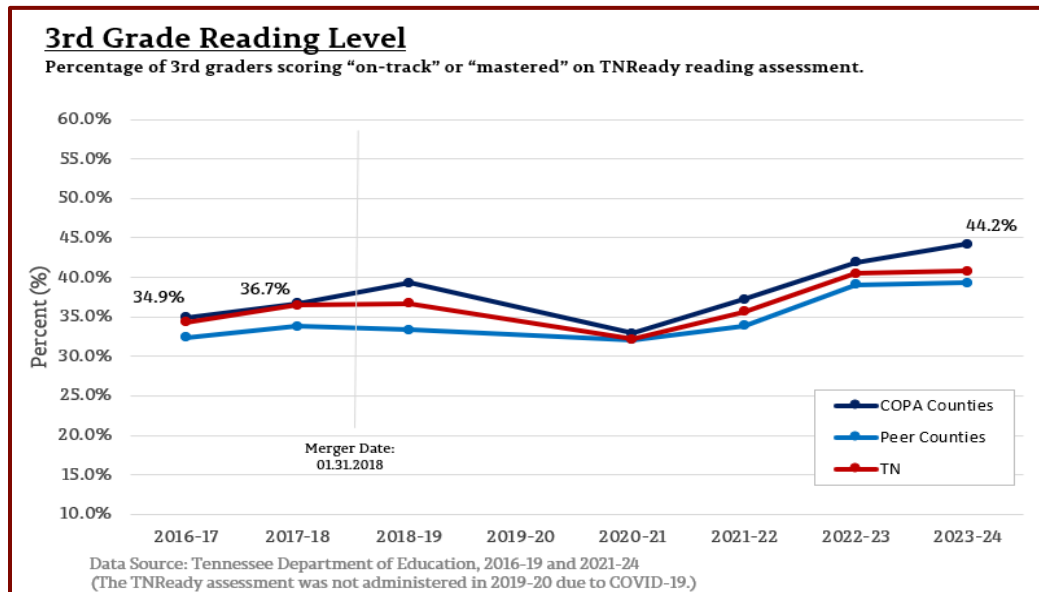
## **Flu Vaccinations in Older Adults**

Percent of adults aged 65 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.

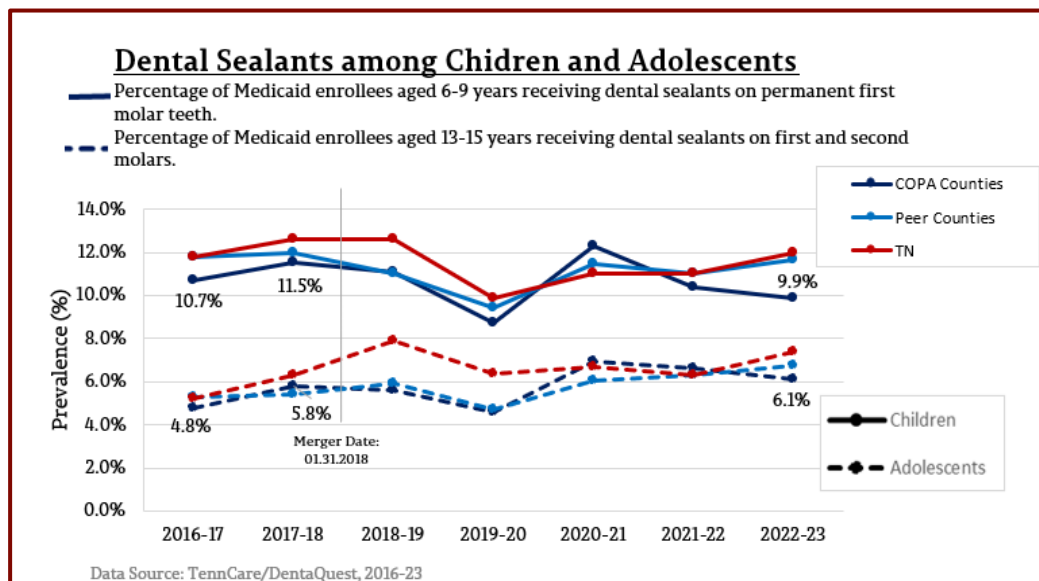


Data Sources: Tennessee BRFSS, TDH, Office of Population Health Surveillance, 2015-23; CDC, BRFSS, 2015-23

## Population Health Sub-Index trends: **Community measures**

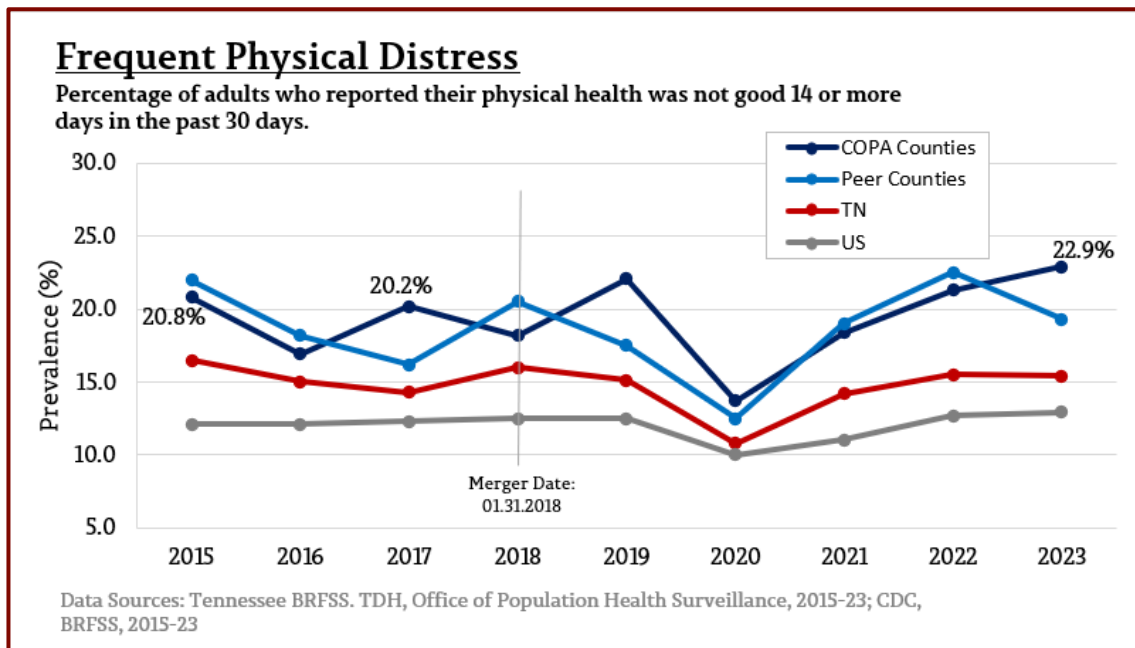


- The percentage of **3<sup>rd</sup> graders reading at or above** their grade level in the COPA region was up substantially in 2023-24 at 44.2% from the premerger’s 34.9%.
- The scores among **3<sup>rd</sup> graders** in the COPA Counties continued to exceed the scores of their Peer counterparts and of the state as a whole.

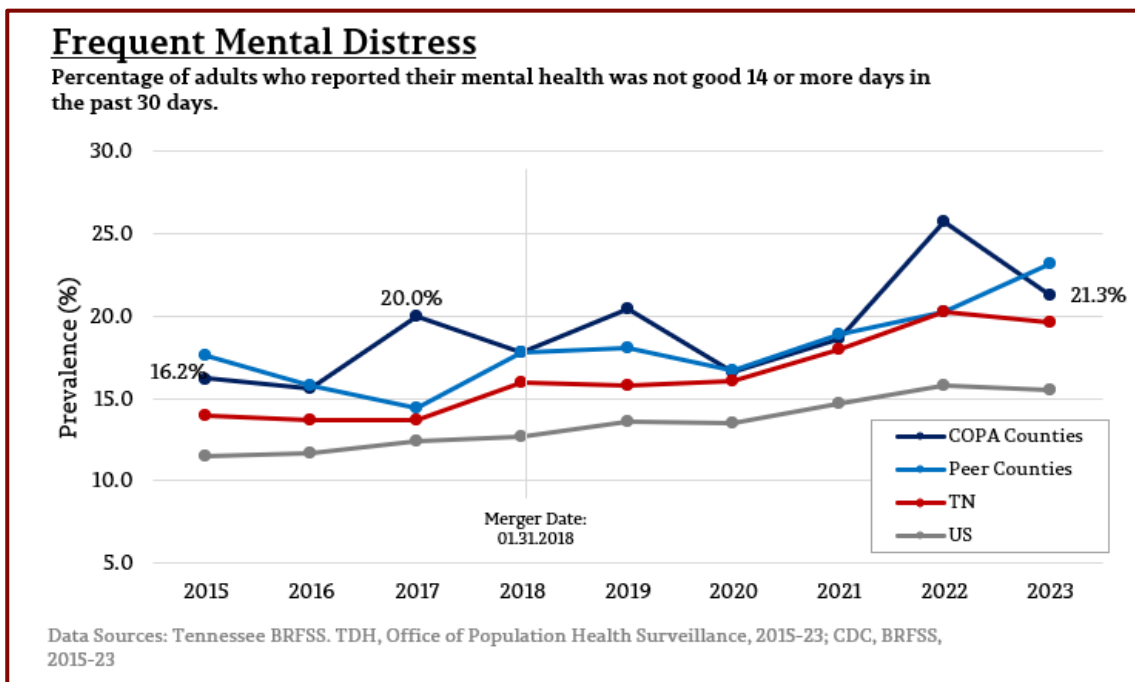


- The percentage of **children 6-9 years receiving Dental Sealants** decreased in the COPA Counties. It was the only geography tracked that underperformed the 2017-18 value.
- Though the percentage of **Dental Sealants among children aged 13-15 years** fell in the COPA Region in the most recent year charted, the COPA Counties saw an overall increase since the merger of Ballad Health, from 5.8% in 2017-18 to 6.1% in 2022-23.

## Population Health Sub-Index trends: Outcome measures



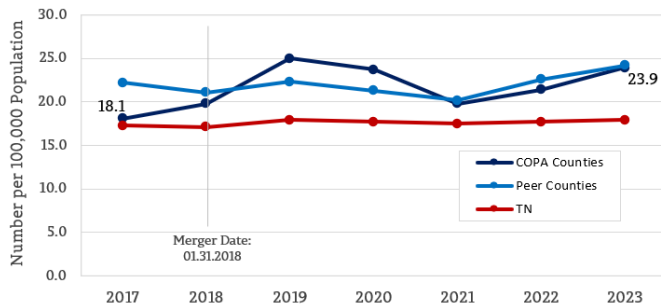
- **Frequent Physical Distress** estimates in the COPA Counties continued to increase, rising above the pre-merger estimate of 20.2% for the second year in a row.
- Estimates of **Frequent Mental Distress** decreased in the COPA Counties in the last year, falling below the Peer County estimates for 2023.



# Population Health Sub-Index trends: **Outcome measures**

## Suicide Deaths

Number of deaths due to intentional self-harm per 100,000 population.

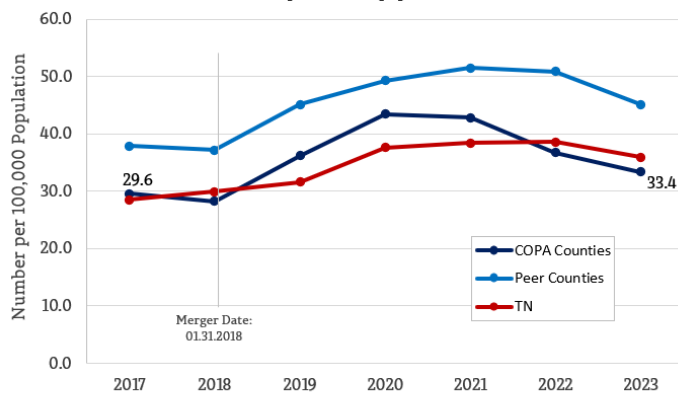


Data Sources: TDH, Division of Vital Records and Statistics, Death Statistical File, 2017-23

- The rate of **Suicide Deaths** increased for the COPA and Peer Counties in 2022 to 2023. The Suicide Death rates in the COPA Counties saw the greatest increase, with a premerger low of 18.1 and a 2022 high of 23.9 deaths per 100,000 population.

## Diabetes Deaths

Number of deaths due to diabetes per 100,000 population.

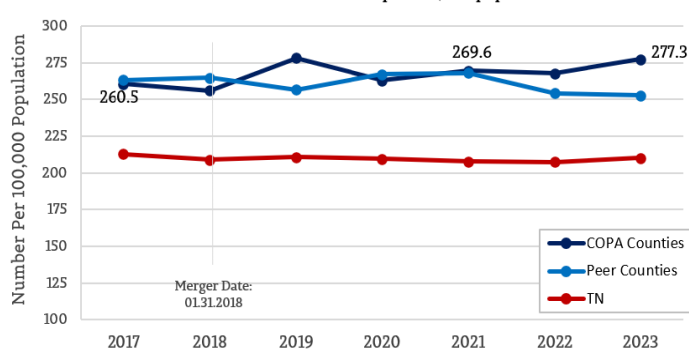


Data Sources: TDH, Division of Vital Records and Statistics, Death Statistical File, 2017-23;

- The rate of **Diabetes Deaths** declined in all three regions from 2022 to 2023, yet all three remained above their respective 2017 baseline rates.
- The rate of **Diabetes Deaths** in the COPA Counties was below the state average for the last two years.

## Cancer Deaths

Number of deaths due to all causes of cancer per 100,000 population.



Data Sources: TDH, Division of Vital Records and Statistics, Death Statistical File, 2014, 2017-23

- The rate of **Cancer Deaths** increased 6.4% in the COPA Counties between 2017 and 2023. Cancer death rates fell in the Peer Counties and the State during the same period.

Fiscal Year 2024 Population Health Sub-Index scoring:

- According to Exhibit D of the TOC, “data reported in the Department Population Health Reports and Ballard Health Annual Reports and other sources as deemed appropriate by the Department will be used to calculate the Sub-Index Score, Index Score ... and trends that will be” a part of TDH’s Annual Review and determination of continuing Public Advantage.
- The Population Health Sub-Index scoring schedule was adjusted in the 4<sup>th</sup> Amended and Restated TOC, in acknowledgement of the negative population health impacts of the COVID-19 pandemic. For FY24, the Population Health Sub-Index score is based on investments and achievement of Process Measures.

The following table (Table 1) shows the FY24 calculation for the Population Health Sub-Index Score for the Ballard Health COPA:

**Population Health Sub-Index Data Table – for FY24**

TABLE 1

<b>FY24 Requirement</b>	<b>FY24 Goal</b>	<b>Status</b>	<b>Percentage weight</b>
Investment in Population Health (incremental spending commitment)	\$11,000,000 Commitment	Ballad Health exceeded the \$11,000,000 incremental spending commitment for Fiscal Year 2024	25 (out of 25%)
Achievement of Process Measures identified in the Population Health Plan and augmentation of the Population Health Plan	Achieve 15 of the Process Measures identified in the Fiscal Year 2024 Approved Process measures	15 of the 15 process measures were achieved	75 (out of 75%)
<b>FY24 Population Health Sub-Index score</b>			<b>100</b>

## The Department Access to Health Services Report

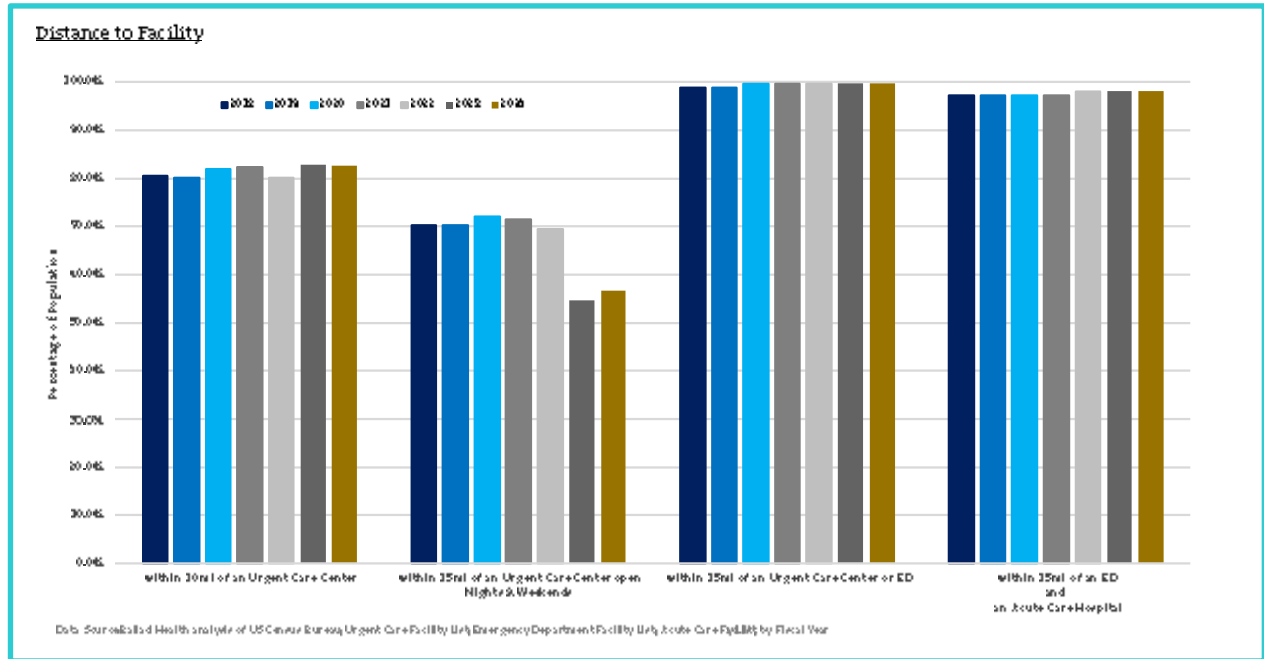
To follow is a sample of trending graphs and charts that were generated from values provided by Tennessee data stewards, Ballad Health's Data Dictionaries, and those contained in the Department's Access to Health Services Reports. Prior years' Access to Health Services Reports can be accessed [here](#). The most recent year's values are reported in the Department's 2024 Access to Health Services Report, which is attached as [Exhibit 2](#).

### Findings:

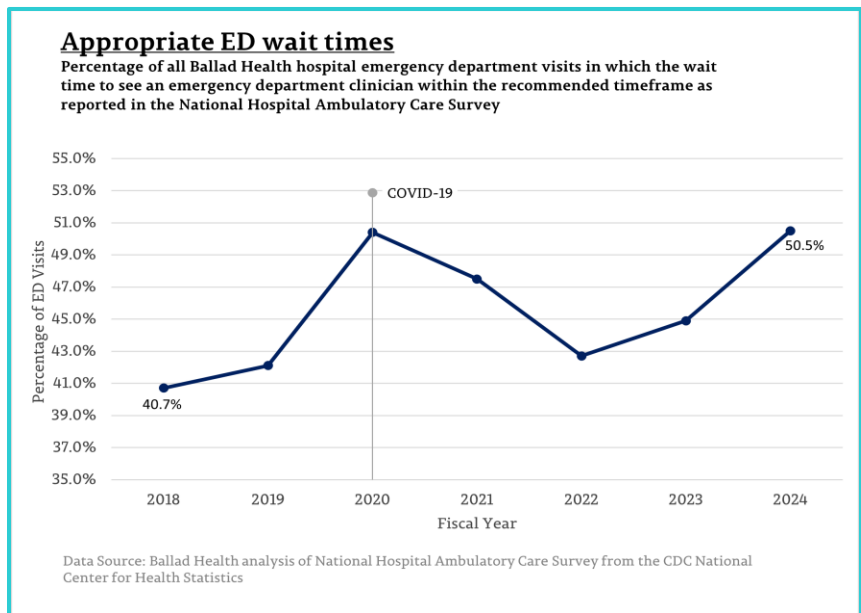
- Over the life of the COPA, improvement was seen in Ballad Health's service area for most of the Access Sub-Index measures.
- Preventable hospitalizations ticked up slightly for both age classifications in 2024, all adults (18+) and older adults (65+). However, they remained well below the pre-merger rates.
- All three Patient Satisfaction with Access to Care Surveys administered in FY24 improved over the FY23 surveys. The percentage of patients who reported being satisfied with access to care in owned medical practices as well as in outpatient services were also above pre-merger values, with scores improving from 68.35 to 93.05 and from 91.36 to 94.41, respectively. Satisfaction with access to emergency services improved over the prior year, but remained below pre-merger values. Per TOC [Exhibit G](#), such "patient satisfaction survey shall be approved by TDH."

*The values for Access Sub-Index measures were reported by Fiscal Year or Calendar Year. Notations are provided at the bottom of each chart indicating if values are based on fiscal year or calendar year data.*

# Access Sub-Index trends: Health Delivery System



- While the percentage of population within 10 miles of an urgent care center increased over the life of the COPA, the percentage of urgent care centers open nights and weekends **declined significantly**. Ballad reports that several centers closing time changed from 8:00 pm to 7:30 pm “due to staffing and operational considerations.” The closing time change meant those urgent care centers no longer met the definition of “open nights.”
- The percentage of the population within 15 miles of an ED and Acute Care Hospital **increased** subsequent to Ballad Health opening a hospital in Lee County, VA, in 2021.



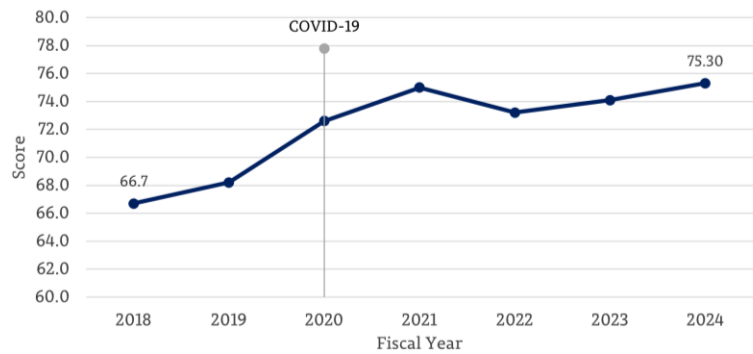
- The percentage of **patients seen in the ED within appropriate timeframes improved** for the first two years of the merger. Those numbers declined during the COVID-19 public health emergency. Improvement in wait times resumed in FY23. The net result was a **near 25% improvement** over premerger wait times.

## Access Sub-Index trends: Children's Health measures

- The **Pediatric Readiness scores** of Ballad Health's Emergency Departments **have risen after the merger**, with more than a 10% increase between FY18 and FY24.
- The net difference between premerger and FY24 scores **is significantly positive**.

### Pediatric Readiness

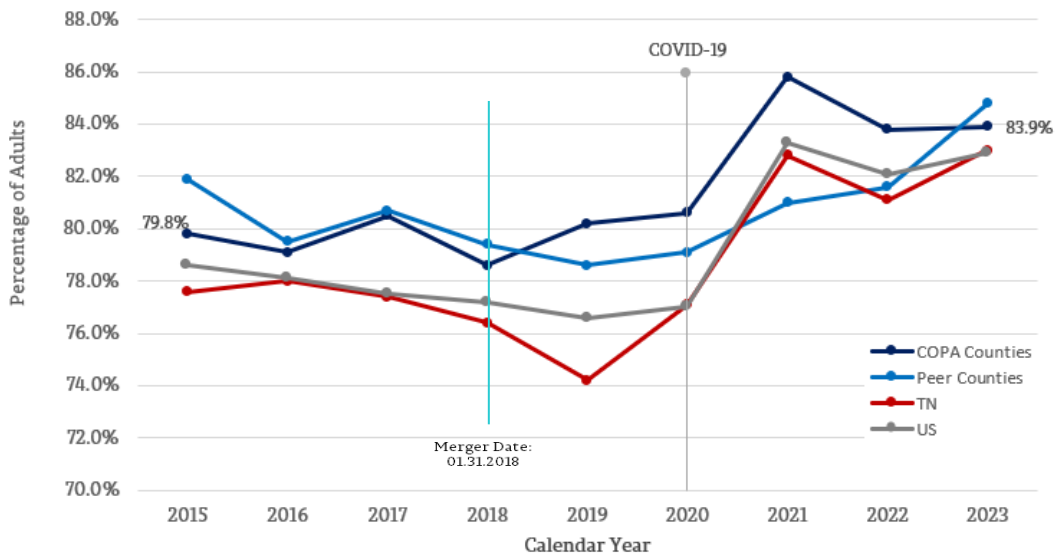
Average score of Ballad Health Emergency Departments



Data Source: Ballad Health analysis of National Pediatric Readiness Project Survey from the National EMSC Data Analysis Resource Center  
 Note: Assessment was revised beginning in Fiscal Year 2021.

### Primary Care - Percent of Population with a Personal Care Provider

Percentage of adults who reported having one person they think of as a personal doctor or health care provider



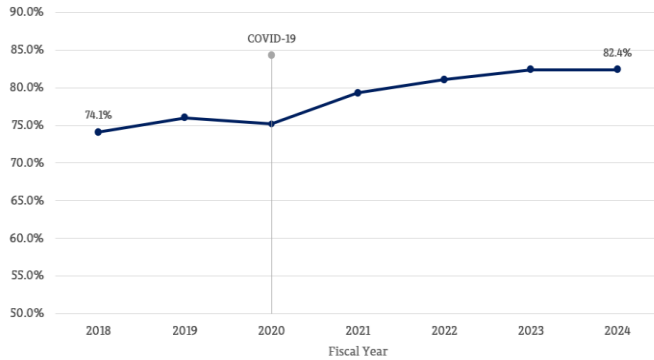
Data Sources: Tennessee BRFSS, TDH, Office of Population Health Surveillance, 2015-2023; CDC, BRFSS, 2015-2023

- The percentage of residents who reported they had a **Personal Care Provider** (or Primary Care provider) **increased in the COPA Counties subsequent to the merger**, from 80.5% in 2017 to 83.9% in 2023.
- The COPA Counties outperformed the TN state percentages since 2015, but the gap narrowed in 2023.

# Access Sub-Index trends: Prevention measures

## Breast Cancer Screenings

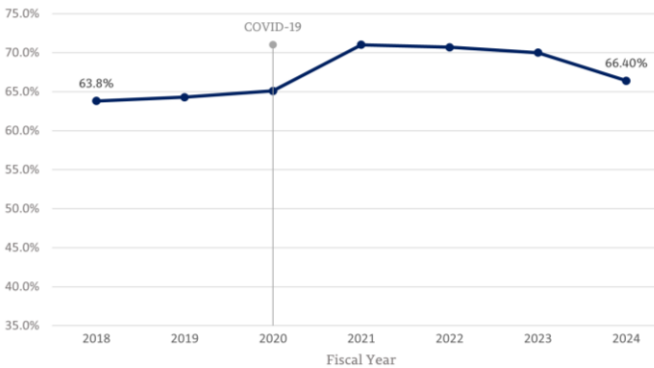
Percentage of women Ballad Health Medical Associate patient residents aged 50-74 who reported having a mammogram within the past two years



Data Source: Ballad Health analysis of Ballad Health Medical Associates data

## Cervical Cancer Screenings

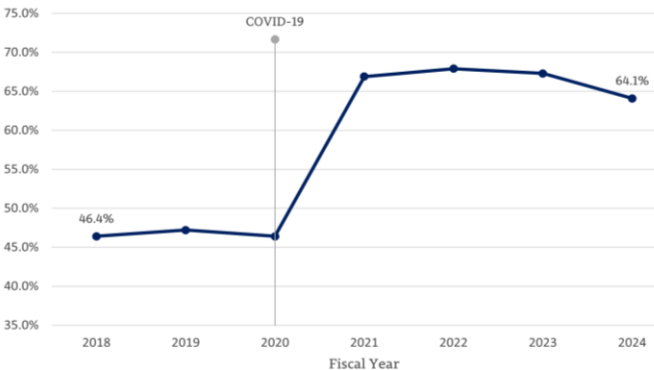
Percentage of women patients aged 21-65 who had a pap test within the last three years



Data Source: Ballad Health analysis of Ballad Health Medical Associates data

## Colorectal Cancer Screenings

Percentage of patients screened for colorectal cancer according to USPSTF recommendation



Data Source: Ballad Health analysis of Ballad Health Medical Associates data

- The percentage of patients **screened for breast cancer improved significantly over the life of the COPA**. That improvement trend was slightly interrupted in 2020 with the onset of COVID-19.

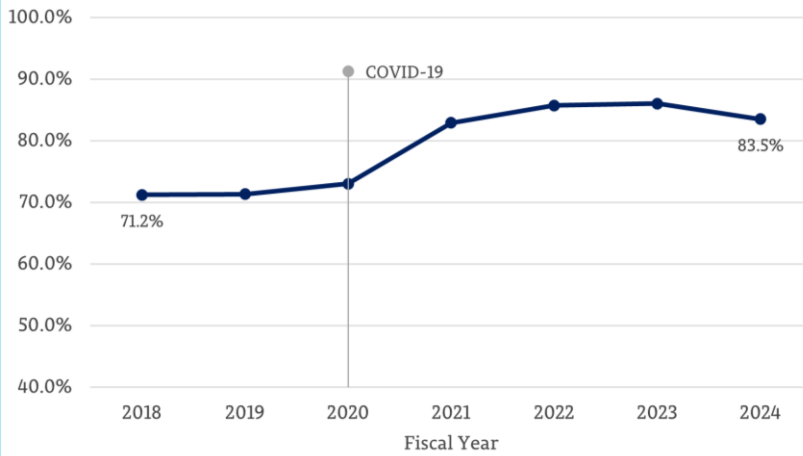
- Though Ballad Health's **Cervical Cancer Screenings** decreased in the last year, the system achieved **a net increase in appropriate Cervical Cancer Screenings over the life of the COPA**. The percentage of patients screening increased from 63.8% in FY18 to 66.4% in FY24.

- **Screenings for Colorectal Cancer improved dramatically over baseline**. The percentage of patients screened **increased by more than seventeen percentage points**, from 46.4% in FY18 to 64.1% in FY24.

## Access Sub-Index trends: **Prevention measures**

### **Diabetes Screenings**

Percentage of overweight or obese patients aged 40-70 who are screened for prediabetes and diabetes.



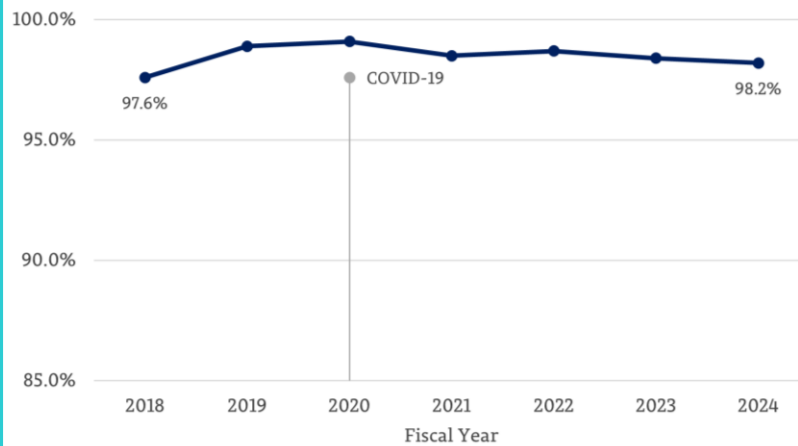
Data Source: Ballad Health analysis of Ballad Health Medical Associates data

- The percentage of patients **screened for Diabetes** increased year over year for the first five years of the merger, with a total improvement of 12.3 percentage points.

- **Hypertension screenings** among patients, climbed and remained above their baseline rate of 97.6%, in the years subsequent to the merger.

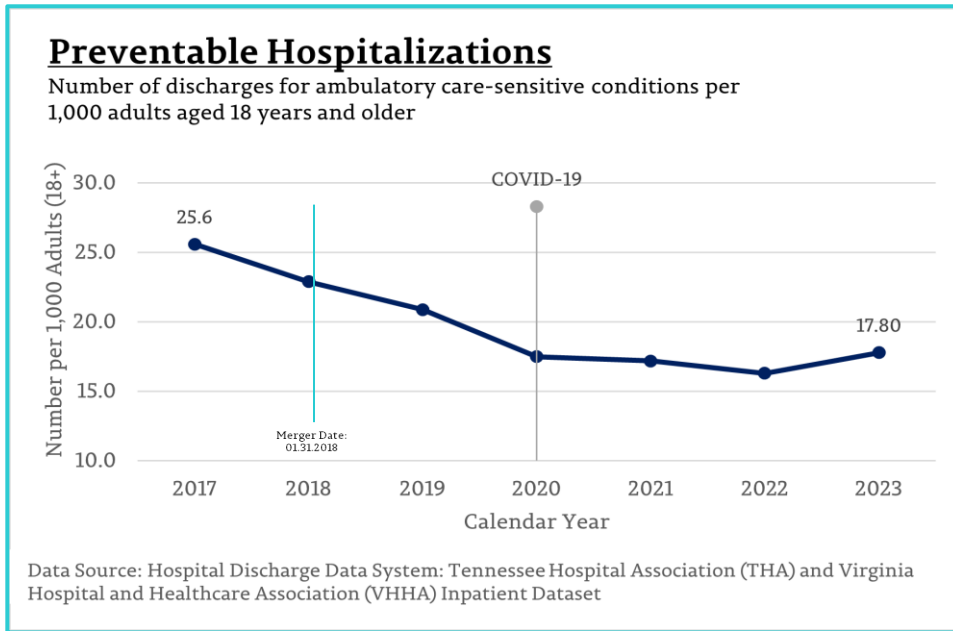
### **Hypertension Screenings**

Percentage of patients aged 18+ who are screened for hypertension

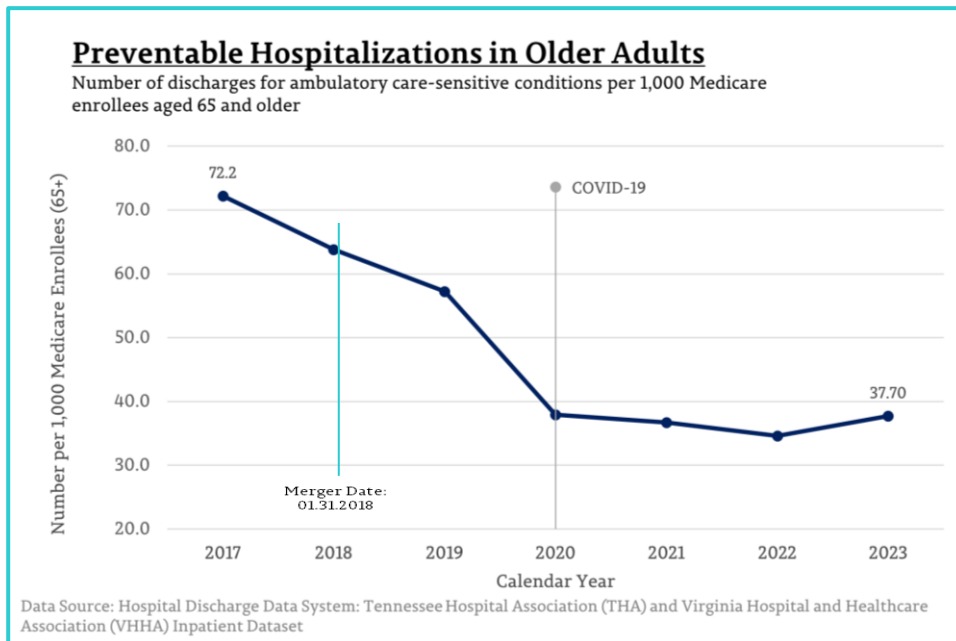


Data Source: Ballad Health analysis of Ballad Health Medical Associates data

## Access Sub-Index trends: Prevention measures



- The rate of Ballad Health’s **preventable hospitalizations** dropped precipitously subsequent to the merger, with a modest uptick in the past year for older adults and all adult patients.
- While COVID-19 impacted the 2020 and 2021 **preventable hospitalization** rates across the county, a decrease was seen in the COPA region prior to and following the year’s most impacted by the pandemic.

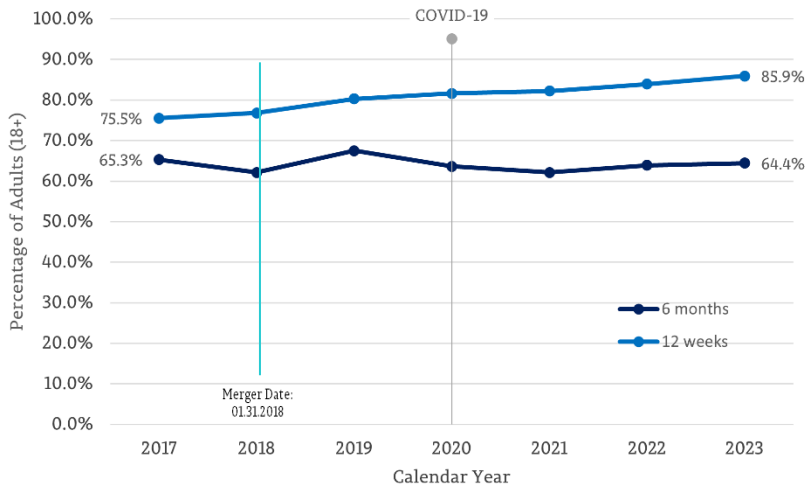


*NOTE: Ambulatory Care-Sensitive Conditions are health conditions for which adequate management, treatment, and interventions delivered in the ambulatory care setting can potentially prevent hospitalization.*

## Access Sub-Index trends: Behavioral Health measures

### Antidepressant Medication Management

Percentage of adults with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks) or for 180 days (6 months)



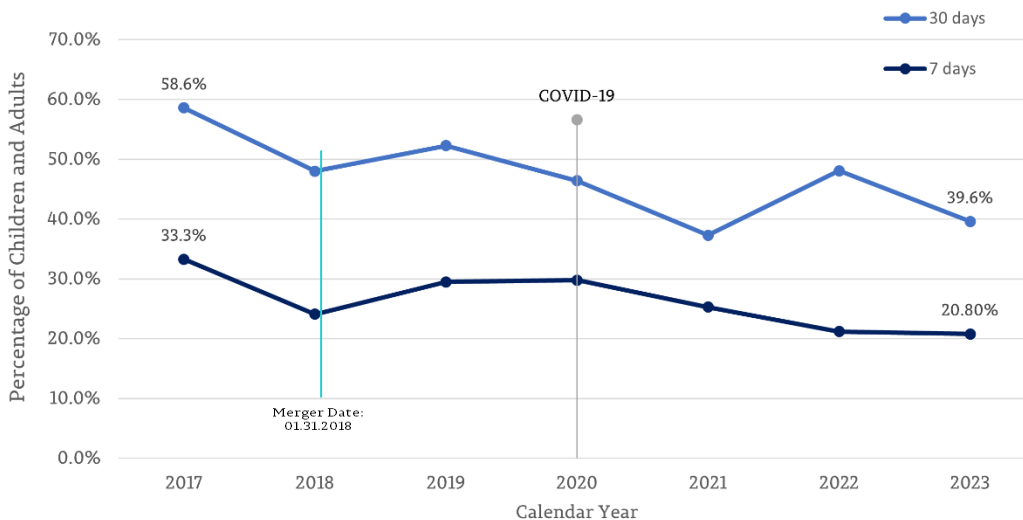
Data Source: Ballad Health analysis of MSSP and Team Member Claims data

- The percentage of Ballad Health patients whose **Antidepressant Medication** was well managed over 12 weeks increased consistently over the last six years.
- However, the percentage of patients whose **Antidepressant Medication** is well managed over 6 weeks decreased slightly from the pre-merger value.

- The percentage of patients who received **follow up care for a mental health illness** declined since the merger at both the seven day and 30-day follow-up periods.

### Mental Illness Follow-Up

Percentage of individuals aged 6 years+ who are hospitalized for treatment of selected mental health disorders and who were subsequently seen by a mental health provider within a certain number of days

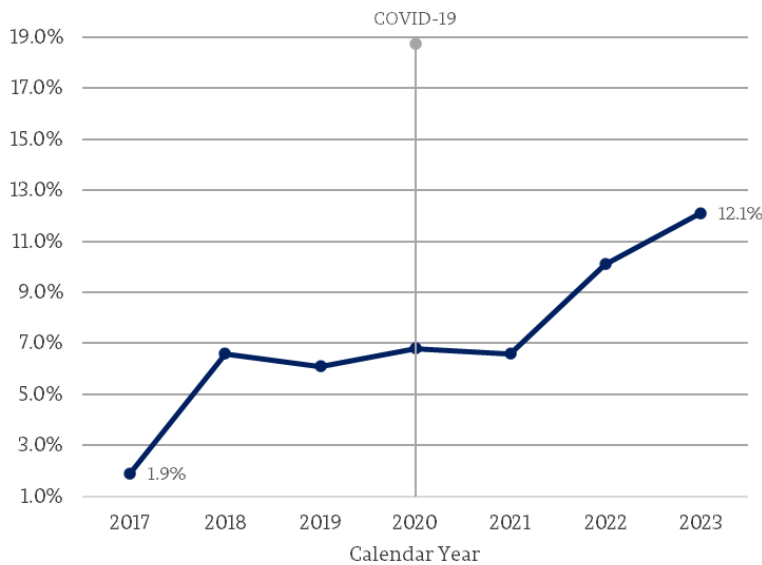


Data Source: Ballad Health analysis of MSSP and Team Member Claims data

## Access Sub-Index trends: Behavioral Health measures

### Engagement of Drug or Alcohol Treatment

Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of alcohol or other drug dependence within 30 days of the initiation visit



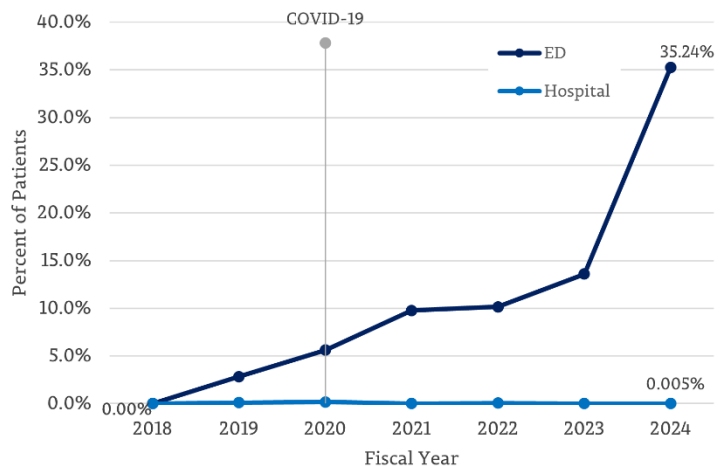
Data Source: Ballad Health analysis of Team Member Claims data

- The percentage of Ballad Health patients who initiated treatment within 30 days of receiving a diagnosis for alcohol or other drug dependence increased by more than 5x, from 1.9% in 2017 to 12.1% in 2023.
- The greatest gains on this measure achieved by Ballad Health were in the first year of the merger and in the most recent two years for which data are available.

- Ballad Health's legacy systems did not administer screenings for alcohol and substance abuse, with a brief intervention and referral to treatment (SBIRTs).
- Ballad Health's ED administration of SBIRTs climbed to 13.59% over the life of the COPA.
- Ballad Health administered only 4 SBIRTs outside of their EDs in FY24, which constitutes an improvement over the baseline of zero SBIRTs. No significant gains were seen in SBIRT administration percentages among acute inpatients.

### SBIRT Administration

Percentage of patients admitted to a Ballad Health hospital or emergency department who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)



Data Source: Ballad Health analysis of Ballad Health Social Needs Screening Tool database

Fiscal Year 2024 Access Sub-Index scoring:

- According to Exhibit C of the TOC, “data reported in the Department Access to Health Services Report and the New Health System Annual Report and other sources as deemed appropriate by the Department will be used to calculate the Sub-Index Score.”
- Achievement in each Access Sub-Index measure is based on the differences in raw baseline values compared to the raw Fiscal Year 2024 or Calendar Year 2023 values, as appropriate. Analyses on statistically significant or meaningful differences were not conducted.

The following table (Table 2) shows the FY24 calculation of the Access Sub-Index Score for the Ballard Health COPA:

**Access Sub-Index Data Table – for FY24**

TABLE 2

	Measure	Baseline GSA Value	FY23 GSA Value	Achieved (Weight)
<b>CHARACTERISTICS OF HEALTH DELIVERY SYSTEM</b>				
1	Population within 10 miles of an urgent care center	80.5%	82.7%	Y (4.0%)
2	Population within 10 miles of an urgent care center open nights & weekends	70.3%	56.6%	N (4.0%)
3	Population within 10 miles of Urgent Care Facility or Emergency Department	98.9%	99.7%	Y (4.0%)
4	Population within 15 miles of an Emergency Department	97.3%	98.1%	Y (4.0%)
5	Population within 15 miles of an acute care hospital	97.3%	98.1%	Y (4.0%)
6	Pediatric Readiness of Emergency Department	67.0%	75.3%	Y (4.0%)
7	Appropriate Emergency Department Wait Times	40.7%	50.5%	Y (3.0%)
8	Specialist Recruitment and Retention †	n/a	n/a	n/a
<b>UTILIZATION OF HEALTH SERVICES</b>				
<b>Primary Care</b>				
9	Personal Care Provider	80.5%	83.9%	Y (3.5%)
<b>Appropriate Use of Care</b>				
10	Preventable Hospitalizations – Older Adults (discharges per 1,000 people 65+)	72.2*	37.7	Y (2.5%)
11	Preventable Hospitalizations-Adults (discharges per 1,000 people 18+)	25.6*	17.8	Y (3.5%)
<b>Secondary Prevention (Screenings)</b>				
12	Screening - Breast Cancer	74.1%*	82.4%	Y (2.0%)
13	Screening - Cervical Cancer	63.8%*	66.4%	Y (2.0%)
14	Screening - Colorectal Cancer	46.4%*	64.1%	Y (2.0%)
15	Screening - Diabetes	71.2%	83.5%	Y (3.0%)
16	Screening - Hypertension	97.6%	98.2%	Y (4.0%)
<b>Infant and Children</b>				

17	Asthma Emergency Department Visits Per 10,000 (Age 0-4)**	60.4*	35.9	Y (2.5%)
18	Asthma Emergency Department Visits Per 10,000 (Age 5-14)**	41.5*	28.1	Y (2.5%)
19	Prenatal care in the first trimester	66.8	80.9%	Y (2.0%)
<b>Mental Health &amp; Substance Abuse</b>				
20	Follow-Up After Hospitalization for Mental Illness (% Within 7 Days Post-Discharge)	33.3%	20.8%	N (3.5%)
21	Follow-Up After Hospitalization for Mental Illness (% Within 30 Days Post-Discharge)	58.6%	39.6%	N (3.5%)
<b>Antidepressant Medication Management</b>				
22	Effective Acute Phase Treatment (84 days)	75.5%	85.9%	Y (1.5%)
23	Effective Continuation Phase Treatment (180 days)	65.3%	64.4%	N (1.5%)
24	Engagement of AOD (Alcohol or Drug) Treatment	1.9%	12.1%	Y (3.5%)
25	Rate of SBIRT administration - hospital admissions	0.0%	0.01%	Y (3.5%)
26	Rate of SBIRT administration - ED visits	0.0%	35.2%	Y (3.5%)
<b>CONSUMER SATISFACTION</b>				
27	Patient Satisfaction and Access Surveys	n/a	100%	Y (10.0%)
28	Patient Satisfaction and Access Survey - Response Report	n/a	100%	Y (10.0%)
<i>The raw sum of achieved weights before adjusting for the removal of measure #8:</i>				84.5%
<b>Adjusted FY24 Access Sub-Index Score</b> <i>(84.5 ÷ 97 = 87.1%)</i>				<b>87.1%</b>

† = There was no agreed upon definition by Ballad Health and TDH for Access measure 8, Specialist Recruitment and Retention. Therefore, this measure will not be included in the FY24 Access Sub-Index Score calculation. The 3.0% weight originally assigned to this measure is being removed from both the numerator and denominator to proportionately distribute the missing 3.0% across the remaining measures.

\* = Revised baseline data were submitted by Ballad Health and approved by TDH on 12/26/2023.

\*\* = Measures 17 and 18, on Asthma Emergency Department Visits, utilize data from the state discharge databases. Because the Virginia hospital discharge database does not currently provide emergency department discharge activity, only TN GSA patients are included in the values reported for these two measures.

## The Department Quality (Other) Report.

To follow is a sample of trending graphs and charts that were generated from values contained in the Department's Quality (Other) Reports. Prior year's Quality (Other) Reports can be accessed [here](#). The most recent year's values are reported in the Department's 2024 Quality (Other) Report, which is attached as [Exhibit 3](#).

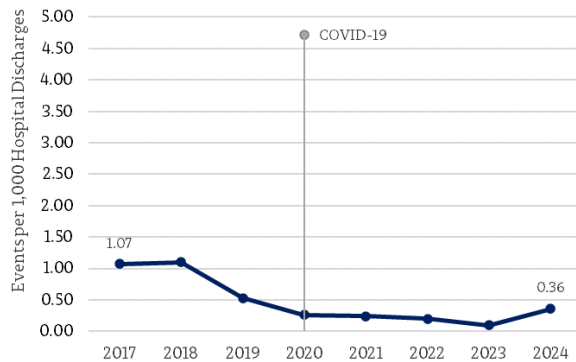
### Findings:

- Ballard Health showed improvement in 9 of the 17 Target Quality Measures over 2017 baseline rates. Greater than 50% improvement over baseline was achieved in Pressure Ulcer, Iatrogenic Pneumothorax Rate, Abdominopelvic Accidental Puncture/Laceration, and CDIFF rates.
- Ballard Health has sustained an increase in most healthcare-associated infections following the merger. The biggest increases over baselines in FY24 were seen in rates of CAUTI and surgical site infections after hysterectomies. C Diff is the outlier in that rates have been well below baselines (0.67 per 100 procedures) for every year and reached their lowest level in FY24 (0.11 per 100 procedures).
- In FY24, Ballard Health's performance improved over the prior year in all Emergency Department Wait Times measures.
- Ballard Health's FY24 HCAHPS scores were below baselines but slightly above FY23 scores in most categories. While survey results indicated that rooms are cleaner and nurses and doctors were communicating better, patients reported they were less inclined to recommend the hospital.

## Quality (Other) Sub-Index trends: Patient safety indicators

### Pressure Ulcer Rate

Pressure ulcer events per 1,000 hospital discharges



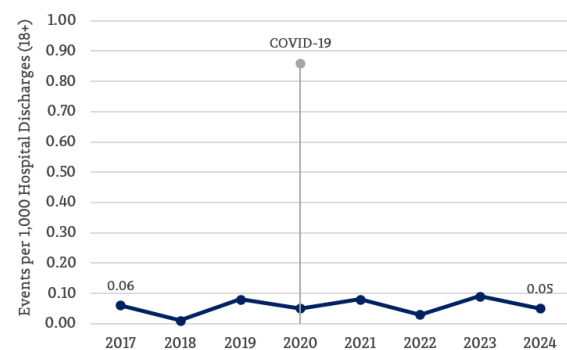
Data Source: Ballad Health (Premier)

- **Pressure Ulcer Rates** fell precipitously from the 2017 baseline rate of 1.07 per 1,000 discharges to 0.10 per 1,000 discharges in 2023.
- While rates rose slightly in 2024, they **remained significantly below the baseline.**

- Moderate fluctuations were seen in the rate of **In-Hospital Fall with Fracture** since the COPA was issued in early 2018 with no clear positive or negative trend.

### In-Hospital Fall with Fracture Rate

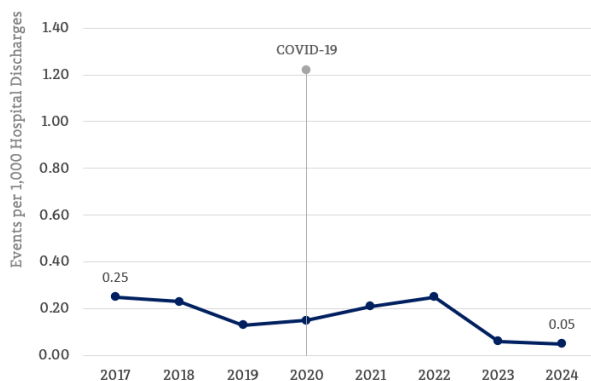
In hospital fall with hip fracture (secondary diagnosis) per 1,000 discharges for patients ages 18 years and older.



Data Source: Ballad Health (Premier)

### Iatrogenic Pneumothorax Rate

Iatrogenic Penumothorax events per 1,000 hospital discharges



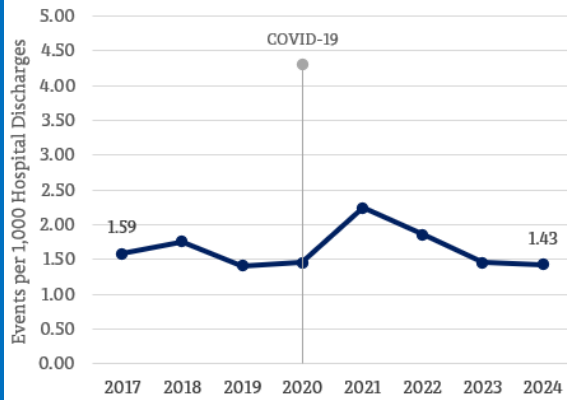
Data Source: Ballad Health (Premier)

- The rate of **Iatrogenic Pneumothorax** events declined subsequent to the merger but ticked back up with the onset of COVID-19.
- The 2024 rate of 0.05 per 1,000 discharges represented an **improvement of over 75% over the baseline** rate of 0.25 per 1,000.

## Quality (Other) Sub-Index trends: Patient safety indicators

### Postoperative Hemorrhage or Hematoma Rate

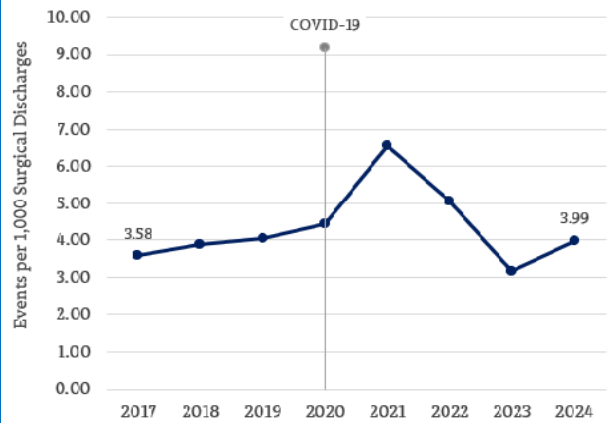
Postoperative Hemorrhage or Hematoma events per 1,000 hospital discharges.



Data Source: Ballad Health (Premier)

### Postoperative Sepsis Rate

Rate of postoperative sepsis events per 1,000 surgical discharges.

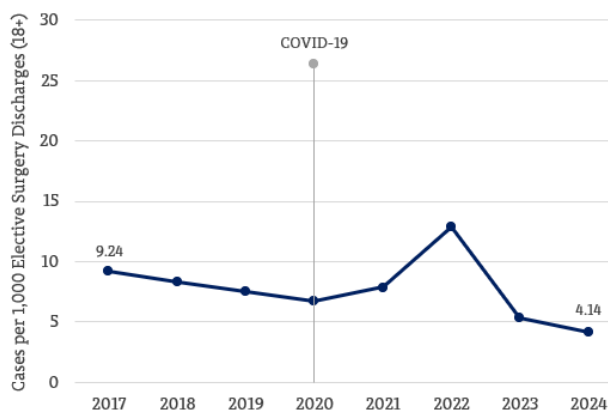


Data Source: Ballad Health (Premier)

- The rate of **Postoperative Hemorrhage or Hematoma** events and **Postoperative Sepsis** events increased markedly in 2021, after the onset of COVID-19. While rates for both types of events declined steadily in 2022 and 2023, that trend ended in 2024.
- **Postoperative Respiratory Failure** rate and **Perioperative Pulmonary Embolism or DVT** rates rose in the two years after COVID-19 but declined markedly in 2023. The 2024 rates for both types of events were below baseline rates.

### Postoperative Respiratory Failure Rate

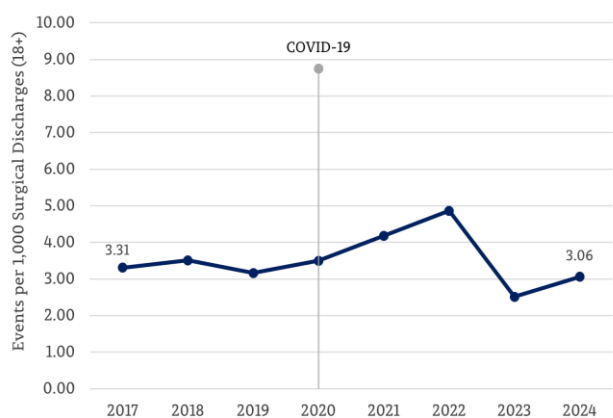
Postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases per 1,000 elective surgical discharges for patients ages 18 years and older.



Data Source: Ballad Health (Premier)

### Perioperative Pulmonary Embolism or DVT Rate

Perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) events per 1,000 surgical discharges for patients ages 18 years and older.

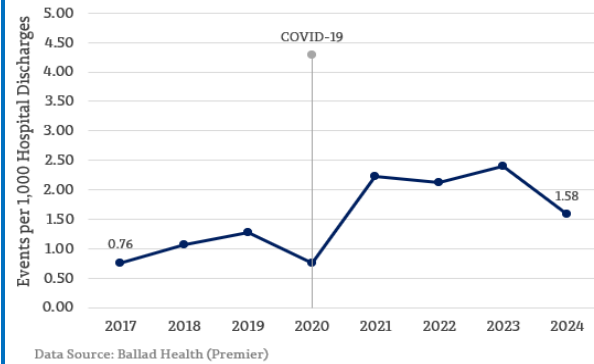


Data Source: Ballad Health (Premier)

## Quality (Other) Sub-Index trends: Patient safety indicators

### Postoperative Acute Kidney Injury Requiring Dialysis

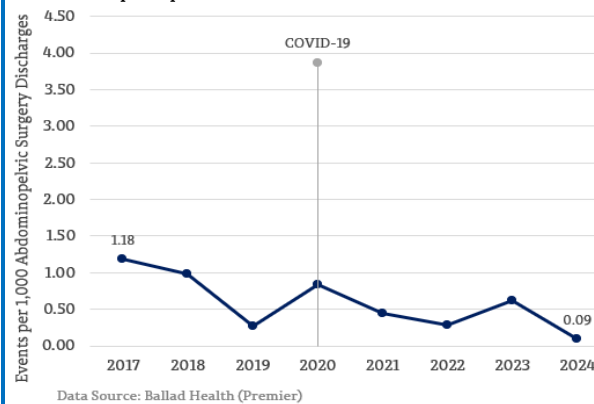
Postoperative Acute Kidney Injury Requiring Dialysis events per 1,000 hospital discharges.



- Since the COPA, rates of **Postoperative Acute Kidney Injury Requiring Dialysis** events increased at Ballad Health facilities for most years. Though rates have dropped markedly from its 2023 high, **the current rate is double that of baseline.**

### Accidental Puncture or Laceration Rate

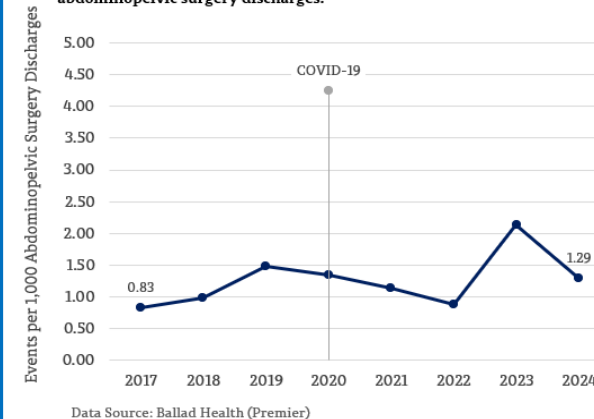
Accidental punctures or lacerations (secondary diagnosis) per 1,000 discharges for patients ages 18 years and older, who have undergone an abdominopelvic procedure.



- **Accidental Puncture or Laceration** rates at Ballad Health facilities **declined significantly after the merger**, interrupted only by a brief rise in 2020. The 2024 rate of 0.09 is **a small fraction of the baseline rate of 1.18.**

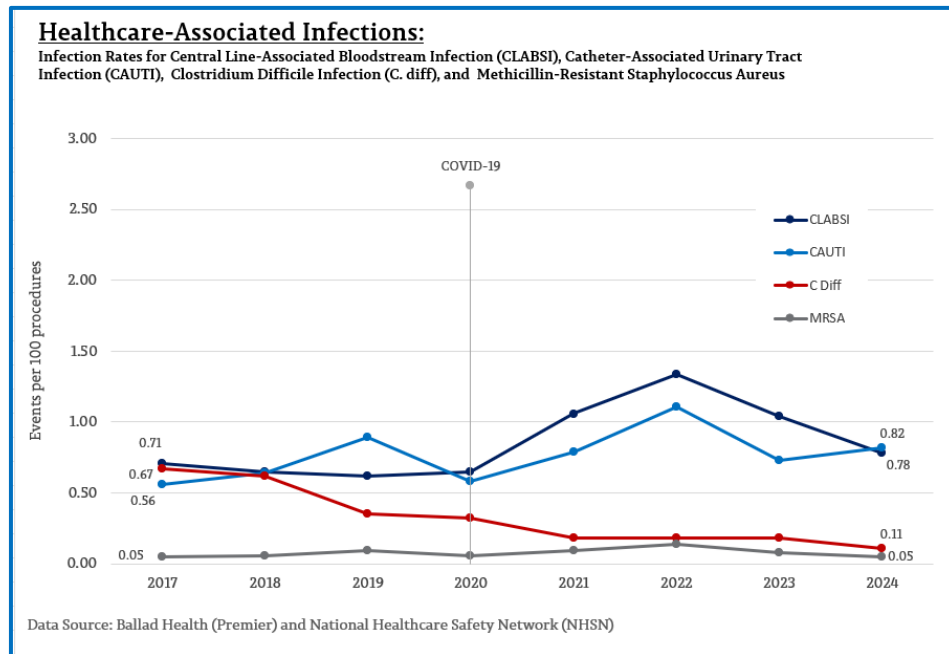
### Post Wound Dehiscence Rate

Rate of postoperative reclosures of the abdominal wall per 1,000 abdominopelvic surgery discharges.



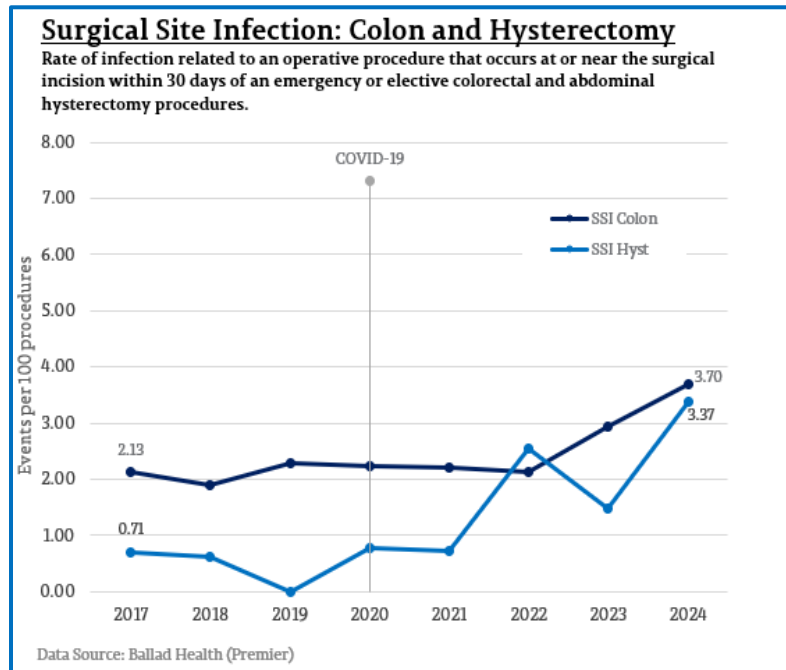
- The rate of **Post Wound Dehiscences** in Ballad Health facilities remained fairly stable until 2023. After a steep rise **in 2023 to 2.14, rates dropped significantly to 1.29, in 2024.** These rates have not matched or beaten the pre-merger rate of 0.83 per 1,000.

## Quality (Other) Sub-Index trends: Patient safety indicators

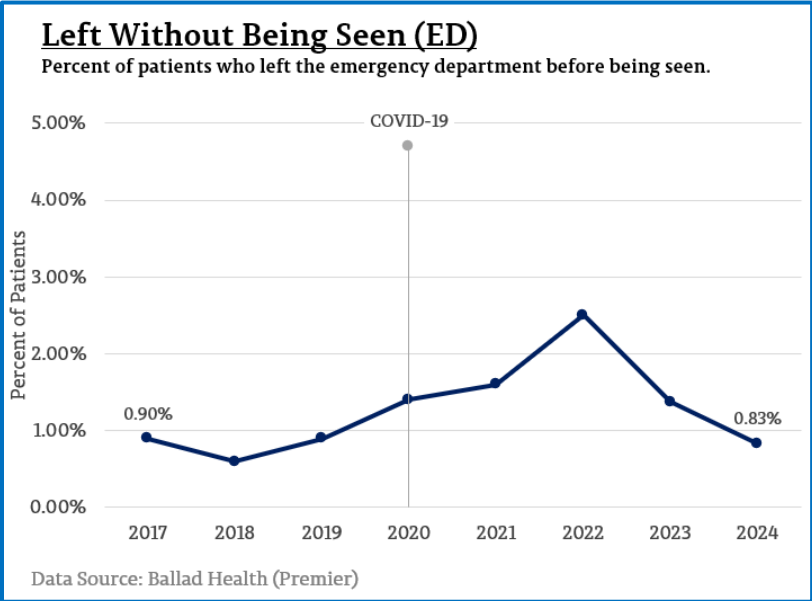


- **CLABSI** and **CAUTI** rates rose in the two years following the onset of COVID-19 but improved markedly from 2022. The net impact is rates that are similar to baselines.
- **C. Diff** rates declined by more than 70% subsequent to the merger, whereas **MRSA** rates had little change. Rates for both did not appear to be impacted by COVID-19.

- **Colon Surgical Site Infection** rates appear to have remained flat over the past six years, while **Hysterectomy Surgical Site Infection** rates dropped for two consecutive periods after the merger but began climbing at the onset of COVID-19. The most recent SSI Hysterectomy and SSI Colon rates are well above the premerger rates.

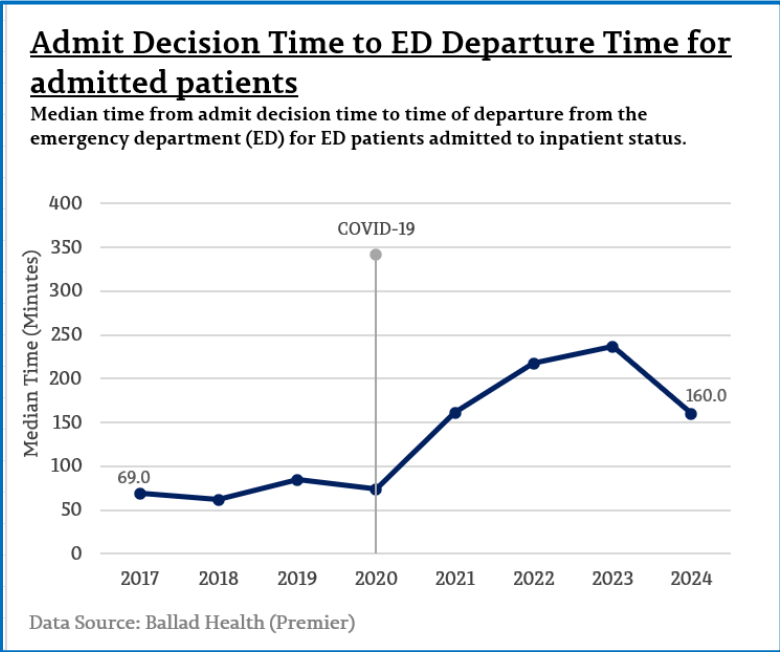


# Quality (Other) Sub-Index trends: Emergency Department



- The percentage of patients who **left the ED without being seen** increased in the years subsequent to the merger, with the greatest increase seen in 2022. The percentage dropped sharply in the last two years and was below baseline in 2024.

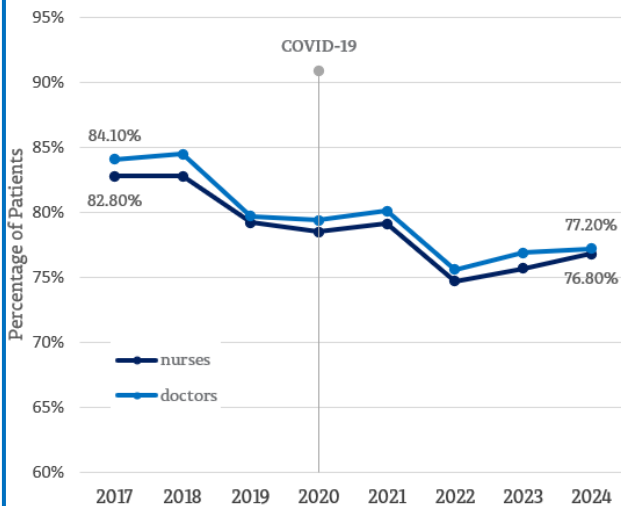
- ED Wait Times**, defined as Admit Decision Time to ED Departure Time for Admitted Patients at Ballad Health facilities, rose in the years following the merger, likely exacerbated by COVID-19 and continuing staffing challenges. The median time in 2024 (160 mins) dropped sharply from the 2023 high (236.4).



# Quality (Other) Sub-Index trends: Patient Satisfaction

## Communication: Nurses and Doctors

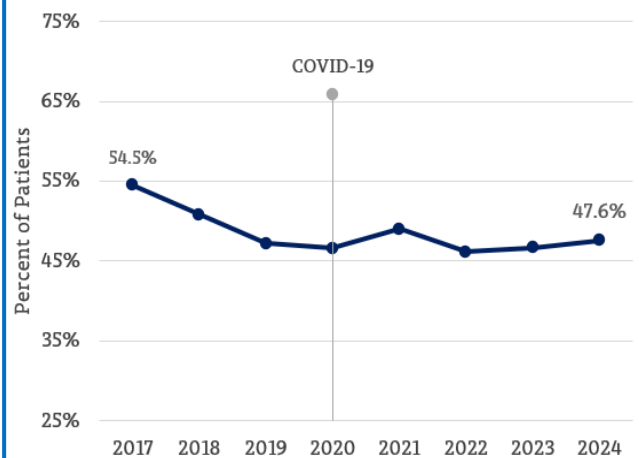
Percentage of patients who reported that their nurses and doctors "always" communicated well.



Data Source: National Healthcare Safety Network (NHSN)

## Understood Care

Percentage of patients who reported that they "strongly agree" that they understood their care when they left the hospital.

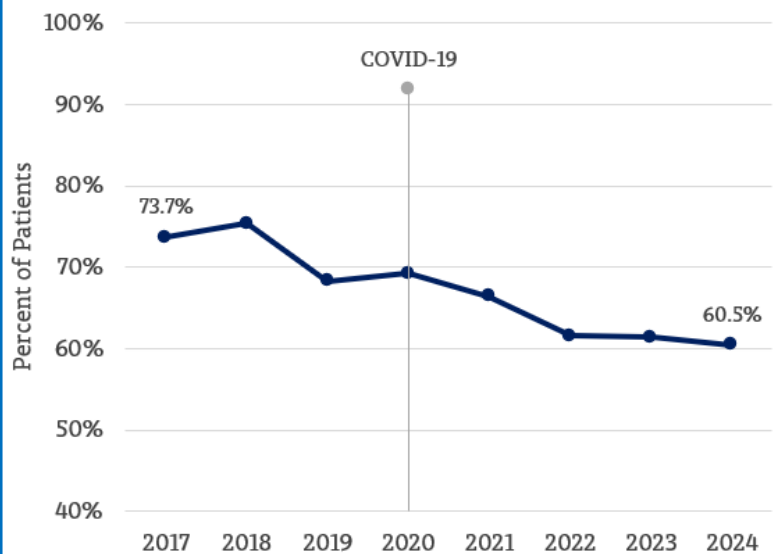


Data Source: Ballad Health (Press Ganey)

- The percentage of patients' who reported that their **nurses and doctors communicated well** with them and who reported **understanding their care** when they left the Ballad Health facility, **declined at a similar rate from 2018 to 2022**. There was **modest improvement in these measures in 2023 and 2024**.
- While trend lines on communications show recent gains, those improvements have not yet translated into improvement in the number of patients **willingness to recommend** the hospital. The **2024 percentage is the lowest since the merger**.

## Willingness to Recommend

Percentage of patients who reported that they "would definitely recommend" the hospital to their friends and family.



Data Source: Ballad Health (Press Ganey)

Fiscal Year 2024 Quality (Other) Sub-Index scoring:

- There are two components of the Quality (Other) Sub-Index Score:
  1. The **Target Quality Measures** account for 25% of the Quality (Other) Sub-Index Score. Improvement in each Target Quality Measure is determined by comparing the raw baseline values to the raw FY24 values. Table 3 below shows the FY24 determination of achievement for each Target Quality Measure.
  2. The **Quality Monitoring Measures** account for 75% of the Quality (Other) Sub-Index Score. For scoring purposes, Ballad Health was only required to timely submit data on the Quality Monitoring Measures.

**Target Quality Measures Table – for Fiscal Year 2023**

TABLE 3

	<b>Ballad Health</b>	<b>Ballad Health</b>	
<i><b>Target Quality Measures</b></i>	<b>Baseline<sup>1</sup></b> (All patients)	<b>2024</b> (All patients)	
<b>PSI 3 Pressure Ulcer Rate</b>	1.07	0.36	Achieved
<b>PSI 6 Iatrogenic Pneumothorax Rate</b>	0.25	0.05	Achieved
<b>PSI 8 In Hospital Fall with Hip Fracture Rate</b>	0.06	0.05	Achieved
<b>PSI 9 Perioperative Hemorrhage or Hematoma Rate</b>	1.59	1.43	Achieved
<b>PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis</b>	0.76	1.58	Not achieved
<b>PSI 11 Postoperative Respiratory Failure Rate</b>	9.24	4.14	Achieved
<b>PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate</b>	3.31	3.06	Achieved
<b>PSI 13 Postoperative Sepsis Rate</b>	3.58	3.99	Not achieved
<b>PSI 14 Postoperative Wound Dehiscence Rate</b>	0.83	1.29	Not achieved
<b>PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate</b>	1.18	0.09	Achieved
<b>CLABSI</b>	0.711	0.78	Not achieved
<b>CAUTI</b>	0.558	0.82	Not achieved
<b>SSI COLON Surgical Site Infection</b>	2.13	3.70	Not achieved
<b>SSI HYST Surgical Site Infection</b>	0.71	3.37	Not achieved
<b>MRSA</b>	0.047	0.051	Not achieved
<b>C. Diff</b>	0.671	0.110	Achieved
<b>SMB: Sepsis Management Bundle</b>	56.9%	62.9%	Achieved

<sup>1</sup>Baseline data for the Target Quality Measures at the system-level were rebased in FY22 and first published in the [Fiscal Year 2022 Ballad Health Annual Report](#).

The following table (Table 4) shows the FY24 calculation of the Quality (Other) Sub-Index for the Ballad Health COPA:

**Quality (Other) Sub-Index Score Table - for Fiscal Year 2024**

TABLE 4

	<b>Determination</b>	<b>Status</b>	<b>Maximum possible Percentage weight</b>	<b>FY23 Percentage weight</b> (calculation)
<b>Target Quality Measures Achieved</b>	9 out of 17 improved	53% achieved	25	<b>13.25</b> (53 x .25)
<b>Quality Monitoring Measures Achieved</b>	Data submitted timely	100% achieved	75	<b>75</b> (100 x .75)
FY24 Quality (Other) Sub-Index score				<b>88.25</b> (13.25+75)

## ***Department's Recommendations***

- TDH has acknowledged the negative impact of COVID-19 on hospital quality measures across the country and, indeed, observed a decline in quality performance for Ballard Health as it faced the direct consequences of the pandemic in prior reports. At this point, however, TDH expects Ballard's quality protocols to be fully reinstated and Ballard's quality performance and patient satisfaction scores to improve. While some improvement was seen in FY24, the Department encourages Ballard Health to continue to prioritize quality of care and recommends focusing on national quality rating organizations to sharpen the system's quality of care improvement efforts.
- TDH understands the importance of adequate capital investment in healthcare facilities and equipment. Ballard Health is currently required under Section 3.07 of the TOC to "maintain and repair, and as needed upgrade or replace, their medical equipment and related software support, physical plant equipment, building systems ... at a quality and technological level consistent with industry norms for similarly-sized healthcare systems." However, because each healthcare market has its own nuances, defining industry standards requires a thoughtful approach. TDH encourages Ballard Health to prioritize working with the State to quantify a reasonable target level of investment on Facility Maintenance and Capital Expenditures, using industry comparative data.
- Based on community input and in response to the June 2023 public hearing, TDH continues to encourage Ballard Health to engage the community and local stakeholders in a public input process. TDH believes that community engagement improves community satisfaction, encourages transparency and accountability, and effectively addresses the needs and concerns of customers. While TDH is aware of Ballard Health's efforts to engage with select community leaders in FY24, the Department recommends a broader dialogue with the community at large.

## Conclusion

In considering whether to grant the COPA, TDH conducted a thorough assessment of the likely benefits to the community against the potential disadvantages of losing competition. The Department found that the region faced unique and persistent economic, geographic, and health challenges that contributed to significant disparities. The Department was also keenly aware that smaller, independent rural hospitals often face closure due to lower volume, lower reimbursement rates, and recruitment challenges.

The Department's goals in granting the COPA, more than seven years ago, were to see improvement in the health and well-being of the region and to maintain access to high-quality health care. These goals have served and will continue to serve as a guide to TDH's data-centered approach to evaluating any plans proposed by Ballad Health and annually evaluating Public Advantage.

### Current (FY24) Findings:

TDH confirms the COPA Monitor's calculations and recommendations related to the Sub-Index and Final Score. The recommendations set forth in the COPA Monitor Annual Report for the Index score for the year ending June 30, 2024, are as follows:

Economic Sub-Index: **Pass**

Sub-Index	Sub-Index Score	Percentage Weight For each Sub-Index	Weighted scores
Population Health	100	50%	50.0
Access to Care	87.1	30%	26.13
Other	88.25	20%	<u>17.65</u>
<b>TOTAL</b>			<b>93.78</b>

Therefore, pursuant to the Terms of Certification, with a Passing score in the Economic Sub-Index and a Final Score of 93.78:

**It is the Tennessee Department of Health's determination that the Ballad Health COPA continues to provide a Public Advantage.**

## Exhibit 1



# 2024 Population Health Report

Certificate of Public Advantage Population Health Sub-Index Measures for  
Ballad Health

Tennessee Department of Health | COPA Report | March 2025



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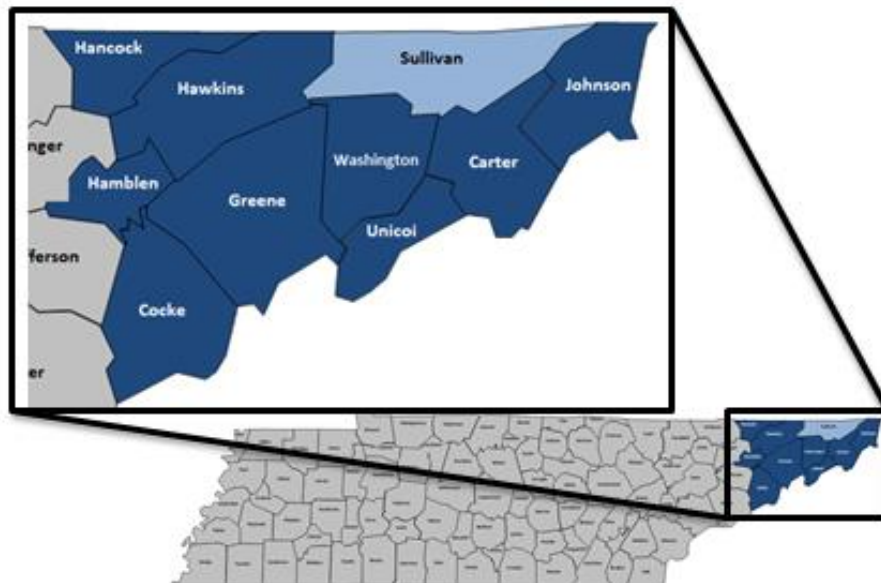
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# Population Health Sub-Index

## *Introduction*

The Population Health Sub-Index is one set of measures that the State uses to objectively track changes in population health outcomes for those residing in Ballad Health's Tennessee Geographic Service Area (TN GSA). The following 10 counties comprise the TN GSA: Carter, Cocke, Greene, Hamblen, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington.

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The 10 counties highlighted above comprise the Tennessee Geographic Service Area for Ballad Health.

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## ***Population Health Sub-Index Design***

The Population Health Sub-Index consists of measures informed by the Tennessee State Health Plan<sup>1</sup> objectives, the National Academy of Medicine’s population health efforts<sup>2</sup>, the models of health used in United Health Foundation’s America’s Health Rankings<sup>3</sup> (AHR), and the Robert Wood Johnson Foundation’s County Health Rankings<sup>4</sup> (CHR). AHR has been published since 1990 and CHR since 2010; both are widely recognized as providing fair assessments of the overall health of a population. Measure recommendations were originally provided to the Tennessee Commissioner of Health by an Index Advisory Workgroup comprised of residents and stakeholders from the TN GSA.

Table 1 of this 2024 COPA Population Health Report displays the most recent values available to TDH, as of February 2025, on the Population Health Sub-Index measures.

Data definitions, data sources, and data collection timeframes are listed in Appendix 1. Additional details on data sources, timeframes, and methodologies are listed in Appendix 2.

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<sup>1</sup> State of Tennessee, 2015 Edition of the State Health Plan, Division of Health Planning, Tennessee Department of Health, 2015.

<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. 2016. Metrics that matter for population health action: Workshop summary. Washington, DC: The National Academies Press. doi: 10.17226/21899.

<sup>3</sup> United Health Foundation. America’s Health Rankings. <https://www.americashealthrankings.org>.

<sup>4</sup> University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## 2024 updated Population Health Data Table

TABLE 1

		TN COPA Counties Value	TN Peer Counties' Value	TN Value	US Value
<b>BIG FOUR / Behaviors</b>					
<b>Tobacco Use</b>		COPA	PEER	TN	US
1*	Smoking (% of adults)	19.9%	18.4%	17.0%	11.4%
2	Smoking in higher density counties (% of adults)	n/a	n/a	n/a	n/a
3	Smoking in lower density counties (% of adults)	n/a	n/a	n/a	n/a
4	Smoking among those with less than a high school education (% of adults)	n/a	n/a	36.8%	20.2%
5	Smoking among those with a high school education or more (%)	16.4%	17.3%	14.5%	10.3%
6*	Mothers who smoke during pregnancy (% of live births)	11.2%	11.5%	6.0%	3.7%
7*	Youth tobacco use (% of high school students)	4.4%	3.8%	8.6%	6.5%
8	Youth -ever tried cigarette smoking (% of high school students)	13.3%	12.4%	19.5%	14.4%
9	Youth electronic vapor product use (% of high school students)	8.7%	6.7%	21.6%	16.8%
<b>Physical Activity</b>		COPA	PEER	TN	US
10*	Physically active adults (% of adults)	69.5%	73.4%	74.0%	75.2%
11*	Physically active students (% of high school students)	50.8%	47.0%	35.5%	46.3%
<b>Obesity</b>		COPA	PEER	TN	US
12	Obesity (% of adults)	35.9%	41.8%	37.6%	32.8%
13	Obesity in higher density counties (% of adults)	n/a	n/a	n/a	n/a
14	Obesity in lower density counties (% of adults)	n/a	n/a	n/a	n/a
15	Obesity among those with less than a high school education (% of adults)	n/a	n/a	35.6%	36.4%
16	Obesity among those with a high school education or more (% of adults)	36.8%	41.4%	37.8%	32.4%
17*	Obesity counseling and education (% of physician office visits)	New	n/a	n/a	n/a
18*	Overweight and obesity among TN public school students (% of students in grades kindergarten, 2, 4, 6, 8, and one year of high school)	41.3%	42.1%	40.2%	n/a
<b>Breastfeeding Measures</b>		COPA	PEER	TN	US
19*	Average mPINC (Maternal Practices in Infant Nutrition and Care) score	81	68	72	81
20*	Breastfeeding initiation (% of live births)	79.5%	79.0%	82.2%	85.2%
21*	Infants breastfed at six (6) months (% of 6-month olds)	New	New	22.6 %	25.4 %
<b>High School Student Healthy Eating</b>		COPA	PEER	TN	US
22	Fruit consumption among high school students (% of high school students)	89.2%	89.8%	89.1%	93.3%
23	Vegetable consumption among high school students (% of high school students)	87.2%	86.9%	86.7%	93.2%
24	Soda consumption among high school students (% high school students)	78.8%	81.2%	75.1%	69.1%
<b>Substance Abuse</b>		COPA	PEER	TN	US
25*	NAS (Neonatal Abstinence Syndrome) births (cases per 1,000 live births)	34.0	16.8	8.9	n/a
26*	Drug deaths (deaths per 100,000 population)	56.0	65.5	50.7	31.3

27	Drug overdoses ( <i>non-fatal overdoses per 100,000 population</i> )	321.9	420.8	394.2	n/a
28	Painkiller prescriptions ( <i>prescriptions per 1,000 population</i> )	822.8	782.0	614.2	395
29	Prescription drugs among high school students ( <i>% of high school students using prescription pain relievers not prescribed by the doctor</i> )	9.0%	7.8%	13.6%	11.6%
30*	MME for Pain ( <i>Total morphine milligram equivalents (MME) opioids for pain per capita</i> )	663.3	615.7	437.7	n/a
<b>IMMUNIZATIONS</b>		<b>COPA</b>	<b>PEER</b>	<b>TN</b>	<b>US</b>
31*	On-time vaccinations – children ( <i>% of children that are up-to-date on immunizations at the time of kindergarten entry</i> ).	93.5%	93.1%	93.0%	92.7%
32*	Ballad Entity participation in TennIIS ( <i># of active Ballad entities in Tennessee</i> )	64	n/a	n/a	n/a
33	Entity participation in TennIIS ( <i># of active TennIIS entities</i> )	422	387	3877	n/a
34	Vaccinations – HPV Females ( <i># of HPV shots administered for females aged 11 to 17 years, either quadrivalent or bivalent</i> )	5070	4140	53,128	n/a
35	Vaccinations – HPV Males ( <i># of HPV shots administered for males aged 11 to 17 years, either quadrivalent or bivalent</i> )	4814	4099	53,058	n/a
36*	Vaccinations – Tdap ( <i># of Tdap shots administered for patients aged 11 to 17 years</i> )	6,694	6,412	79,212	n/a
37*	Vaccination - Flu, Older Adults ( <i>% adults aged 65+</i> )	63.0%	50.2%	59.5%	63.2%
38	Vaccinations - Flu, Adults ( <i>% of adults</i> )	39.9%	37.0 %	36.6%	42.2%
<b>COMMUNITY / ENVIRONMENT</b>		<b>COPA</b>	<b>PEER</b>	<b>TN</b>	<b>US</b>
39*	Teen births ( <i>births per 1,000 females aged 15-19 years</i> )	21.2	22.3	20.4	13.6
<b>Third Grade Reading</b>		<b>COPA</b>	<b>PEER</b>	<b>TN</b>	<b>US</b>
40*	Third grade reading level ( <i>% of 3rd graders who score “on-track” or “mastered” on TNReady reading assessment</i> )	44.2%	39.3%	40.8%	n/a
41	Third grade reading level - Higher density counties ( <i>% of students</i> )	48.5%	38.4%	n/a	n/a
42	Third grade reading level - Lower density counties ( <i>% of students</i> )	42.0%	36.5%	n/a	n/a
<b>Oral Health</b>		<b>COPA</b>	<b>PEER</b>	<b>TN</b>	<b>US</b>
43	Fluoridated water ( <i>% of population on community water systems receiving fluoridated water</i> )	92.1%	93.9%	88.3%	72.3%
44*	Dental sealants – children ( <i>% Medicaid enrollees aged 6–9 years</i> )	9.9%	11.7%	12.0%	n/a
45	Dental sealants - adolescents ( <i>% Medicaid enrollees aged 13-15 years</i> )	6.1%	6.8%	7.4%	n/a
<b>OUTCOMES</b>		<b>COPA</b>	<b>PEER</b>	<b>TN</b>	<b>US</b>
46*	Frequent mental distress ( <i>% of adults</i> )	21.3%	23.2%	19.6%	15.5%
47	Frequent physical distress ( <i>% of adults</i> )	22.9%	19.3%	15.4%	12.9%
48*	Infant mortality ( <i>deaths per 1,000 live births</i> )	4.6	5.5	6.5	5.6
49*	Low birthweight ( <i>% of live births</i> )	7.9%	8.5%	9.1%	8.6%
50	Child mortality ( <i>deaths per 100,000 population for children aged 1-19 years</i> )	36.5	35.9	41.4	29.5
51	Cardiovascular deaths ( <i>deaths per 100,000 population</i> )	356.9	320.4	251.9	209.6
52	Cancer deaths ( <i>deaths per 100,000 population</i> )	277.3	252.9	210.0	182.4
53	Diabetes deaths ( <i>deaths per 100,000 population</i> )	33.4	45.1	35.9	31.1
54*	Diabetes adverse events ( <i>% of adults identified with prediabetes who are referred to a qualifying diabetes prevention program</i> )	New	n/a	n/a	n/a
55	Suicide deaths ( <i>deaths per 100,000 population</i> )	23.9	24.2	17.9	14.5
56*	Premature death ratio ( <i>ratio of deaths before age 75 per 100,000 population for higher to lower density counties</i> )	0.798	0.800	n/a	n/a

† Information on Peer Counties, including the methodology used to establish a peer county, can be found in TDH's COPA Sub-Index baseline report: <https://www.tn.gov/content/dam/tn/health/documents/copa/COPA-Sub-Index-Baseline-Reports-2019.11.30.pdf>.

\* These measures are the Priority Population Health Measures as defined in the TOC.

*New* – Data are not yet collected at this level, but they are expected for future reports.

*n/a* – Data are not available for comparison.

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The most recent calendar, fiscal year, seasonal, or school year data available as of February 2025 were used for this report.

General notes regarding missing data in this report:

- Ballard Health is responsible for data collection on the following measures: Physician Office Visits that include counseling or education related to weight and physical activity (measure #17), Infants Breastfed at 6 months (measure #21), and Diabetes Adverse Events (measure # 54). Conversations between TDH and Ballard Health regarding these metrics and technical definitions paused are under discussion. Definitions and data collection issues were not resolved before this report was issued.

# Appendix 1:

## Population Health Sub-Index Data Source Table

TABLE 2

	Measure Definition	TN Data Source	US Data Source
<b>BEHAVIORS</b>			
<b>Tobacco Use</b>			
1*	Smoking ( <i>Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke.)</i> )	Tennessee Behavioral Risk Factor Surveillance System (BRFSS). Tennessee Department of Health (TDH), Division of Population Health Assessment, 2023	Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2023
2	Smoking in higher density counties ( <i>TN COPA Value: Percentage of adults in Hamblen, Sullivan, and Washington counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke); TN &amp; US Values: Not stratified by population density.</i> )	n/a	n/a
3	Smoking in lower density counties ( <i>TN COPA Value: Percentage of adults in Carter, Cocke, Greene, Hancock, Hawkins, Johnson, and Unicoi counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke); TN &amp; US Values: Not stratified by population density.</i> )	n/a	n/a
4	Smoking among those with less than a high school education ( <i>Percentage of adults with less than a high school education who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke.)</i> )	n/a	CDC, BRFSS, 2023
5	Smoking among those with a high school education or more ( <i>Percentage of adults with high school education or more who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke.)</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
6*	Mothers who smoke during pregnancy ( <i>Percentage of mothers with live birth who report smoking during pregnancy.</i> )	TDH, Division of Vital Records and Statistics, Birth Statistical File, 2023	CDC, National Center for Health Statistics, National Vital Statistics System, natality data file, 2022
7*	Youth tobacco use ( <i>Percentage of high school students who self-reported having smoked cigarettes during the 30 days before the survey.</i> )	Tennessee Department of Education (TDOE), Office of Coordinated School Health, Youth Wellness Survey, 2023-24/ YRBS, 2023	CDC, Youth Risk Behavior Survey (YRBS), 2023
8	Youth ever tried cigarette smoking ( <i>Percentage of high school students who self-reported ever trying cigarette smoking, even one or two puffs.</i> )	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023
9	Youth electronic vapor product use ( <i>Percentage of high school students who self-reported using an electronic vapor product within the 30 days before the survey.</i> )	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023
<b>Physical Activity</b>			

10*	Physically active adults ( <i>Percentage of adults who reported participating in physical activity such as running, calisthenics, golf, gardening, or walking for exercise over the past month.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
11*	Physically active students ( <i>Percentage of high school students who were physically active 60+ minutes per day for 5 or more days in last 7 days.</i> )	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023

**Obesity**

12	Obesity ( <i>Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
13	Obesity in higher density counties ( <i>TN COPA Value: Percentage of adults in Hamblen, Sullivan, and Washington counties with a body mass index of 30.0 or higher based on reported height and weight; TN &amp; US Values: Not stratified by population density.</i> )	n/a	n/a
14	Obesity in lower density counties ( <i>TN COPA Value: Percentage of adults in Carter, Cocke, Greene, Hancock, Hawkins, Johnson, and Unicoi counties with a body mass index of 30.0 or higher based on reported height and weight; TN &amp; US Values: Not stratified by population density.</i> )	n/a	n/a
15	Obesity among those with less than a high school education ( <i>Percentage of adults with less than a high school education with a body mass index of 30.0 or higher based on reported height and weight.</i> )	n/a	CDC, BRFSS, 2023
16	Obesity among those with a high school education or more ( <i>Percentage of adults with a high school education or more with a body mass index of 30.0 or higher based on reported height and weight.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
17*	Obesity counseling and education ( <i>Percentage of physician office visits that include counseling or education related to weight and physical activity.</i> )	(Data collection to be led by Ballard Health)	n/a
18*	Overweight and obesity among TN public school students ( <i>Percentage of public school students in grades kindergarten, 2, 4, 6, 8, and one year of high school found to be overweight or obese during the school year.</i> )	TDOE, Office of Coordinated School Health, 2022-23	n/a

**Breastfeeding Measures**

19*	Average mPINC score ( <i>Maternity Practices in Infant and Nutrition Care survey score based on seven birth facility policies and practices with higher scores denoting better maternity care practices and policies.</i> )	CDC Survey of Maternal Practices in Infant & Nutrition & Care (mPINC), 2022	CDC Survey of Maternal Practices in Infant & Nutrition & Care (mPINC), 2022
20*	Breastfeeding Initiation ( <i>TN COPA, Peer, and TN Values: Percentage of live births whose birth certificates report that baby is breastfed. US Value: Proportion of infants who are ever breastfed.</i> )	TDH, Division of Vital Records and Vital Statistics, Birth Statistical File, 2023	CDC, National Center for Health Statistics, National Vital Statistics System, natality data file, 2022
21*	Infants breastfed at six (6) months ( <i>Percentage of infants aged six (6) months who were exclusively breastfed as reported by their guardians.</i> )	(Data collection to be led by Ballard Health) / CDC, National Immunization Survey, among 2020 births	CDC, National Immunization Survey, among 2020 births

**High School Student Healthy Eating**

22	Fruit consumption among high school students – (Percentage of high school students who reported eating fruit during the past 7 days.)	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023
23	Vegetable consumption among high school students – (Percentage of high school students who reported eating vegetables during the past 7 days.)	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023
24	Soda consumption among high school students – (Percentage of high school students who reported drinking soda or pop during the past 7 days.)	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023

**Substance Abuse**

25*	NAS (Neonatal Abstinence Syndrome) Births (Number of reported cases with clinical signs of withdrawal per 1,000 live births.)	TDH, Neonatal Abstinence Syndrome Surveillance, 2023	n/a
26*	Drug deaths (All drug overdose deaths caused by acute poisonings, regardless of intent per 100,000 population.)	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	National Center for Health Statistics, National Vital Statistics System, mortality multiple cause files, 2023
27	Drug overdoses (Non-fatal overdoses caused by acute poisonings, regardless of intent per 100,000 population.)	TDH, Division of Population Health Assessment, Office of Health Statistics, Hospital Discharge Data System, 2021	n/a
28	Painkiller prescriptions (Number of opioid prescriptions for pain per 1,000 population)	TDH, Office of Informatics and Analytics, Controlled Substance Monitoring Database (CSMD), 2022	CDC, National Center for Injury Prevention and Control, 2022
29	Prescription drugs among high school students (Percent of high school students who report ever taking prescription drugs without a doctor's prescription (such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet one or more times during their life.)	TDOE, Office of Coordinated School Health, Youth Wellness Survey, 2023-24 / YRBS, 2023	CDC, YRBS, 2023
30*	MME for Pain (Total morphine milligram equivalents (MME) opioids for pain per capita)	TDH, Office of Informatics and Analytics, CSMD, 2022	n/a

**IMMUNIZATIONS**

31*	On-time vaccinations – children (Percentage of children that are up to date on state-required vaccines at the time of kindergarten entry.)	Kindergarten Immunization Compliance Assessment, 2023	CDC, National Immunization Survey-Child, 2022-23
32*	Ballad entity participation in TennIIS (Number of Ballad Health entities in Tennessee participating in TennIIS.)	Ballad Health / Tennessee Immunization Information System (TennIIS), 2023	n/a
33	Entity participation in TennIIS (Number of entities in Tennessee participating in TennIIS.)	TennIIS, 2023	n/a
34	Vaccinations - HPV females (Number of human papillomavirus (HPV) vaccine shots administered to females aged 11 to 17 years, either quadrivalent or bivalent.)	TDH, Division of Population Health Assessment, Population Data Files, 2023	n/a

35	Vaccinations - HPV males ( <i>Number of human papillomavirus (HPV) vaccine shots administered to males aged 11 to 17 years, either quadrivalent or bivalent.</i> )	TDH, Division of Population Health Assessment, Population Data Files, 2023	n/a
36*	Vaccinations - Tdap ( <i>Number of tetanus-diphtheria-acellular pertussis (Tdap) vaccine shots administered to males aged 11 to 17 years.</i> )	TDH, Division of Population Health Assessment, Population Data Files, 2023	n/a
37*	Vaccination Rate - Flu, Older ( <i>Percent of adults aged 65 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
38	Vaccinations - Flu, Adults ( <i>Percent of adults aged 18 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023

**COMMUNITY / ENVIRONMENT**

39*	Teen births ( <i>Rate of births per 1,000 females aged 15-19 years.</i> )	TDH, Division of Vital Records and Statistics, Birth Statistical File, 2023	CDC, National Center for Health Statistics, National Vital Statistics System, natality data file, 2022
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**Third Grade Reading**

40*	Third grade reading level ( <i>Percentage of 3rd graders scoring "on-track" or "mastered" on TNReady reading assessment.</i> )	TDOE, 2023-24	n/a
41	Third grade reading level - Higher density counties ( <i>TN COPA Value: Percentage of 3rd graders in Hamblen, Sullivan, and Washington counties scoring "on-track" or "mastered" on TNReady reading assessment; TN &amp; US Values: Not stratified by population density.</i> )	TDOE, 2023-24	n/a
42	Third grade reading level - Lower density counties ( <i>TN COPA Value: Percentage of 3rd graders in Carter, Cocke, Greene, Hancock, Hawkins, Johnson, and Unicoi counties scoring "on-track" or "mastered" on TNReady reading assessment; TN &amp; US Values: Not stratified by population density.</i> )	TDOE, 2023-24	n/a

**Oral Health**

43	Fluoridated water ( <i>Percent of population on community water systems receiving fluoridated water.</i> )	CDC, My Water's Fluoride, 2024	CDC, Water Fluoridation Reporting System, 2022
44*	Children receiving dental sealants ( <i>Percentage of Medicaid enrollees aged 6-9 years receiving dental sealants on permanent first molar teeth.</i> )	TennCare/DentaQuest, 2022-23	n/a
45	Adolescents receiving dental sealants ( <i>Percentage of Medicaid enrollees aged 13-15 years receiving dental sealants on their first and second molar teeth.</i> )	TennCare/DentaQuest, 2022-23	n/a

**OUTCOMES**

46*	Frequent mental distress ( <i>Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
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47	Frequent physical distress ( <i>Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days.</i> )	Tennessee BRFSS. TDH, Division of Population Health Assessment, 2023	CDC, BRFSS, 2023
48*	Infant mortality ( <i>Number of infant deaths (before age 1) per 1,000 live births.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	National Center for Health Statistics, National Vital Statistics System, mortality data file, 2022
49*	Low birthweight ( <i>Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.</i> )	TDH, Division of Vital Records and Statistics, Birth Statistical File, 2023	CDC, National Center for Health Statistics, National Vital Statistics System, natality data file, 2022
50	Child mortality ( <i>Number of deaths per 100,000 children aged 1 to 19 years.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	CDC WONDER, Underlying Cause of Death Files, 2021
51	Cardiovascular deaths ( <i>Number of deaths due to diseases of the heart per 100,000 population.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	CDC WONDER, Underlying Cause of Death Files, 2021
52	Cancer deaths ( <i>Number of deaths due to all causes of cancer per 100,000 population.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	CDC WONDER, Underlying Cause of Death Files, 2021
53	Diabetes deaths ( <i>Number of deaths due to diabetes per 100,000 population.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	CDC WONDER, Underlying Cause of Death Files, 2021
54*	Diabetes adverse events ( <i>Percentage of adults identified with prediabetes who are referred to a qualifying diabetes prevention program.</i> )	(Data collection to be led by Ballad Health)	n/a
55	Suicide deaths ( <i>Number of deaths due to intentional self-harm per 100,000 population.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	CDC WONDER, Underlying Cause of Death Files, 2021
56*	Premature death ratio ( <i>Ratio of deaths before age 75 per 100,000 population for higher density counties to lower density counties.</i> )	TDH, Division of Vital Records and Statistics, Death Statistical File, 2023	n/a

\* These measures are the Priority Population Health Measures as defined in the TOC.

n/a – Data will not be compared at this level.

# Appendix 2:

## *Population Health Sub-Index Data Notes*

Notes on Tennessee-sourced values:

### **DentaQuest data:**

Dental sealant 2022-23 data were collected from 10/1/2022- 9/30/2023.

### **Fluoridated water data:**

2024 Values on each of the three geographies: 1) The TN COPA Counties; 2) TN Peer Counties region; and 3) the state of Tennessee are based on TDH's analysis of CDC's My Water's Fluoride online data, accessed via [https://nccd.cdc.gov/doh\\_mwf/default/default.aspx](https://nccd.cdc.gov/doh_mwf/default/default.aspx) on February 24, 2025.

### **Hospital Discharge Data System data:**

Crude rates were used for the TN COPA Counties, TN Peer Counties region, and the state of Tennessee.

Hospital discharge data acknowledgement: Hospital discharge data were provided by the TDH, Division of Population Health Assessment, Office of Health Statistics.

### **Tennessee Immunization Information System (TennIIS) data:**

- A participating facility is an entity in TennIIS production that has submitted or entered an administered and/or historical vaccination during the calendar year.
- Vaccinations are evaluated as being administered by the entities in each county group (the TN COPA Region, TN Peer Counties region, and the state of Tennessee) during the calendar year.

- The entity can report administered and/or historical vaccinations and the entity can submit these vaccines manually or electronically. The numbers of participating entities were summed for: 1) Ballad Health, 2) the TN COPA Counties, 3) TN Peer Counties region.<sup>5</sup>
- Vaccination CVX codes (codes developed and maintained by the CDC's National Center of Immunization and Respiratory Diseases for administered vaccine) were pulled for each county group; these may not include all CVX codes associated with those vaccination families as some CVX codes are not relevant.
- Historical and deleted vaccines were omitted from all counts.
- Population data source: 2022 Population Data Files, Division of Population Health Assessment, TDH.

<b>IMMUNIZATION</b>	<b>VACCINATION CVX CODES EVALUATED</b>
HPV	HPV, quadrivalent - CVX CODE 62; HPV, bivalent - CVX CODE 118; Human Papillomavirus 9-valent vaccine - CVX CODE 165; HPV, uncertain formulation - CVX CODE 137
TDAP	Tdap - CVX CODE 115

**Vital Statistics - Death data:**

Crude rates were used for the TN COPA Region, TN Peer Counties region, and the state of Tennessee.

Rates calculated based on total population counts from the Tennessee Population Estimates Program, 2023, TDH, Division of Population Health Assessment.

**ICD-10 Coding for Tennessee Mortality Data, 2023**

<b>Underlying Cause of Death</b>	<b>ICD-10 Codes or UCD Group Codes Used</b>
Diseases of the Heart	UCD Group Codes 049-059
Cancer	UCD Group Codes 018-040
Diabetes	UCD Group Code 043
Suicide	UCD Group Codes 105 and 106
All Drug Overdoses	ICD-10 codes for underlying cause of death: X40-X44, X60-X64, X85, Y10-Y14

<sup>5</sup> The TennNIS values were incorrectly labeled as a percentage in prior reports. The values calculated and reported have in fact always been a simple count and are labeled correctly in this report.

Premature deaths are deaths occurring before age 75. Rate is the death rate per 100,000 people for the population age 0 to 74 years old.

Death Data acknowledgment: Death data were provided by TDH, Division of Vital Records and Statistics.

#### **Vital Statistics – Birth data:**

Rates calculated based on total population counts from the Tennessee population estimates program, 2023, Tennessee Department of Health, division of Population Health Assessment.

Birth Data acknowledgement: Birth data were provided by TDH, Division of Vital Records and Statistics.

#### **Youth Wellness Survey data:**

- The Youth Wellness Survey is an online survey on health behaviors administered annually in Tennessee’s public high schools.
- Schools are selected with probability proportional to the size of student enrollment in grades 9-12 and then a specific period of the school day (e.g., 2nd period) is randomly selected to participate. Within selected classes, all students are eligible to participate.
- The Youth Wellness Survey consists of a limited number of Youth Risk Behavior Survey (YRBS) questions and follows the same sampling methodology used for the YRBS.
- Per YRBS guidelines, no weighting was performed on this year's survey as overall participation levels were less than 60%.
- Only respondents with a valid grade level (9, 10, 11 or 12) were used in the analysis.

#### **Overweight and obesity prevalence among students:**

- Body Mass Index (BMI) is calculated based on the height and weight measurements collected during screening in the current school year. BMI measurements are age and sex specific for children and teens. Some counties and school districts require an active opt-in informed consent for BMI student data collection. This requirement can have a significant impact on the number of students screened.
- Overweight/obese was defined as body mass index greater than or equal to the 85th percentile for children of the same age and sex. Data were collected by the Tennessee Department of Education’s Office of Coordinated School Health in partnership with TDH.

- Children screened were selected from grades Kindergarten, 2, 4, 6, 8, and any one year of high school throughout the 2022-23 school year.
- Values for the TN COPA Region, TN Peer Counties region, and the state of Tennessee. were calculated from County data reported in the Tennessee Department of Education's report on Tennessee Public Schools: A Summary of Student Body Mass Index 2022-23, which can be accessed here:  
[https://www.tn.gov/content/dam/tn/education/csh/CSH\\_BMI\\_Report\\_2022-23.pdf](https://www.tn.gov/content/dam/tn/education/csh/CSH_BMI_Report_2022-23.pdf)

### **Neonatal Abstinence Syndrome:**

Rates are expressed as numbers of Neonatal Abstinence Syndrome (NAS) cases divided by Live Births in COPA, PEER Counties, or Tennessee statewide counts.

NAS Data acknowledgment: Neonatal Abstinence Syndrome Surveillance System, Division of Family Health and Wellness, TDH.

### **Drug overdose (non-fatal):**

- All drug overdose *inpatient* hospitalizations of Tennessee residents caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent.
- All drug overdose *outpatient* visits by Tennessee residents caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent.
- Count/rate suppressed in accordance with TDH Data Suppression Guidelines.
- Additional Notes, inclusions, and exclusion:
  - Counties determined by numeric county of residence code in HDDS data (tn\_co\_res).
  - Rates are calculated using the county population for a given year per 100,000 residents [i.e., (count/population)\*100,000]. For county populations by year. Population data is obtained from CDC WONDER bridged race populations estimates. The vintage year of the populations corresponds to the year of the indicator. Additional details can be accessed [here](#).
  - Primary Inclusion/Exclusion Criteria: Only Tennessee Residents; Excludes patients discharged as dead/deceased; Limited to non-federal acute care-affiliated facilities. Excludes VA and other federal hospitals, rehabilitation centers, and psychiatric hospitals.
  - Outpatient Visit Inclusion Criteria: Flagged as an outpatient record by THA.
  - Inpatient Hospitalization Inclusion Criteria: Flagged as an inpatient record by THA.

- All Drug Overdose Inclusion Criteria: First 3 characters of Principal Diagnosis ICD-10 code falls in the range T36-T50 (Poisoning by drugs, medicaments, and biological substances); AND the intent is accidental/unintentional, intentional self-harm, assault, or undetermined intent (not adverse effects or underdosing) ; AND it is the initial or a subsequent encounter (not sequela).
- Non-fatal drug overdose data acknowledgment: data were provided by TDH, Division of population Health Assessment, Hospital Discharge Data System

### **Painkiller prescriptions:**

Prescription rate per 1,000 residents who filled opioid for pain and benzodiazepine prescriptions in TN.

- The numerator is the number of prescriptions filled by level of stratification and the denominator is the yearly population by level of stratification in 1,000s.
- Count of unique patients who filled at least one prescription for opioids for pain and benzodiazepines.
- Prescriptions that were written but not filled by the patient are not tracked in the CSMD. The CSMD provides a reasonably accurate measure of the amount of controlled substances dispensed in TN, but may not capture the full extent of prescribing practices.
- The CSMD does not have information on patient behavior beyond filling prescriptions. Measures are calculated with the assumption patients take their medications as prescribed. Patients may choose not to take their medication or may share medications with others.
- A small proportion of prescriptions reported to the CSMD are for veterinary patients. These patients are not explicitly excluded from calculations and may have small impacts on the data presented here. It is estimated that around 1% of all prescriptions reported to the CSMD are written for veterinary patients in any given year.
- Additional inclusions, and exclusion:
  - Only Tennessee residents were considered.
  - Only opioids for pain and benzodiazepines in DEA schedules II,III, IV were included
  - Buprenorphine products that are FDA-indicated for the treatment of opioid use disorder are excluded.
  - Only opioids for pain and benzodiazepines identified in the CDC's MME Conversion table were considered for opioid for pain and benzodiazepine indicators.
  - Prescriptions with zero or implausibly high quantities were excluded.
  - Prescriptions with zero or implausibly high days supply were excluded.
- Additional Notes:

- After exclusions, a count of all prescriptions filled in each category as identified by the CDC's MME Conversion Table or IBM Micromedex RED BOOK data. Visit <https://www.cdc.gov/opioids/data-resources/index.html> for more details.
- Yearly population data for calculation of rates was obtained from CDC Wonder bridged race population estimates. Visit <https://wonder.cdc.gov/bridged-race-population.html> for more details.
- Controlled Substance Monitoring Database Data acknowledgment: Controlled Substance Monitoring Database, Office of Informatics and Analytics, TDH.

### **MME opioids for pain:**

Morphine milligram equivalents or MME are calculated as the quantity multiplied by the strength of the drug per unit multiplied by a conversion factor provided to TDH by the CDC. Values reported are the count of number of prescriptions, by county, divided by county population in thousands.

Additional notes and exclusions:

- Rates were calculated using 2021 county population. Population data were obtained from vintage year CDC WONDER database bridged race populations estimates.
- Only Tennessee residents were considered. Counties determined by patient county of residence. Counties are assigned to patients after geocoding based on street address. Where street address is not available, counties are assigned based on patient's reported zip code.
- Only drug schedules II, III and IV were included.
- Prescriptions with implausible days supply (<1 or greater than 180) were excluded.
- Prescriptions with implausible quantities (<1 or greater than 100,000 doses) were excluded.
- Controlled Substance Monitoring Database Data acknowledgment: Controlled Substance Monitoring Database, Office of Informatics and Analytics, TDH.

### **Third Grade Reading Level:**

- Reflects proficiency TNReady ELA, English I, and English II.
- Results are suppressed where the number of valid test scores is less than 10. In these files, suppression also occurs where any individual proficiency level is less than 1% or greater than 99% at the state and district level, or less than 5% or greater than 95% at the school level.

Notes on values from Tennessee and US joint source:

**Behavioral Risk Factor Surveillance System data:**

- All estimates are weighted using demographic information from each of the four geographies: 1) The TN COPA Region; 2) TN Peer Counties region; 3) the state of Tennessee; and 4) the US.
- Prevalence estimates with a numerator less than 50 should be interpreted with caution.
- Sampling frame deviations and anomalies in the BRFSS 2023 US data are detailed in a CDC BRFSS report that can be accessed here: [https://www.cdc.gov/brfss/annual\\_data/annual\\_2023.html](https://www.cdc.gov/brfss/annual_data/annual_2023.html).

**Youth Risk Behavior Survey data:**

*Youth Risk Behavior Survey (YRBS)* is a survey on health behaviors administered bi-annually in Tennessee's public high schools. For the US and TN YRBS samples, schools are randomly selected to participate with probability proportional to:

- The size of student enrollment in grades 9–12.
- The required classes of students (for instance, English classes), or a specific period of the school day (for instance, second period).

Within selected classes, all students are eligible to participate. See the *[Methodology of the Youth Risk Behavior Surveillance System](#)* for more details about the sampling procedures.

Youth Risk Behavior Surveillance System (YRBSS) data acknowledgement: Centers for Disease Control and Prevention (CDC). *1991-2023 High School Youth Risk Behavior Survey Data*. Available at <http://yrbs-explorer.services.cdc.gov/>. Accessed February 26, 2025.

Notes on US values:

**Mothers who smoke during pregnancy:**

Mothers who smoke during pregnancy data acknowledgment and citation:

*QuickStats: Percentage of Women Who Smoked Cigarettes During Pregnancy, by Race and Hispanic Origin — National Vital Statistics System, United States, 2016 and 2022*. MMWR Morbidity and Mortality Weekly Report 2023;72:1355. Accessed at <https://www.cdc.gov/mmwr/volumes/72/wr/mm7250a5.htm> on February 26, 2025.

### **Breastfeeding initiation:**

Breastfeeding Initiation data acknowledgement and citation: *QuickStats*: Percentage of Newborns Breastfed Between Birth and Discharge from Hospital, by Maternal Age — National Vital Statistics System, 49 States and the District of Columbia, 2021 and 2022. MMWR Morbidity and Mortality Weekly Report 2024;73:91., accessed at <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7304-H.pdf> on February 28, 2025.

### **Breastfeeding at six months:**

The US and TN *Breastfeeding at Six Months* values come from the annual National Immunization Survey (NIS). The NIS uses random-digit dialing to survey households with children and teens.

- Survey results are based on cellular telephone sampling only.
- The telephone survey asks questions to respondents with children aged 19 to 35 months to determine whether at six months old their child was exclusively breastfed.
- A detailed description of the methods can be found at the National Immunization Survey Website that can be accessed here:  
[https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html)

US Breastfeeding at six months data acknowledgement and citation: National Immunization Survey-Child, Centers for Disease Control and Prevention, Department of Health and Human Services, accessed at [https://www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-state-2020.htm](https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2020.htm) on January 15, 2024.

### **Drug deaths:**

US Drug death data acknowledgement and citation: Garnett MF, Miniño AM. Drug overdose deaths in the United States, 2003–2023. NCHS Data Brief, no 522. Hyattsville, MD: National Center for Health Statistics. 2024. Data accessed at <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html> on February 26, 2025.

### **Painkiller prescription:**

US values on painkiller prescriptions were calculated using data from the National Center for Injury Prevention and Control.

US Painkiller prescription data acknowledgement: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control 2019-2022 CDC's US dispensing rates, accessed at <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html> on January 15, 2024 and analyzed by TDH.

### **On-time vaccinations for children:**

US on-time vaccination data acknowledgement: National Center for Immunization and Respiratory Diseases 2011-2020, data accessed at <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html> on January 15, 2024.

### **Teen births:**

US Teen birth data acknowledgment and citation: Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. Data accessed at <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf> on February 26, 2025.

### **Fluoridated water:**

CDC summarizes Water Fluoridation Reporting System data into National Water Fluoridation Statistics. The statistics include the estimated proportion of the U.S. population receiving fluoridated water, and the estimated proportion of people on community water systems that receive fluoridated water, both nationally and in each state.

Values were aggregated or calculated at county and state levels. National-level values are a summation (or appropriate calculation based on a summation) of state-level values.

US fluoridated water data acknowledgement: CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion. Data accessed at <https://www.cdc.gov/fluoridation/php/statistics/2022-water-fluoridation-statistics.html> on February 26, 2025.

### **Infant Mortality:**

US infant mortality data acknowledgement and citation: Ely DM, Driscoll AK. Infant mortality in the United States, 2022: Data from the period linked birth/infant death file. National Vital Statistics Reports; vol 73 no 5. Hyattsville, MD: National Center for Health Statistics. 2024. Data accessed at <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-05.pdf> on February 26, 2025.

# Credits

## **Commissioner Ralph Alvarado, MD, FACP.**

### **TDH Division of Health Planning**

- Elizabeth Jones
- Jim Mathis
- Judi Knecht
- M. Sarah Elliott

### **TDH Division of Vital Records and Statistics**

- Yuanchun Wang
- Alyson Holland
- Jane Brittingham

### **TDH Division of Population Health Assessment**

- Fred Croom
- Lauren Kuzma
- Shalini Parekh
- Generosa Kakoti
- Hopelyn A. Mooney
- Benjamin Crumpler
- Daniel Merchant
- Nerissa Harvey
- William Grib
- Bhavita Kalambekar

### **TDH Office of Informatics and Analytics**

- Nagesh Aragam
- Nathalie Neven Hartert
- Xianglan Zhang
- Jessica Korona

### **Tennessee Department of Education**

- Shannon Railing
- Mark Bloodworth

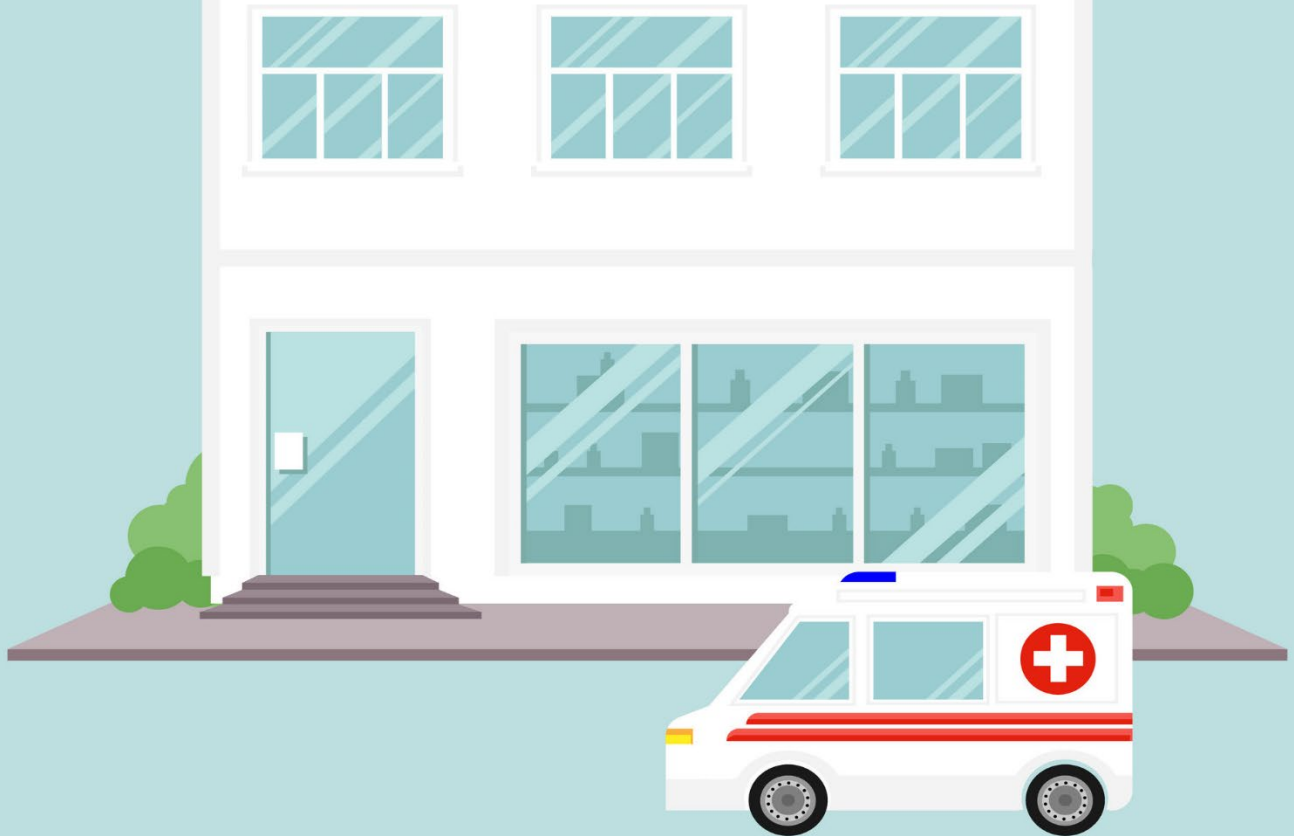
### **Communicable and Environmental Diseases and Emergency Preparedness Division (CEDEP)**

- Ashley Pasquariello

**Exhibit 2**



**HOSPITAL**



## 2024 Access to Health Services Report

Certificate of Public Advantage Access Sub-Index Measures for Ballad Health

Tennessee Department of Health | COPA Report | March 2025



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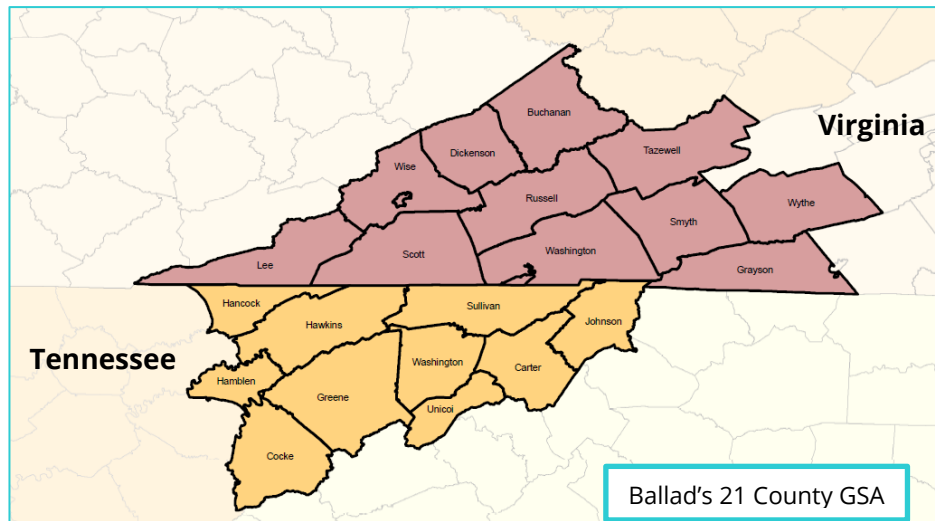
# Access Sub-Index

## Introduction

This department report contains updated values on the Access Sub-Index Measures. Measures were selected to objectively track changes and evaluate the impact of the Ballad Health merger.

The Tennessee Department of Health believes all Tennesseans should have reasonable access to health services. Access to health care is vital to overall physical, social, and mental health; prevention of disease; detection and treatment of illnesses; quality of life; preventable death and life expectancy.

The Access Sub-Index monitors changes in access to and utilization of health services by tracking several measures throughout Ballad Health's 21 county Geographic Service Area (GSA). The following counties comprise Ballad Health's GSA: Carter, Cocke, Greene, Hamblen, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington County, Tennessee and Buchanan, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, Wythe County, Virginia.



Note: For measures where only data on the Tennessee Counties are available, the TN GSA (the 10 counties in the Tennessee portion of Ballad's GSA) values are provided.

## ***Access Sub-Index Design***

The Access Sub-Index was designed to measure health care access within three domains:

- Characteristics of Health Delivery System
- Utilization of Health Services
- Consumer Satisfaction.

These domains each address a different question. The Characteristics of Health Delivery System domain seeks to address the question, “Is care available?” Measures for urgent care hours, the distance to urgent care, emergency departments, and hospitals, as well as specialist recruitment and retention are within this domain.

Utilization of Health Services measures aim to answer, “Is the right care being delivered at the right time and in the right place?” Within the utilization of health services domain, six priority areas were identified. Those priority areas are: primary care; appropriate use of care; secondary prevention (screenings); infants and children; mental health and substance abuse; and antidepressant medication management.

The Consumer Satisfaction domain addresses the question, “Are people satisfied with the availability of care?” The measures within this domain require Ballad Health to administer patient satisfaction and access surveys and create and implement plans to address identified deficiencies.

By measuring access in these three ways, we gain a broad understanding of the current level of access. Maintaining or improving access according to these Sub-Index measures, is a component of the annual evaluation and determination of the COPA’s ongoing public benefits.

Table 1 of this 2024 COPA Access to Health Services Report displays the most recent values available to TDH on the Access Sub-Index measures, as of January 2025 (as specified in Table 2).

Appendix 1 contains Table 2, which lists data definitions, data sources, and data collection timeframes. Additional details on data sources and methodologies are listed in Appendix 2.

## 2024 Access Sub-Index Data Table

TABLE 1

	Measure	Baseline . GSA Value	FY23 . GSA Value	FY24 GSA Value
<b>CHARACTERISTICS OF HEALTH DELIVERY SYSTEM</b>				
1	Population within 10 miles of an urgent care center	80.5%	82.9%	82.7%
2	Population within 10 miles of an urgent care center open nights & weekends	70.3%	54.7%	56.6%
3	Population within 10 miles of Urgent Care Facility or Emergency Department	98.9%	99.7%	99.7%
4	Population within 15 miles of an Emergency Department	97.3%	98.1%	98.1%
5	Population within 15 miles of an acute care hospital	97.3%	98.1%	98.1%
6	Pediatric Readiness of Emergency Department	67.0	74.1	75.3
7	Appropriate Emergency Department Wait Times	40.7%	44.9%	50.5%
8	Specialist Recruitment and Retention	n/a	n/a	n/a
<b>UTILIZATION OF HEALTH SERVICES</b>				
<b>Primary Care</b>				
9	Personal Care Provider *	80.5%	83.8%	83.9%
<b>Appropriate Use of Care</b>				
10	Preventable Hospitalizations- Older Adults (discharges per 1,000 people 65+)	72.2	34.6	37.7
11	Preventable Hospitalizations-Adults (discharges per 1,000 people 18+)	25.6	16.3	17.8
<b>Secondary Prevention (Screenings)</b>				
12	Screening - Breast Cancer	74.1%	82.4%	82.4%
13	Screening - Cervical Cancer	63.8%	70.0%	66.4%
14	Screening - Colorectal Cancer	46.4%	67.3%	64.0%
15	Screening - Diabetes	71.2%	86.0%	83.5%
16	Screening - Hypertension	97.6%	98.4%	98.2%
<b>Infant and Children</b>				
17	Asthma Emergency Department Visits Per 10,000 (Age 0-4) *	60.4	42.7	35.9
18	Asthma Emergency Department Visits Per 10,000 (Age 5-14) *	41.5	28.4	28.1
19	Prenatal care in the first trimester *	66.8%	82.6%	80.9%
<b>Mental Health &amp; Substance Abuse</b>				
20	Follow-Up After Hospitalization for Mental Illness (% Within 7 Days Post-Discharge)	33.3%	21.2%	20.8%
21	Follow-Up After Hospitalization for Mental Illness (% Within 30 Days Post-Discharge)	58.6%	48.1%	39.6%

<b>Antidepressant Medication Management</b>				
<b>22</b>	Effective Acute Phase Treatment (84 days)	75.5%	83.9%	85.9%
<b>23</b>	Effective Continuation Phase Treatment (180 days)	65.3%	63.9%	64.4%
<b>24</b>	Engagement of AOD (Alcohol or Drug) Treatment	1.9%	10.1%	12.1%
<b>25</b>	Rate of SBIRT administration - hospital admissions	0.0%	0.01%	0.01%
<b>26</b>	Rate of SBIRT administration - ED visits	0.0%	13.59%	35.24%
<b>CONSUMER SATISFACTION</b>				
<b>27</b>	Patient Satisfaction and Access Surveys	<i>n/a</i>	<i>complete</i>	<i>complete</i>
<b>28</b>	Patient Satisfaction and Access Survey - Response Report	<i>n/a</i>	<i>complete</i>	<i>complete</i>

n/a = There was no agreed upon definition by Ballad Health and TDH for Access measure 8, Specialist Recruitment and Retention.

\* = Values provided for these measures are for TN GSA only due to data source limitations.

Note: For measures 10-11, 12-14, and 17-18, baseline values were updated when data source changes were made. More information on data source changes can be found in Appendix 1.

# Appendix 1:

## Access Sub-Index Data Source Table

TABLE 2 (Data descriptions and data sources were updated in 2019 for clarification and consistency.)

Measure	Description	Source <sup>†</sup>
1 Population within 10 miles of an urgent care center (%)	Population within 10 miles of any urgent care center; urgent care centers may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area	Ballad Health analysis of US Census Bureau American Fact Finder; Urgent Care Facility List, 2024 <sup>F</sup>
2 Population within 10 miles of an urgent care center open nights and weekends (%)	Population within ten (10) miles of any urgent care center open at least three (3) hours after 5pm Monday to Friday and open at least five (5) hours on Saturday and Sunday; urgent care center may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area	Ballad Health analysis of US Census Bureau American Fact Finder; Urgent Care Facility List, 2024 <sup>F</sup>
3 Population within 10 miles of an urgent care facility or emergency department (%)	Population within 10 miles of any urgent care center or emergency room; urgent care centers and emergency rooms may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area	Ballad Health analysis of US Census Bureau American Fact Finder; Emergency Department Facility List, 2024 <sup>F</sup>
4 Population within 15 miles of an emergency department (%)	Population within 15 miles of any emergency room; emergency rooms may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area	Ballad Health analysis of US Census Bureau American Fact Finder; Emergency Department Facility List, 2024 <sup>F</sup>
5 Population within 15 miles of an acute care hospital (%)	Population within 15 miles of any acute care hospital; acute care hospital may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area	Ballad Health analysis of US Census Bureau American Fact Finder; Acute Care Facility List, 2024 <sup>F</sup>
6 Pediatric Readiness of Emergency Department	Average score of Ballad Health Emergency Departments on the National Pediatric Readiness Project Survey from the National EMSC Data Analysis Resource Center	Ballad Health analysis of a survey tool created by NEDARC, 2024 <sup>F</sup>
7 Appropriate Emergency Department Wait Times	Percentage of all Ballad Health hospital emergency department visits in which the wait time to see an emergency department clinician is within the recommended timeframe as reported in the National Hospital Ambulatory Care Survey from the CDC National Center for Health Statistics. <sup>††</sup>	Ballad Health analysis of National Hospital Ambulatory Care Survey from the CDC National Center for Health Statistics, 2024 <sup>F</sup>

8	Specialist Recruitment and Retention	Percentage of recruitment and retention targets set in the Physician Needs Assessment for specialists and subspecialists to address identified regional shortages	N/A
9	Personal Care Provider	Percentage of adults who reported having one person they think of as a personal doctor or health care provider	Behavioral Risk Factor Surveillance System, 2023
10	Preventable Hospitalizations – Older Adults	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees aged 65 years and older	Ballad Health analysis of Hospital Discharge Data System, Tennessee Hospital Association and Virginia Hospital and Healthcare Association Inpatient Dataset and Medicare Enrollment Dashboard Data File <sup>†††</sup> , 2023
11	Preventable Hospitalizations – Adults	Number of discharges for ambulatory care-sensitive conditions per 1,000 adults aged 18 years and older	Ballad Health analysis of Hospital Discharge Data System, Tennessee Hospital Association and Virginia Hospital and Healthcare Association Inpatient Dataset and US Census Bureau <sup>†††</sup> , 2023
12	Screening – Breast Cancer	Percentage of women Ballad Health Medical Associate patient residents aged 50-74 who reported having a mammogram within the past two years	Ballad Health analysis of Ballad Health Medical Associates data <sup>†††</sup> , 2024 <sup>F</sup>
13	Screening – Cervical Cancer	Percentage of women Ballad Health Medical Associate patient residents aged 21-65 who had a pap test at a Ballad facility or reported having had a pap test, within the past three years	Ballad Health analysis of Ballad Health Medical Associates data <sup>†††</sup> , 2024 <sup>F</sup>
14	Screening - Colorectal Cancer	Percentage of adult Ballad Health Medical Associate patient residents who meet U.S. Preventive Services Task Force recommendations for colorectal cancer screening	Ballad Health analysis of Ballad Health Medical Associates data <sup>†††</sup> , 2024 <sup>F</sup>
15	Screening – Diabetes	Percentage of overweight or obese Ballad Health Medical Associate patient residents aged 40-70 who are screened for prediabetes and diabetes.	Ballad Health analysis of Ballad Health Medical Associates data, 2024 <sup>F</sup>
16	Screening – Hypertension	Percentage of Ballad Health Medical Associate patient residents aged 18+ screened for hypertension by Ballad Health.	Ballad Health analysis of Ballad Health Medical Associates data, 2024 <sup>F</sup>
17	Asthma ED Visits – Age 0-4	Number of Asthma Emergency Department Visits Per 10,000 of those aged 0-4	Ballad Health analysis of Hospital Discharge Data System, Tennessee Hospital Association and US Census Bureau <sup>**</sup> , 2023

18	Asthma ED Visits – Age 5-14	Asthma Emergency Department Visits Per 10,000 of those aged 5-14	Ballad Health analysis of Hospital Discharge Data System, Tennessee Hospital Association and US Census Bureau**, 2023
19	Prenatal care in the first trimester	Percentage of live births in which the mother received prenatal care in the first trimester	Tennessee Birth Statistical File, TDH, Division of Vital Statistics, 2023
20	Follow-Up After Hospitalization for Mental Illness - 7 days	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, and intensive outpatient encounter or a partial hospitalization with a mental health practitioner within seven (7) days post-discharge as reported in the State of Health Care Quality Report from the National Committee for Quality Assurance (NCQA).	Ballad Health analysis of MSSP and Team Member Claims data, 2023
21	Follow-Up After Hospitalization for Mental Illness – 30 days	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, and intensive outpatient encounter or a partial hospitalization with a mental health practitioner within thirty (30) days post-discharge as reported in the State of Health Care Quality Report from the NCQA.	Ballad Health analysis of MSSP and Team Member Claims data, 2023
22	Antidepressant Medication Management – Effective Acute Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks) as reported in the State of Health Care Quality Report from the NCQA.	Ballad Health analysis of MSSP and Team Member Claims data, 2023
23	Antidepressant Medication Management – Effective Continuation Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months) as reported in the State of Health Care Quality Report from the NCQA.	Ballad Health analysis of MSSP and Team Member Claims data, 2023
24	Engagement of Alcohol or Drug Treatment	Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of alcohol or other drug dependence within 30 days of the initiation visit as reported in the State of Health Care Quality Report from the NCQA.	Ballad Health analysis of MSSP and Team Member Claims data, 2023

25	SBIRT administration - hospital admissions	Percentage of patients admitted to a Ballard Health hospital who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)	Ballad Health analysis of Ballard Health Social Needs Screening Tool database, Ballard Health Electronic Medical Records, 2024 <sup>F</sup>
26	Rate of SBIRT administration - ED visits	Percentage of patients admitted to a Ballard Health emergency department who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)	Ballad Health analysis of Ballard Health Social Needs Screening Tool database, Ballard Health Electronic Medical Records, 2024 <sup>F</sup>
27	Patient Satisfaction and Access Surveys	Successful completion of patient satisfaction and access surveys, according to Section 4.02(c)(iii)	Ballad Health analysis of Press Ganey Patient Satisfaction Surveys, 2024 <sup>F</sup>
28	Patient Satisfaction and Access Survey – Response Report	Report documents a satisfactory plan for the Ballard Health to address deficiencies and opportunities for improvement related to perceived access to care services and documents satisfactory progress towards the plan.	Ballad Health Report, 2024

† = Source data for values provided by Ballard Health are available to the State. Methodologies used in calculating values for each measure are described in Ballard Health’s Access Measure Data Dictionary.

F = Values reported on these measures are based on Fiscal Year data (July 1, 2023-June 30, 2024). For all other measures, the values reported are on Calendar Year data.

†† = TDH approved a change from “excessive” emergency department wait times, to “appropriate” emergency department wait times (February 2020).

††† = TDH approved the following data source changes (February 2020):

For Measures 10-11, on Preventable Hospitalizations, from TDH’s Hospital Discharge Data System, which was limited to TN patients only, to Ballard Health analysis of Hospital Discharge Data System, Tennessee Hospital Association and Virginia Hospital and Healthcare Association Inpatient Dataset and US Census Bureau.

For Measures 12-14, related to health screenings, from the Behavioral Risk Factor Surveillance System (BRFSS) to Ballard Health Medical Associates data.

\*\* = Measures 17 and 18, on Asthma Emergency Department Visits, utilize data from the state discharge databases. Because the Virginia hospital discharge database does not currently provide emergency department discharge activity, only TN GSA patients are included in values reported for these two measures.

# Appendix 2:

## ***Access Sub-Index Data Notes***

### **Prenatal Care in the First Trimester**

The 2023 Birth Statistical File follows NCHS guidelines in using the obstetric estimate of gestational age as the primary source of gestational age rather than the date of last normal menses.

### **Behavioral Risk Factor Surveillance System**

All estimates are weighted using demographic information from the 10 Tennessee counties that comprise the TN Geographic Service Area.

Data Note 1) *All data are subject to limitations as explained in the data source.*

Data Note 2) *Data notes for the measures where Ballad Health is listed as the data source are detailed in the 2024 Access Measures Data Dictionary, developed by Ballad Health for TDH's understanding and review of the methodology used in calculating the values.*

# *Credits*

## **Commissioner Ralph Alvarado, M.D., FACP**

### **TDH Division of Health Planning**

- Elizabeth Jones
- Jim Mathis
- Judi Knecht
- M. Sarah Elliott

### **TDH Office of Informatics and Analytics**

- Nagesh Aragam
- Nathalie Neven Hartert
- Xianglan Zhang
- Jessica Korona

### **TDH Office of Population Health Assessment**

- Shalini Parekh
- Generosa Kakoti
- Hopelyn A. Mooney
- Lauren Kuzma
- Benjamin Crumpler
- Daniel Merchant
- Nerissa Harvey
- William Grib
- Bhavita Kalambekar

### **TDH Office of Vital Records and Statistics**

- Yuanchun Wang
- Alyson Holland
- Jane Brittingham



# 2024 Quality (Other) Report

Certificate of Public Advantage Quality (Other) Sub-Index Measures for Ballad Health

Tennessee Department of Health | COPA Report | March 2025



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# Quality (Other) Sub-Index

## ***Introduction***

The Other Sub-Index is comprised of measures to evaluate the quality of hospital and hospital-related care provided to residents at three levels: throughout Ballad Health's entire system, throughout Ballad Health's TN Geographic Service Area, and at the individual facility level.

The Institute of Medicine has defined the quality of healthcare as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'.<sup>1</sup>

Hospital quality is important for:

- Individual and population health: Measuring and monitoring hospital quality is essential to improving health outcomes and service delivery;<sup>2</sup>
- Business: Positive feedback from consumers leads to the goodwill of service providers in the market, which indirectly expands their business;<sup>3</sup>
- Cost-effectiveness: Poor quality of care, measured by medical errors in the hospital setting, account for approximately \$20B each year. <sup>4</sup>

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<sup>1</sup> Institute of Medicine. Medicare: a strategy for quality assurance. 1. Washington, DC: National Academy Press; 1990.

<sup>2</sup> Lieberthal RD, Comer DM. What are the characteristics that explain hospital quality? A longitudinal pridit approach. *Risk Manag Insur Rev.* 2013;17(1):17-35.

<sup>3</sup> Gupta KS, Rokade V. Importance of quality in health care sector: A review. *J Health Manag.* 2016;18(1):84-94.

<sup>4</sup> Rodziewicz TL, Houseman B, Hipskind JE. Medical Error Reduction and Prevention. 2022 Dec 4. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. PMID: 29763131.

## ***Quality (Other) Sub-Index Design***

The purpose of the Quality (Other) Sub-Index is to evaluate the quality of hospital and hospital-related care provided to patients.

The first Department Quality (Other) Report stated the baseline values for the Sub-Index measures and each subsequent annual report contains updated values on each measure to track changes over time in healthcare quality at Ballad Health facilities.

In 2022, TDH and Ballad agreed to restate the baselines so that these values were based on the events experienced by any patient at any Ballad facility and not merely on patients enrolled in a Medicare fee-for-service plan. These new values are set forth in the Ballad Health FY23 Annual Report and restated in this report.

The Quality (Other) Sub-Index measures include the following nationally established quality and consumer satisfaction measures and measure categories:

- Centers for Medicare and Medicaid Services' Patient Safety Indicators
- Healthcare Associated Infections
- Hospital Consumer Assessment of Healthcare Providers and System's Patient Satisfaction
- Timely and Effective Care
- Surgical Complications, Readmission, and Mortality
- Medical Imaging

The Quality (Other) Sub-Index has two sets of quality measures: Target Quality Measures and Quality Monitoring Measures.

Target Quality Measures are those for which Ballad Health was expected to show improvement in quality outcomes. Table 1 of this Quality (Other) Sub-Index Report displays the Target Quality Measures at the System- and State-level for FY24.

The Quality Monitoring Measures provide a broad overview of system quality. The goal of these measures is to continually monitor Ballad Health's performance with regard to quality. The Quality Monitoring Measures at the System- and State-level for FY24 are shown on Table 2.

Details on the methodology used for calculating the values shown in this Quality (Other) Sub-Index Report are provided in Appendix 1.

## Fiscal Year 2024 Quality (Other) Sub-Index Data Tables

Ballad Health submitted FY24 values for the Quality (Other) Sub-Index to TDH in November of 2024.

The values are presented in the first three tables below at the system-, state-, and individual facility-level. These tables display the most recent fiscal year values and baseline values. (The baseline values in Table 1 were restated in 2022 and are based on CY17 all-patient data. Baseline values on all subsequent tables are based on FY18 Medicare FFS data, as originally reported by Ballad Health and TDH.)

**Table 1** FY24 data for Target Quality Measures at System- and State-level

Desired Performance	Measures	Ballad Health Baseline	Ballad Health		TN Ballad Health	VA Ballad Health
			FY23	FY24	FY24	FY24
	<b>Quality Target Measures</b>					
↓	PSI 3 Pressure Ulcer Rate	1.07	0.10	0.36	0.31	0.67
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.06	0.05	0.05	0.08
↓	PSI 8a In Hospital Fall with Hip Fracture Rate	0.06	0.09	0.05	0.06	0.00
↓	PSI 8b In Hospital Fall with Other Fracture Rate	--	--	0.23	0.24	0.17
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	1.46	1.43	1.33	2.48
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	2.40	1.58	1.67	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	5.30	4.14	4.40	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	2.51	3.06	2.98	3.86
↓	PSI 13 Postoperative Sepsis Rate	3.58	3.17	3.99	4.20	0.00
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	2.14	1.29	1.48	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.62	0.09	0.10	0.00
↓	CLABSI	0.71	1.04	0.78	0.73	1.15
↓	CAUTI	0.56	0.73	0.82	0.94	0.15
↓	SSI COLON Surgical Site Infection	2.13	2.94	3.70	4.04	1.60
↓	SSI HYST Surgical Site Infection	0.71	1.47	3.37	4.00	0.00
↓	MRSA	0.047	0.080	0.051	0.055	0.020
↓	CDIFF	0.671	0.182	0.110	0.119	0.041
↑	SMB: Sepsis Management Bundle	56.9%	59.2%	62.9%	58.9%	71.5%

Table 2 FY24 data for Monitoring Measures at System- and State-level

Desired Performance	Measures	Ballad Health Baseline	Ballad Health		TN Ballad Health	VA Ballad Health
			FY23	FY24	FY24	FY24
	<b>General Information - Structural Measures</b>					
YES	ACS REGISTRY - Retired	YES	--	--	--	--
YES	SMPART GENSURG General Surgery Registry - Retired	YES	--	--	--	--
YES	SMPART NURSE Nursing Care Registry - Retired	YES	--	--	--	--
YES	SMSSCHECK Safe Surgery Checklist - Retired	YES	--	--	--	--
YES	OP12 HIT Ability electronically receive lab results - Retired	YES	--	--	--	--
YES	OP17 Tracking Clinical Results Between Visits - Retired	YES	--	--	--	--
YES	OP25 Outpatient Safe Surgery Checklist - Retired	YES	--	--	--	--
	<b>Survey of Patient's Experience</b>					
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	75.7%	76.8%	76.6%	77.5%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	16.2%	16.0%	15.9%	16.4%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	8.1%	7.2%	7.5%	6.1%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	76.9%	77.2%	76.8%	79.0%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	15.4%	15.7%	15.7%	15.8%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	7.7%	7.1%	7.5%	5.2%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	59.9%	60.2%	60.2%	60.3%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	25.1%	25.4%	25.1%	26.9%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	15.0%	14.4%	14.7%	12.8%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Paused	74.1%	--	--	--	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Paused	19.6%	--	--	--	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Paused	6.3%	--	--	--	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	58.6%	59.6%	59.6%	59.4%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	16.8%	17.5%	17.3%	18.2%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	24.6%	23.0%	23.1%	22.5%

Desired Performance	Measures	Ballad Health Baseline	Ballad Health		TN Ballad Health
			FY23	FY24	FY24
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	85.2%	85.9%	86.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	10.3%	14.1%	14.0%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	46.7%	47.6%	47.5%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	45.4%	44.8%	44.8%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	7.9%	7.6%	7.8%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	62.8%	68.3%	66.8%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	19.8%	18.6%	18.8%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	17.4%	13.1%	14.4%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	59.1%	58.5%	58.2%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	27.5%	29.4%	28.9%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	13.4%	12.1%	12.9%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	14.7%	15.0%	15.4%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	23.0%	23.3%	23.5%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	61.4%	61.7%	61.1%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	61.4%	60.5%	60.3%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	27.6%	29.3%	29.1%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	11.0%	10.2%	10.6%
	<b>Cataract Surgery Outcome %</b>				
	OP31 Cataracts Improvement - Minimal Cases	--	--	--	--
	<b>Colonoscopy Follow %</b>				
↑	OP29 Avg Risk Polyp Surveillance	76.1%	93.0%	66.1%	71.0%
↑	OP30 High risk Polyp Surveillance - Retired	77.7%	--	--	--

Desired Performance	Measures	Ballad Health Baseline	Ballad Health		TN Ballad Health
			FY23	FY24	FY24
	<b>Heart Attack</b>				
↑	OP2 Fibrinolytic Therapy 30 minutes - Too Few Cases	--	--	--	--
↑	OP3b Median Time to Transfer AMI - Retired	47.5	--	--	--
↓	OP4 Aspirin at Arrival AMI Chest Pain - Retired	97.0%	--	--	--
	OP5 Median Time to ECG AMI and Chest Pain - Retired	5.22	--	--	--
	<b>Stroke Care %</b>				
	STK4 Thrombolytic Therapy - Retired	83.0%	--	--	--
	<b>Emergency Department (ED) Throughput</b>				
	EDV Emergency Department Volume	--	--	--	--
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.29	644.6	423.0	468.0
↓	ED2b ED Decision to Transport	69.0	236.4	160.0	209.0
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	159.6	152.0	160.5
↓	OP20 Door to Diagnostic Evaluation - Retired	15.09	--	--	--
↓	OP21 Time to pain medication for long bone fractures - Retired	37.84	--	--	--
↓	OP22 Left without being seen	0.90%	1.37%	0.83%	0.76%
↑	OP23 Head CT stroke patients	84.7%	67.9%	71.0%	62.5%
	<b>Preventive Care %</b>				
↑	IMM2 Immunization for Influenza - Retired	97.4%	--	--	--
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal	97.0%	98.5%	95.0%	95.0%
	<b>Pregnancy and Delivery Care %</b>				
↓	PC01 Elective Delivery - Retired	0.56%	7.25%	7.00%	8.33%
	<b>Surgical Complications Rate</b>				
↓	Hip and Knee Complications	2.9%	0.0%	0.0%	0.0%
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.6	157.0	166.9	172.19
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.87	0.93	0.90
	<b>Readmissions 30 Days Rate %</b>				
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	13.7%	13.1%	13.6%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.3%	10.4%	10.4%
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	20.7%	22.9%	22.4%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	24.2%	24.1%	24.4%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	6.6%	8.0%	8.0%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	14.5%	14.3%	14.0%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	18.4%	18.0%	18.0%
↓	READM30 STK Stroke 30day readmission rate	9.0%	13.2%	9.0%	9.1%

Desired Performance	Measures	Ballad Health Baseline	Ballad Health		TN Ballad Health
			FY23	FY24	FY24
	<b>Mortality 30 Days Death Rate %</b>				
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	6.0%	5.1%	5.2%
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	2.5%	2.3%	2.3%
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	3.0%	2.5%	2.5%
↓	MORT30HF Heart failure 30day mortality rate	3.9%	3.6%	3.2%	3.2%
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	5.0%	4.5%	4.8%
↓	MORT30STK Stroke 30day mortality rate	8.2%	5.5%	5.2%	5.6%
	<b>Blood Clot Prevention and Treatment</b>				
	VTE5 Warfarin Therapy at Discharge - Retired	--	--	--	--
↓	VTE6 HAC VTE - Retired	1.50%	--	--	--
	<b>Use of Medical Imaging Treatment</b>				
	OP8 MRI Lumbar Spine for Low Back Pain	38.0%	36.1%	39.4%	39.4%
	OP9 Mammography Followup Rates - Retired	6.5%	--	--	--
	OP10 Abdomen CT Use of Contrast Material	6.0%	4.9%	4.8%	5.5%
	OP11 Thorax CT Use of Contrast Material - Retired	1.0%	--	--	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	3.0%	2.8%	3.5%	3.4%
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Retired	2.0%	--	--	--

Table 3 FY24 data for the Quality (Other) Sub-Index by individual facility

Desired Performance	Measures	Ballad Health	Holston Valley Medical Center	Johnson City Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Norton Community Hospital	Franklin Woods Community Hospital	Indian Path Community Hospital	Greenville Community Hospital	Sycamore Shoals Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	1.07	0.20	0.55	0.00	1.10	0.62	0.32	0.00	0.72	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.14	0.00	0.18	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.15	--	--	--	--	--	--	--	--	--
↓	PSI 8a In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.05	0.15	0.00	0.00	0.18	0.00	0.00	0.00
↓	PSI 8b In Hospital Fall with Other Fracture Rate	--	0.14	0.23	0.30	0.18	0.00	0.54	0.00	0.45	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.71	1.01	0.49	3.60	0.00	3.23	0.00	5.15	2.78
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	4.12	1.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	6.44	3.15	7.40	0.00	0.00	0.00	0.00	5.78	0.00
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	3.34	2.69	2.74	4.51	3.01	3.03	4.88	4.84	0.00
↓	PSI 13 Postoperative Sepsis Rate	3.58	4.29	4.82	3.07	0.00	0.00	2.15	0.00	6.71	7.35
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	3.61	0.00	0.00	0.00	0.00	9.35	0.00	0.00
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	CLABSI	0.71	1.30	0.62	0.24	1.73	0.00	0.97	0.00	1.02	0.00
↓	CAUTI	0.56	1.29	1.36	0.71	0.24	0.00	0.45	0.00	0.00	0.00
↓	SSI COLON Surgical Site Infection	2.13	5.94	7.87	2.65	1.11	2.86	2.03	0.00	4.38	6.67
↓	SSI HYST Surgical Site Infection	0.71	8.00	2.63	2.70	0.00	0.00	0.00	0.00	0.00	15.38
↓	MRSA	0.047	0.087	0.065	0.042	0.034	0.000	0.036	0.000	0.000	0.000
↓	CDIFF	0.671	0.186	0.089	0.152	0.035	0.087	0.081	0.000	0.048	0.000
↑	SMB: Sepsis Management Bundle	56.9%	42.3%	40.5%	61.0%	66.4%	64.2%	65.1%	75.6%	58.1%	60.8%

Johnson City Medical Center values include Woodridge Psychiatric Hospital & Niswonger Children's Hospital

Desired Performance	Measures	Ballad Health	Holston Valley Medical Center	Johnson City Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Norton Community Hospital	Franklin Woods Community Hospital	Indian Path Community Hospital	Greenville Community Hospital	Sycamore Shoals Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
		<b>General Information - Structural Measures</b>									
YES	ACS REGISTRY - Retired	YES	--	--	--	--	--	--	--	--	--
YES	SMPART GENSURG General Surgery Registry - Retired	YES	--	--	--	--	--	--	--	--	--
YES	SMPART NURSE Nursing Care Registry - Retired	YES	--	--	--	--	--	--	--	--	--
YES	SMSSCHECK Safe Surgery Checklist - Retired	YES	--	--	--	--	--	--	--	--	--
YES	OP12 HIT Ability electronically receive lab results - Retired	YES	--	--	--	--	--	--	--	--	--
YES	OP17 Tracking Clinical Results Between Visits - Retired	YES	--	--	--	--	--	--	--	--	--
YES	OP25 Outpatient Safe Surgery Checklist - Retired	YES	--	--	--	--	--	--	--	--	--
<b>Survey of Patient's Experience</b>											
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	74.7%	71.4%	76.8%	75.2%	77.6%	82.9%	79.3%	78.9%	76.4%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	16.3%	19.6%	14.7%	18.1%	16.0%	13.4%	16.3%	12.8%	18.6%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	9.0%	9.0%	8.5%	6.6%	6.4%	3.8%	4.4%	8.4%	5.0%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	77.5%	71.4%	76.2%	79.0%	78.0%	80.6%	81.1%	77.1%	79.5%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	14.8%	19.1%	14.5%	15.6%	16.2%	15.1%	14.2%	13.6%	17.5%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	7.7%	9.6%	9.3%	5.4%	5.8%	4.3%	4.7%	9.3%	3.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	54.0%	57.3%	60.4%	55.4%	61.1%	66.9%	66.8%	61.0%	63.0%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	26.4%	26.5%	24.3%	29.5%	25.6%	23.7%	24.8%	24.3%	23.9%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	19.6%	16.2%	15.3%	15.1%	13.3%	9.4%	8.5%	14.7%	13.1%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Paused	74.1%	--	--	--	--	--	--	--	--	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Paused	19.6%	--	--	--	--	--	--	--	--	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Paused	6.3%	--	--	--	--	--	--	--	--	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	58.5%	52.6%	62.2%	57.7%	59.9%	64.7%	61.1%	63.2%	58.7%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	18.0%	19.2%	15.7%	17.6%	19.6%	17.4%	17.0%	14.1%	18.6%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	23.6%	28.2%	22.2%	24.7%	20.5%	17.9%	21.9%	22.7%	22.8%

Johnson City Medical Center values include Woodridge Psychiatric Hospital & Niswonger Children's Hospital

Desired Performance	Measures	Ballad Health	Holston Valley Medical Center	Johnson City Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Norton Community Hospital	Franklin Woods Community Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	86.8%	82.6%	87.5%	86.6%	82.8%	88.8%	84.8%	87.7%	80.8%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	13.2%	17.4%	12.6%	13.4%	17.2%	11.2%	15.2%	12.3%	19.2%
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	46.5%	40.4%	48.8%	47.6%	49.0%	56.4%	50.1%	45.9%	43.9%
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	45.5%	48.4%	44.4%	44.7%	45.0%	38.3%	44.5%	46.9%	48.7%
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	8.0%	11.3%	6.8%	7.7%	6.0%	5.4%	5.5%	7.2%	7.4%
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	72.3%	58.7%	65.8%	76.7%	73.5%	69.5%	70.8%	65.0%	68.0%
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	15.9%	22.9%	17.8%	17.1%	17.8%	19.2%	18.0%	17.6%	19.3%
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	11.8%	18.3%	16.5%	6.2%	8.6%	11.3%	11.1%	17.4%	12.6%
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	54.7%	46.2%	62.4%	58.7%	55.7%	69.2%	64.9%	56.5%	61.7%
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	29.2%	35.9%	25.7%	33.1%	35.6%	23.7%	27.6%	28.3%	31.3%
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	16.1%	17.9%	11.9%	8.2%	8.8%	7.2%	7.6%	15.2%	7.0%
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	17.3%	23.0%	15.0%	14.7%	13.5%	7.8%	12.1%	14.2%	11.6%
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	25.3%	25.2%	25.4%	23.7%	21.7%	18.6%	20.1%	26.1%	21.0%
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	57.5%	51.8%	59.7%	61.6%	64.8%	73.6%	67.8%	59.7%	67.4%
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	57.0%	47.1%	60.2%	59.6%	57.0%	78.1%	68.9%	54.0%	63.7%
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	29.8%	38.1%	29.9%	31.0%	34.4%	17.2%	22.0%	33.7%	30.3%
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	13.3%	14.9%	10.0%	9.3%	8.6%	4.8%	9.1%	12.3%	6.0%
	☐ <b>Cataract Surgery Outcome %</b>										
	OP31 Cataracts Improvement - Minimal Cases	--	--	--	--	--	--	--	--	--	--
	☐ <b>Colonoscopy Follow %</b>										
↑	OP29 Avg Risk Polyp Surveillance	76.1%	0.0%	75.0%	34.4%	66.7%	46.8%	70.0%	--	71.3%	100.0%
	OP30 High risk Polyp Surveillance - Retired	77.7%	--	--	--	--	--	--	--	--	--

Johnson City Medical Center values include Woodridge Psychiatric Hospital & Niswonger Children's Hospital

Desired Performance	Measures	Ballad Health	Holston Valley Medical Center	Johnson City Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Norton Community Hospital	Franklin Woods Community Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>Heart Attack</b>										
	OP2 Fibrinolytic Therapy 30 minutes - Too Few Cases	--	--	--	--	--	--	--	--	--	--
	OP3b Median Time to Transfer AMI - Retired	47.50	--	--	--	--	--	--	--	--	--
	OP4 Aspirin at Arrival AMI Chest Pain - Retired	97.0%	--	--	--	--	--	--	--	--	--
	OP5 Median Time to ECG AMI and Chest Pain - Retired	5.22	--	--	--	--	--	--	--	--	--
	<b>Stroke Care %</b>										
	STK4 Thrombolytic Therapy - Retired	83.0%	--	--	--	--	--	--	--	--	--
	<b>Emergency Department (ED) Throughput</b>										
	EDV Emergency Department Volume	--	High	High	High	Medium	Low	Medium	Medium	Medium	10
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	544.0	588.0	373.0	399.5	502.5	508.0	407.5	612.0	536.0
↓	ED2b ED Decision to Transport	69.0	242.0	365.0	115.0	148.0	177.0	272.0	116.0	323.0	318.0
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	221.0	208.0	188.0	213.0	150.0	187.0	156.0	163.0	172.0
	OP20 Door to Diagnostic Evaluation - Retired	15.09	--	--	--	--	--	--	--	--	--
	OP21 Time to pain medication for long bone fractures - Retired	37.84	--	--	--	--	--	--	--	--	--
↓	OP22 Left without being seen	0.90%	0.42%	0.76%	1.08%	1.65%	0.86%	1.06%	0.34%	0.92%	1.25%
↑	OP23 Head CT stroke patients	84.7%	76.7%	54.5%	83.3%	95.2%	80.0%	57.1%	50.0%	66.7%	20.0%
	<b>Preventive Care %</b>										
↑	IMM2 Immunization for Influenza - Retired	97.4%	--	--	--	--	--	--	--	--	--
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal	97.0%	96.0%	97.0%	97.0%	97.0%	97.0%	93.0%	99.0%	84.0%	100.0%
	<b>Pregnancy and Delivery Care %</b>										
↓	PC01 Elective Delivery - Retired	0.56%	--	50.00%	15.79%	5.56%	0.00%	0.00%	0.00%	0.00%	--
	<b>Surgical Complications Rate</b>										
↓	Hip and Knee Complications	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	--	--	0.0%	0.0%
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	204.72	193.88	115.79	148.94	90.91	33.33	333.33	173.91	0.00
↓	PSI90 Complications / patient safety for selected indicators	0.83	0.74	0.80	0.76	1.09	0.86	0.88	0.85	1.13	0.82
	<b>Readmissions 30 Days Rate %</b>										
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	12.7%	12.9%	15.6%	8.8%	12.5%	16.7%	--	24.0%	7.7%
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	11.6%	8.5%	11.7%	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	27.8%	23.9%	19.1%	29.1%	19.0%	15.4%	16.7%	23.7%	19.2%
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	22.7%	27.0%	25.4%	22.6%	25.2%	18.9%	12.5%	25.4%	17.5%
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	8.1%	8.5%	7.6%	6.7%	9.1%	--	--	0.0%	9.5%
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	15.3%	13.8%	14.0%	15.7%	17.3%	11.8%	9.2%	15.0%	15.2%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	17.9%	17.5%	19.5%	18.0%	16.8%	16.2%	16.3%	18.9%	21.0%
↓	READM30 STK Stroke 30day readmission rate	9.0%	11.4%	8.0%	8.8%	12.0%	3.8%	13.5%	10.3%	7.9%	3.0%

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Desired Performance	Measures	Ballad Health	Holston Valley Medical Center	Johnson City Medical Center	Bristol Regional Medical Center	Johnston Memorial Hospital	Norton Community Hospital	Franklin Woods Community Hospital	Indian Path Community Hospital	Greeneville Community Hospital	Sycamore Shoals Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>Mortality 30 Days Death Rate %</b>										
↓	<b>MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate</b>	4.7%	5.2%	5.4%	4.5%	4.6%	7.7%	0.0%	--	7.4%	7.1%
↓	<b>MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate</b>	2.0%	2.4%	1.0%	4.9%	--	--	--	--	--	--
↓	<b>MORT30 COPD 30day mortality rate COPD patients</b>	1.8%	2.9%	4.4%	1.5%	6.0%	0.9%	1.9%	0.0%	1.2%	1.3%
↓	<b>MORT30HF Heart failure 30day mortality rate</b>	3.9%	3.9%	3.7%	2.5%	3.3%	2.4%	3.6%	0.0%	3.4%	1.9%
↓	<b>MORT30PN Pneumonia 30day mortality rate</b>	4.7%	5.7%	6.1%	6.0%	5.0%	3.1%	2.7%	0.0%	3.0%	2.5%
↓	<b>MORT30STK Stroke 30day mortality rate</b>	8.2%	3.8%	8.6%	3.9%	1.3%	3.6%	0.0%	0.0%	1.6%	2.9%
	<b>Blood Clot Prevention and Treatment</b>										
	VTE5 Warfarin Therapy at Discharge - Retired	--	--	--	--	--	--	--	--	--	--
	VTE6 HAC VTE - Retired	1.5%	--	--	--	--	--	--	--	--	--
	<b>Use of Medical Imaging Treatment</b>										
	<b>OP8 MRI Lumbar Spine for Low Back Pain</b>	38.0%	42.9%	--	32.1%	--	--	--	--	43.2%	--
	OP9 Mammography Followup Rates - Retired	6.5%	--	--	--	--	--	--	--	--	--
	<b>OP10 Abdomen CT Use of Contrast Material</b>	6.0%	3.5%	3.5%	7.6%	3.5%	--	6.7%	5.6%	4.5%	8.8%
	OP11 Thorax CT Use of Contrast Material - Retired	1.0%	--	--	--	--	--	--	--	--	--
	<b>OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery</b>	3.0%	2.2%	4.4%	3.2%	1.4%	--	2.1%	--	3.3%	5.1%
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Retired	2.0%	--	--	--	--	--	--	--	--	--

Johnson City Medical Center values include Woodridge Psychiatric Hospital & Niswonger Children's Hospital

Desired Performance	Measures	Ballad Health	Smyth County Community Hospital	Unicoi County Hospital	Hawkins County Memorial Hospital	Lonesome Pine Hospital	Russell County Hospital	Hancock County Hospital	Lee County Community Hospital	Johnson County Community Hospital	Dickenson Community Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>Quality Target Measures</b>										
↓	PSI 3 Pressure Ulcer Rate	1.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 6 Iatrogenic Pneumothorax Rate	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 7 Central Venous Catheter-Related Blood Stream Infection Rate - Retired	0.15	--	--	--	--	--	--	--	--	--
↓	PSI 8a In Hospital Fall with Hip Fracture Rate	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 8b In Hospital Fall with Other Fracture Rate	--	0.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
↓	PSI 9 Perioperative Hemorrhage or Hematoma Rate	1.59	0.00	--	--	0.00	--	--	--	--	--
↓	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	0.76	0.00	--	--	--	--	--	--	--	--
↓	PSI 11 Postoperative Respiratory Failure Rate	9.24	0.00	--	--	--	--	--	--	--	--
↓	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	3.31	0.00	--	--	0.00	--	--	--	--	--
↓	PSI 13 Postoperative Sepsis Rate	3.58	0.00	--	--	--	--	--	--	--	--
↓	PSI 14 Postoperative Wound Dehiscence Rate	0.83	0.00	--	--	0.00	--	--	--	--	--
↓	PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.18	0.00	0.00	--	0.00	0.00	--	--	--	--
↓	CLABSI	0.71	0.000	0.000	0.000	0.000	0.000	--	--	--	--
↓	CAUTI	0.56	0.000	0.000	0.000	0.000	0.000	--	--	--	--
↓	SSI COLON Surgical Site Infection	2.13	--	--	--	--	--	--	--	--	--
↓	SSI HYST Surgical Site Infection	0.71	--	--	--	--	--	--	--	--	--
↓	MRSA	0.047	0.000	0.000	0.000	0.000	0.000	--	--	--	--
↓	CDIFF	0.671	0.000	0.487	0.000	0.000	0.000	--	--	--	--
↑	SMB: Sepsis Management Bundle	56.9%	86.2%	71.7%	75.7%	63.3%	76.9%	85.7%	71.0%	--	--

Lonesome Pine Hospital values include Mountain View Regional Hospital

Desired Performance	Measures	Ballad Health	Smyth County Community Hospital	Unicoi County Hospital	Hawkins County Memorial Hospital	Lonesome Pine Hospital	Russell County Hospital	Hancock County Hospital	Lee County Community Hospital	Johnson County Community Hospital	Dickenson Community Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>General Information - Structural Measures</b>										
YES	ACS REGISTRY - Retired	YES	--	--	--	--	--	--	--	--	--
YES	SMPART GENSURG General Surgery Registry - Retired	YES	--	--	--	--	--	--	--	--	--
YES	SMPART NURSE Nursing Care Registry - Retired	YES	--	--	--	--	--	--	--	--	--
YES	SMSSCHECK Safe Surgery Checklist - Retired	YES	--	--	--	--	--	--	--	--	--
YES	OP12 HIT Ability electronically receive lab results - Retired	YES	--	--	--	--	--	--	--	--	--
YES	OP17 Tracking Clinical Results Between Visits - Retired	YES	--	--	--	--	--	--	--	--	--
YES	OP25 Outpatient Safe Surgery Checklist - Retired	YES	--	--	--	--	--	--	--	--	--
	<b>Survey of Patient's Experience</b>										
↑	HCOMP1A P Patients who reported that their nurses "Always" communicated well	82.8%	78.2%	83.7%	88.3%	82.4%	84.2%	84.1%	89.7%	88.9%	72.2%
↓	HCOMP1U P Patients who reported that their nurses "Usually" communicated well	13.6%	14.6%	10.5%	8.1%	15.2%	12.9%	14.0%	8.4%	11.1%	22.2%
↓	HCOMP1 SNP Patients who reported that their nurses "Sometimes" or "Never" communicated well	3.6%	7.2%	5.7%	3.6%	2.4%	2.9%	2.0%	1.9%	0.0%	5.6%
↑	HCOMP2A P Patients who reported that their doctors "Always" communicated well	84.1%	79.7%	81.5%	85.6%	79.9%	79.9%	83.3%	85.3%	66.7%	38.9%
↓	HCOMP2U P Patients who reported that their doctors "Usually" communicated well	11.9%	15.2%	12.8%	9.9%	16.0%	16.6%	14.6%	12.8%	27.8%	50.0%
↓	HCOMP2 SNP Patients who reported that their doctors "Sometimes" or "Never" communicated well	3.9%	5.1%	5.7%	4.5%	4.2%	3.6%	2.1%	1.9%	5.6%	11.1%
↑	HCOMP3A P Patients who reported that they "Always" received help as soon as they wanted	72.8%	65.7%	69.1%	84.4%	76.3%	69.7%	87.1%	71.7%	90.0%	83.3%
↓	HCOMP3U P Patients who reported that they "Usually" received help as soon as they wanted	20.6%	24.3%	24.2%	10.4%	16.5%	24.1%	12.9%	21.1%	10.0%	16.7%
↓	HCOMP3 SNP Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	6.6%	10.1%	6.7%	5.2%	7.2%	6.2%	0.0%	7.1%	0.0%	0.0%
↑	HCOMP4A P Patients who reported that their pain was "Always" well controlled - Paused	74.1%	--	--	--	--	--	--	--	--	--
↓	HCOMP4U P Patients who reported that their pain was "Usually" well controlled - Paused	19.6%	--	--	--	--	--	--	--	--	--
↓	HCOMP4 SNP Patients who reported that their pain was "Sometimes" or "Never" well controlled - Paused	6.3%	--	--	--	--	--	--	--	--	--
↑	HCOMP5A P Patients who reported that staff "Always" explained about medicines before giving it to them	68.1%	60.4%	68.4%	80.8%	61.5%	62.9%	42.5%	71.7%	40.0%	50.0%
↓	HCOMP5U P Patients who reported that staff "Usually" explained about medicines before giving it to them	15.9%	17.6%	11.5%	11.5%	28.8%	19.9%	22.5%	13.3%	20.0%	0.0%
↓	HCOMP5 SNP Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	16.0%	22.0%	20.1%	7.7%	9.8%	17.2%	35.0%	15.0%	40.0%	50.0%

Lonesome Pine Hospital values include Mountain View Regional Hospital

Desired Performance	Measures	Ballad Health	Smyth County Community Hospital	Unicoi County Hospital	Hawkins County Memorial Hospital	Lonesome Pine Hospital	Russell County Hospital	Hancock County Hospital	Lee County Community Hospital	Johnson County Community Hospital	Dickenson Community Hospital	
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
		↑	HCOMP6Y P Patients who reported that YES, they were given information about what to do during their recovery at home	87.2%	84.0%	89.7%	86.5%	91.0%	87.7%	92.9%	80.3%	45.0%
↓	HCOMP6N P Patients who reported that NO, they were not given information about what to do during their recovery at home	12.8%	16.0%	10.3%	13.5%	9.0%	12.3%	7.1%	19.7%	55.0%	25.0%	
↑	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	54.5%	47.9%	53.8%	52.4%	47.7%	44.9%	70.9%	57.2%	27.2%	40.0%	
↓	HCOMP7A Patients who "Agree" they understood their care when they left the hospital	40.8%	42.6%	40.3%	42.5%	48.9%	51.8%	29.1%	37.9%	56.1%	53.3%	
↓	HCOMP7D SD Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	4.8%	9.5%	5.9%	5.1%	3.4%	3.3%	0.0%	4.8%	16.7%	6.7%	
↑	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	73.9%	74.2%	70.3%	88.9%	75.6%	69.1%	87.5%	68.0%	83.3%	100.0%	
↓	HCLEAN HSPUP Patients who reported that their room and bathroom were "Usually" clean	17.2%	18.2%	21.8%	8.3%	14.6%	24.3%	12.5%	10.0%	16.7%	0.0%	
↓	HCLEAN HSPSNP Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	8.9%	7.7%	7.9%	2.8%	9.8%	6.6%	0.0%	22.0%	0.0%	0.0%	
↑	HQUIETHSP AP Patients who reported that the area around their room was "Always" quiet at night	66.5%	62.9%	64.4%	78.4%	80.5%	63.8%	87.5%	69.2%	66.7%	66.7%	
↓	HQUIETHSP UP Patients who reported that the area around their room was "Usually" quiet at night	26.9%	28.6%	30.7%	18.9%	12.2%	29.5%	12.5%	23.1%	16.7%	16.7%	
↓	HQUIETHSP SNP Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	6.6%	8.6%	5.0%	2.7%	7.3%	6.7%	0.0%	7.7%	16.7%	16.7%	
↓	HHSP RATING06 Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	7.8%	11.9%	5.7%	5.9%	2.5%	9.3%	0.0%	7.7%	0.0%	50.0%	
↓	HHSP RATING78 Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	18.9%	22.3%	13.4%	11.8%	27.5%	16.6%	20.0%	13.5%	66.7%	16.7%	
↑	HHSP RATING910 Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	73.3%	65.9%	81.0%	82.4%	70.0%	74.2%	80.0%	78.9%	33.3%	33.3%	
↑	HRECMND DY Patients who reported YES, they would definitely recommend the hospital	73.7%	65.1%	84.6%	74.3%	62.2%	67.8%	92.9%	84.6%	50.0%	50.0%	
↓	HRECMND PY Patients who reported YES, they would probably recommend the hospital	21.5%	25.8%	10.6%	22.9%	32.4%	29.0%	7.1%	11.5%	50.0%	33.3%	
↓	HRECMND DN Patients who reported NO, they would probably not or definitely not recommend the hospital	4.8%	9.1%	4.8%	2.9%	5.4%	3.3%	0.0%	3.9%	0.0%	16.7%	
	☐ <b>Cataract Surgery Outcome %</b>											
	OP31 Cataracts Improvement - Minimal Cases	--	--	--	--	--	--	--	--	--	--	
	☐ <b>Colonoscopy Follow %</b>											
↑	OP29 Avg Risk Polyp Surveillance	76.1%	87.8%	--	--	--	--	--	--	--	--	
	OP30 High risk Polyp Surveillance - Retired	77.7%	--	--	--	--	--	--	--	--	--	

Lonesome Pine Hospital values include Mountain View Regional Hospital

Desired Performance	Measures	Ballad Health	Smyth County Community Hospital	Unicoi County Hospital	Hawkins County Memorial Hospital	Lonesome Pine Hospital	Russell County Hospital	Hancock County Hospital	Lee County Community Hospital	Johnson County Community Hospital	Dickenson Community Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>Heart Attack</b>										
	OP2 Fibrinolytic Therapy 30 minutes - Too Few Cases	--	--	--	--	--	--	--	--	--	--
	OP3b Median Time to Transfer AMI - Retired	47.50	--	--	--	--	--	--	--	--	--
	OP4 Aspirin at Arrival AMI Chest Pain - Retired	97.0%	--	--	--	--	--	--	--	--	--
	OP5 Median Time to ECG AMI and Chest Pain - Retired	5.22	--	--	--	--	--	--	--	--	--
	<b>Stroke Care %</b>										
	STK4 Thrombolytic Therapy - Retired	83.0%	--	--	--	--	--	--	--	--	--
	<b>Emergency Department (ED) Throughput</b>										
	EDV Emergency Department Volume	--	10	10	10	10	10	10	10	10	10
↓	Median Time from ED Arrival to Transport for Admitted Patients (ED1)	227.3	436.5	555.0	238.5	323.0	213.5	202.0	276.0	770.0	161.0
↓	ED2b ED Decision to Transport	69.0	185.5	335.0	54.5	77.5	35.0	32.0	91.5	55.0	35.0
↓	Median Time from ED Arrival to Departure for Outpatients (18b)	124.5	146.0	139.0	105.0	132.5	123.0	123.0	109.0	138.5	109.0
	OP20 Door to Diagnostic Evaluation - Retired	15.09	--	--	--	--	--	--	--	--	--
	OP21 Time to pain medication for long bone fractures - Retired	37.84	--	--	--	--	--	--	--	--	--
↓	OP22 Left without being seen	0.90%	1.02%	0.41%	0.21%	0.61%	1.14%	0.14%	0.29%	0.86%	0.43%
↑	OP23 Head CT stroke patients	84.7%	70.0%	66.7%	42.9%	71.4%	75.0%	--	81.8%	25.0%	100.0%
	<b>Preventive Care %</b>										
↑	IMM2 Immunization for Influenza - Retired	97.4%	--	--	--	--	--	--	--	--	--
↑	IMM3OP27 FACADHPCT HCW Influenza Vaccination - Seasonal	97.0%	97.0%	95.0%	92.0%	93.0%	93.0%	95.0%	93.0%	93.0%	98.0%
	<b>Pregnancy and Delivery Care %</b>										
↓	PC01 Elective Delivery - Retired	0.56%	--	--	--	--	--	--	--	--	--
	<b>Surgical Complications Rate</b>										
↓	Hip and Knee Complications	2.9%	0.0%	--	--	--	--	--	--	--	--
↓	PSI4SURG COMP Death rate among surgical patients with serious treatable complications	140.60	0.00	--	--	--	--	--	--	--	--
↓	PSI90 Complications / patient safety for selected indicators	0.83	1.00	0.95	0.98	0.96	0.92	0.99	0.98	1.00	0.98
	<b>Readmissions 30 Days Rate %</b>										
↓	READM30 AMI Acute myocardial infarction (AMI) 30day readmission rate	12.9%	25.0%	--	--	0.0%	100.0%	--	--	--	--
↓	READM30 CABG Coronary artery bypass graft (CABG) surgery 30day readmission rate	8.9%	--	--	--	--	--	--	--	--	--
↓	READM30 COPD Chronic obstructive pulmonary disease 30day readmission rate	18.2%	18.1%	12.5%	14.3%	38.5%	29.2%	0.0%	25.0%	0.0%	--
↓	READM30HF Heart Failure 30Day readmissions rate	20.5%	15.4%	17.9%	29.6%	12.0%	34.0%	0.0%	12.5%	0.0%	--
↓	READM30 HIPKNEE 30day readmission rate following elective THA / TKA	3.8%	9.1%	--	--	--	--	--	--	--	--
↓	READM30 HOSPWIDE 30day hospitalwide allcause unplanned readmission	12.0%	14.9%	14.7%	13.7%	15.7%	19.5%	2.5%	15.0%	16.1%	0.0%
↓	READM30PN Pneumonia 30day readmission rate	17.7%	16.6%	20.2%	5.5%	17.6%	23.6%	0.0%	16.0%	16.7%	0.0%
↓	READM30 STK Stroke 30day readmission rate	9.0%	0.0%	16.7%	0.0%	20.0%	0.0%	--	--	--	--

Lonesome Pine Hospital values include Mountain View Regional Hospital

Desired Performance	Measures	Ballad Health	Smyth County Community Hospital	Unicoi County Hospital	Hawkins County Memorial Hospital	Lonesome Pine Hospital	Russell County Hospital	Hancock County Hospital	Lee County Community Hospital	Johnson County Community Hospital	Dickenson Community Hospital
		Baseline	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24	FY24
	<b>Mortality 30 Days Death Rate %</b>										
↓	MORT30AMI Acute myocardial infarction (AMI) 30day mortality rate	4.7%	0.0%	--	--	0.0%	0.0%	--	--	--	--
↓	MORT30 CABG Coronary artery bypass graft surgery 30day mortality rate	2.0%	--	--	--	--	--	--	--	--	--
↓	MORT30 COPD 30day mortality rate COPD patients	1.8%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	--
↓	MORT30HF Heart failure 30day mortality rate	3.9%	5.5%	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%	--
↓	MORT30PN Pneumonia 30day mortality rate	4.7%	2.3%	2.2%	1.8%	1.9%	0.7%	9.1%	0.0%	0.0%	0.0%
↓	MORT30STK Stroke 30day mortality rate	8.2%	0.0%	0.0%	0.0%	0.0%	0.0%	--	--	--	--
	<b>Blood Clot Prevention and Treatment</b>										
	VTE5 Warfarin Therapy at Discharge - Retired	--	--	--	--	--	--	--	--	--	--
	VTE6 HAC VTE - Retired	1.5%	--	--	--	--	--	--	--	--	--
	<b>Use of Medical Imaging Treatment</b>										
	OP8 MRI Lumbar Spine for Low Back Pain	38.0%	--	--	--	--	--	--	0.0%	--	--
	OP9 Mammography Followup Rates - Retired	6.5%	--	--	--	--	--	--	--	--	--
	OP10 Abdomen CT Use of Contrast Material	6.0%	2.1%	2.8%	4.9%	7.1%	3.5%	--	3.6%	7.3%	2.1%
	OP11 Thorax CT Use of Contrast Material - Retired	1.0%	--	--	--	--	--	--	--	--	--
	OP13 Outpatients who got cardiac imaging stress tests before lowrisk outpatient surgery	3.0%	5.9%	--	--	4.0%	--	--	--	--	--
	OP14 Outpatients with brain CT scans who got a sinus CT scan at the same time - Retired	2.0%	--	--	--	--	--	--	--	--	--

Lonesome Pine Hospital values include Mountain View Regional Hospital

# Appendix 1: *Quality (Other) Sub-Index Data*

## *Notes*

The COPA Quality **Target** Measures are comprised of the following 17 measures tracked and included in federal incentive programs by Centers for Medicare & Medicaid Services (CMS):

- 10 Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI)
  - These 10 PSI measures make up the Patient Safety and Adverse Events Composite, also known as PSI 90.
  - The AHRQ's PSI 90 Fact Sheet with most recent measure definitions can be accessed here:  
[https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/PSI\\_Composite\\_Measures.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/PSI_Composite_Measures.pdf)
- Five healthcare-associated infection measures were originally part of the COPA's Quality Target Measures list. These five measures, along with the ten PSI 90 measures above, comprise the measures in the CMS Hospital-Acquired Conditions Reduction Program.
  - One of the measures, Surgical Site Infections (SSI), has subsequently been split into two measures for the Quality (Other) Sub-Index: Colon Surgical Site Infection and Hysterectomy Surgical Site Infection.
  - An overview from QualityNet of the Hospital Acquired Condition (HAC) Reduction Program, and links to the data dictionary can be accessed here:  
<https://www.qualitynet.org/inpatient/hac>
- One of CMS' critical Hospital Quality Initiative measures, SEP-1 Sepsis Management Bundle, replaced a formerly duplicative Quality Target Measure, Central Venous Catheter-Related Blood Stream Infection Rate (also reported as CLABSI), with the Third Amended and Restated Terms of Certification. Measure details can be accessed here:  
<https://www.cms.gov/files/document/patientsafetysepsistepsumm-508.pdf>

The COPA Quality **Monitoring** Measures consist of measures reported on Hospital Compare. Hospital Compare measures were selected by CMS Hospital Quality Initiative as they related to hospital performance and quality of care.

- These 83 measures fall under several performance categories: general/structural, patient experience, timely & effective care, complications, readmission, mortality, and efficient use of medical imaging.
- Hospitals may not be able to report data on all measures, due to the number and types of patients they treat.
- More information on Hospital Compare measures can be accessed here:  
<https://www.medicare.gov/hospitalcompare/Data/Measure-groups.htmlb>

# Credits

**Commissioner Ralph Alvarado, MD, FACP**

**TDH Division of Health Planning**

- Elizabeth Jones
- Jim Mathis
- Judi Knecht
- M. Sarah Elliott



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