

FISCAL YEAR **2020**

State of the Piedmont Clinic **Value Report**

Hardwiring Quality and Clinical Excellence in Georgia

A Strong Foundation of Physician Leadership Leads
to Expanded Services and Enhanced Quality in 2020





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Hardwiring Quality and Clinical Excellence in Georgia:

A STRONG FOUNDATION LEADS TO SUCCESS IN 2020



Chris Lloyd
President,
Piedmont Clinic



Archie Roberts, M.D.
Chairman,
Piedmont Clinic Board of Directors



Jeffrey Shapiro, M.D.
Vice-Chairman,
Piedmont Clinic Board of Directors

State of the Piedmont Clinic Value Report

The fiscal year 2020 (FY20) was a pivotal year in the evolution of the Piedmont Clinic. The Clinic's foundational infrastructure-building work in previous years allowed us to have the most impactful year in the Clinic's history. We are pleased to bring you this report that will focus on our four strategic priorities: quality, clinical integration, value and service line growth. These priorities and our refined physician leadership structure enable the Clinic to serve Piedmont's expanding communities better.

For more than half a decade, Piedmont has embarked on a mission to transform the delivery of safe, quality care. The organization's journey has been marked by greater access to services for patients across Georgia and has fueled an acute focus on how we deliver care. **Today, Piedmont's mature care delivery system ensures a seamless experience for patients throughout our integrated provider network led by physician leaders who reflect the diverse, unique and changing needs of the communities we serve.** To this end, the Clinic has evolved, remaining at the forefront of care delivery by aligning with the healthcare system that Piedmont has become.

We are proud of how our physicians work together across all specialties and our healthcare system, lifting their voices to address local and networkwide challenges. By reinforcing our physician leadership structures that facilitate physician engagement, we are changing how the organization functions – centering our collective focus on initiatives that drive quality, value and better outcomes for our patients.

This year, we aligned the healthcare system and the Clinic to a shared quality imperative through initiatives such as Zero Harm and the development of a more comprehensive clinical integration program while centralizing the teams that support these efforts. We also expanded upon the work of our Clinical Governance Councils (CGCs), which were essential to Piedmont's COVID-19 response, and we laid the foundation for additional CGCs in FY21. Looking ahead, we will continue our focus on physician-led care across our health system with the expansion of our new clinical integration program in 2021. Combined with our CGCs, these efforts led to excellent coordination of care and value for our patients.

The Clinic has successfully demonstrated the value of clinical integration through its performance. This report will detail our Accountable Care Organization's (ACO) continued positive path, quality and safety successes, and results as we work to implement our Zero Harm initiative. Physician leaders are also shaping the future of cardiology, neurosciences, orthopedics and oncology service lines across our health system. We will highlight two programs based on their maturity and milestone achievement in 2020.

As always, we recognize that the Piedmont Clinic's success and commitment to excellence would not be possible without you, our members, board of directors, Clinical Governance Councils, committees and leadership. Thank you for your perseverance, optimism and dedication to our patients and healthcare network.

Sincerely,



Chris Lloyd
President
Piedmont Clinic



Archie Roberts, M.D.
Chairman
Piedmont Clinic Board of Directors



Jeffrey Shapiro, M.D.
Vice Chairman
Piedmont Clinic Board of Directors



Leigh Hamby, M.D.

Chief Medical Officer,
Executive Vice President and Chief Quality Officer

Refining the Piedmont Clinic's Quality Program Through Enhanced Clinical Integration

At Piedmont, our purpose is to make a positive difference in every life we touch, squaring quality, safety and service at the center of our health system priorities. Within our Clinically Integrated Network (CIN), Clinic physicians lead the charge to drive our quality imperative.

In FY20, key initiatives and achievements support our progress to be the quality and safety leader in patient care delivery, including restructuring and centralizing our Quality organizations and introducing a new Clinical Integration program and physician engagement structure.

"The Clinic is accelerating the rate of change at Piedmont through unified oversight of quality initiatives systemwide. By consolidating our health system's hospital and ambulatory Quality organizations into a single function for the entire system, we align priorities and our ability to drive improvements at scale across Piedmont," said Chief Medical Officer, Executive Vice President and Chief Quality Officer **Leigh Hamby, M.D.**

The partnership between our Quality organization and Clinic physicians enhance physician engagement and fuel success. Through clinical integration and contracting together, we have the data analytics, technology infrastructure and insight into the health of the populations we serve, providing us the pillar for achievement.

The success of the Clinical Governance Councils and process engineering to support operational workflows have allowed us to achieve important goals in decreasing harm and improving quality outcomes at Piedmont. Together, this powerful, unified organization will facilitate transformational change in quality and safety throughout the state of Georgia.

Over the past four years,
Piedmont has seen the following results*:

*Percent reduction compares 2016 to 2020 data; data source: HID; data retrieved on 9/3/2020



40% REDUCTION IN
CLABSI



64% REDUCTION IN
CAUTI

New Clinical Integration Program

In FY20, the Piedmont Clinic introduced a new Clinical Integration (CI) program and structure, sunsetting the decade-old Performance Improvement Plan (PIP), and its biannual forfeiture fee payment and the PQRS quality codes reporting requirements.

Under the new program, physician members of our network have a greater role in determining the accountability measures that drive physician engagement and improvements to achieve operational efficiency across the health system, ensuring our patients receive the best care and experience at every encounter.

Achieving higher clinical performance and quality with greater consistency for better patient outcomes requires a carefully coordinated plan and seamless execution. Through the CI program, physician leaders developed a sophisticated structure that centralized priorities and reorganized and expanded teams across the health system to align safety and quality initiatives. These efforts, supported by the physician-led Clinical Governance Councils (CGCs) created two years ago and the recently formed Clinical Integration Committee ensure shared accountability and result in three levels of monitoring within the CI program:

Physicians and other clinicians engage in this structure through various tools supported by administrative leaders to facilitate improvement in evidence-based care. This is one way we demonstrate to the community that we are a high-quality and efficient network with data to support our performance. Additionally, the CI program is supported by a framework that ensures program compliance by our members, a peer-review process and continuous feedback and improvement.

New Clinical Integration Program



 **80%** REDUCTION IN **C. diff**

 **26%** REDUCTION IN **MRSA**

 **11%** REDUCTION IN **SSI colon**

Physician-Led Clinical Governance: Enhanc

FISCAL YEAR 20 **CGCs**



Infectious Disease



Neurosciences



Oncology



Orthopedics



Primary Care



**Pulmonary/
Critical Care**



Radiology

Physician Engagement Structure

Within the new CI program, physician engagement in designated committees representing each specialty and focusing on specialty-specific quality metrics and improvement work across the health system is essential. In FY21, the Clinic will fully implement the Clinical Integration Committee (CIC) to bolster physician engagement. The current and expanding CGC structure covers 80% of our specialties, and with the full implementation of the new CIC, we can ensure 100% engagement by our member physicians.

In 2018, the Piedmont Clinic launched the Clinical Governance Council (CGC) structure to improve quality, value and clinical growth through our strategic initiatives. The CGCs are specialty-specific committees representing the Clinic's structure for achieving improved quality and patient safety outcomes. CGCs engender physician collaboration and cooperation to develop, monitor and drive improvement for the program's quality metrics and physician performance.

Through the CGCs, physicians lead the quality improvement work for the system. These groups prioritize focus areas and align with Piedmont's strategic plan and quality imperative.

2020 CGC Highlights

Our physician network delivered impressive results through the existing CGCs in FY20. Here are a few highlights:

The Pulmonary/Critical Care CGC and newly established Infectious Disease CGC led Piedmont's response to the COVID-19 pandemic, as you'll see in our special COVID-19 response section.

The Pulmonary/Critical Care CGC came together to change sepsis care at Piedmont. The group led the clinical sepsis program redesign across 11 hospitals, which has increased the inpatient sepsis three-hour bundle compliance by 20%. This means more patients will be treated early and lives will be saved because of our proactive approach to sepsis surveillance and treatment. This CGC also implemented the first pilot process to review specialty-specific order sets.

The Neurosciences CGC led the Clinic in completing NIH Stroke Scale Certification training for more than 300 physicians.

The Oncology CGC implemented Canadian breast hypofractionation guidelines to increase patient safety.

The Primary Care CGC hosted two virtual regional huddles to connect 500-plus primary care physicians across the network to review quality improvement, network management, performance measures and value-based contract work.

Snapshot of **CGC and CIC Initiatives**

- **COPD Order Set Utilization**
- **Develop COVID-19 Treatment, Testing and PPE Use Guidelines**
- **Diabetes A1c Control Improvement**
- **Genetic Testing and Counseling - Referrals Generated**
(for Ovarian, Pancreas, High-Risk Breast, Prostate and Colon Cancers)
- **HCC and Risk Documentation**
- **Elective Hip & Knee Pre-Op Order Set Utilization**

ing Our Quality Programs



Photos taken during CGC meetings in 2019, prior to COVID-19 safety protocols.

Clinical Integration Committee

The Clinical Integration Committee represents the largest population of physician specialties in the Clinic. The range of specialties included in this Committee will allow for significant collaboration across these disciplines to improve Piedmont's quality and patient care.

The CIC will also work within its specialties to further identify clinical integration initiatives

The new Clinical Integration Committee will include the following specialties:

- Allergy & Immunology
- Dermatology
- Endocrinology
- Gastroenterology
- Nephrology
- Ophthalmology
- Otolaryngology
- Pain Medicine
- Physical Medicine & Rehabilitation
- Plastic Surgery
- Podiatry
- Psychiatry
- Psychology
- Rheumatology
- Transplant
- Urology

As these structures continue to evolve and mature, we are excited to continue our partnership with physicians to further engage their work with Piedmont.

The Future of the CGC Program

In FY21, the Clinic will launch new CGCs to obtain even greater results across the system, including:

- Anesthesiology
- Cardiovascular Services
- Emergency Medicine
- Surgical Services
- Hospital Medicine
- Women's Services

We look forward to seeing how these new CGCs and the CIC will engage and expand physician leadership through the Piedmont system.

- **Mammogram Result Turnaround Time**
- **Sepsis 3-Hour Bundle Compliance**

Achieving Zero Harm by 2026

One of Piedmont Healthcare's goals to improve quality is to achieve Zero Harm by 2026. The Clinic's refined physician leadership structure and expanded CGCs better position the organization to reach this goal.

"Achieving Zero Harm means taking the best care of our patients using best practices and standard work, doing all in our power to prevent unnecessary harm," says Leigh Hamby, M.D., chief medical officer, Piedmont Healthcare. "I am confident that the changes rolling out in 2021, including our integrated physician and quality structure, will better position us to hit that goal. As one Quality and Safety organization aligned with the CGCs, we can achieve Zero Harm by 2026."

Quality and Safety Successes

Over the past few years, the Piedmont Clinic's Quality and Safety team has made outstanding progress in improvement initiatives across the system. In the Leapfrog survey, all of our hospitals went from a "C" to an "A" grade. We also rolled out several promise packages to drive standard work and decrease hospital-acquired infections (HAI). Our most notable successes include:

- A significant decrease in catheter utilization and catheter-associated urinary tract infections (CAUTIs) across the system.
- Implementation of many key horizontal infection prevention measures, including universal CHC bathing and expanded coverage of hand sanitizer dispensers.

COVID-19 Response



**New Infectious
Disease CGC**



**New Physician
Expert Panel**





**COVID-19 Treatment
Task Force**



**Telehealth
Response**



**Population
Health**



Piedmont's Coordinated COVID-19 Response

In 2020, the COVID-19 pandemic created new and dynamic challenges that required innovative approaches to meeting clinical care and practice operation needs.

Dramatically decreased volumes, a national shortage of personal protective equipment, limitations on operations across our health system and the unknown future impact of the virus created one of the most complex and demanding environments to lead and thrive. Piedmont's agility in response to the pandemic was essential in keeping our commitment to delivering safe, quality care.

We brought together clinicians and key stakeholders from across Piedmont to escalate solutions to existing issues, innovate solutions to new challenges, and create new structures that expedited decisions. This centralized command center included physicians and operational representatives from infection prevention, quality, communications, human resources, supply chain, nursing, staffing and information technology. Thanks to the groundwork laid in FY19, the Piedmont Clinic's organization and maturity enabled quick mobilization and implementation of services in response to COVID-19.

Piedmont's Initial COVID-19 Response Timeline

- March 2020**
 - The Piedmont Clinic launched the following:
 - A new Infectious Disease CGC
 - Emergency Physician Expert Panel
 - COVID-19 Treatment Task Force
 - A strong telehealth response
 - Expanded behavioral health services for MyHealth360
 - COVID-19 support for employer partners
- March 8**
 - • First COVID patient at Piedmont Fayette Hospital
 - • First day of testing patients
- March 10**
 - • COVID-19 System Incident Command Center opened at Piedmont Columbus Regional Hospital
 - • Piedmont Henry Hospital received first COVID patient
- March 12**
 - First COVID patient at Piedmont Newnan Hospital
- March 13**
 - First COVID patient at Piedmont Rockdale Hospital
- March 14**
 - First COVID patient at Piedmont Atlanta Hospital and Piedmont Newton Hospital
- March 15**
 - Stopped elective procedures
- March 16-17**
 - On-site daycare opens at four entities
- March 17**
 - First COVID patient at Piedmont Athens Regional Hospital
- March 18**
 - Test collection sites started
- March 19-23**
 - No-visitor policy takes effect
- March 20**
 - First COVID patient at Piedmont Mountainside Hospital
- March 23**
 - First day of in-house testing
- March 27**
 - First COVID patient at Piedmont Walton Hospital
- April**
 - 60-second TV commercial on WSB to thank our communities for their support
- April 3**
 - COVID-19 System Incident Command Center relocated to Atlanta
- April 13**
 - Marcus Tower opened at Piedmont Atlanta Hospital
- May 2**
 - U.S. Navy Blue Angels and the U.S. Air Force Thunderbirds conducted a "flyover" in support of healthcare workers.



New Infectious Disease CGC



The existing Clinical Governance Council structure provided the ideal avenue for clinician collaboration and partnership – with quick decision-making and communication. The new Physician Expert Panel (PEP) and Infectious Disease (ID) CGC were created in early March 2020 to bring physicians together, provide critical guidance and clinical expertise, and answer patient care questions for the entire health system.

"The Infectious Disease CGC has been instrumental in driving the majority of systemwide policies surrounding COVID-19 from an infection prevention standpoint, including PPE, testing and treatment," says **Bronwen Garner**, M.D., chair of the Infectious Disease CGC.

Dr. Garner notes that because of Piedmont's existing CGC structure, the ID CGC could organize quickly to respond to the pandemic. She also says the CGC will continue to support Piedmont's culture of safety moving forward.

"The ID CGC has been a great way for us to help support the culture of safety at Piedmont, not only in emergency situations like COVID-19, but also in our everyday patient care structure," says Dr. Garner. "Having the visibility of the ID CGC is really helpful so people can keep important safety issues, like hospital-acquired infections, top of mind."



New Physician Expert Panel



"When the pandemic first began, we launched the Physician Expert Panel, which brought together physicians from various specialties," says **Jermaine Jackson**, M.D., chair of the Pulmonary/Critical Care CGC. "We couldn't work in silos for a disease that was having a devastating effect on our community. Our response required all hands on deck to care for patients and all physicians stepped up."

The PEP, ID CGC and Pulmonary/Critical Care CGCs directly communicated with leaders within the System Command Center and local entity leadership to guide care. The multidisciplinary PEP included infectious disease, pulmonary, internal medicine, anesthesia and cardiology physicians. Together, the group responded to the early COVID-19 crisis and provided recommendations to the Piedmont Healthcare system.



COVID-19 Treatment Task Force

Once the groundwork was laid by the PEP, the Pulmonary/Critical Care CGC and new Infectious Disease CGC launched the COVID-19 Treatment Task Force, in collaboration with nursing and pharmacy representatives. This task force is now the leader of Piedmont's COVID-19 response.

"This collaborative effort has been ongoing throughout the pandemic with the goal of providing a standardized approach to treatment in the Piedmont Healthcare system," says Dr. Jackson. "It allows us to stay on top of evidence-based treatment approaches so we had standardized systems of care at Piedmont."

Telehealth Response

Telehealth services were another critical component of the organization's pandemic response. Telehealth allows physicians to provide services to patients remotely, typically by video, making access to top-quality care easy, safe and convenient. Phone visits and asynchronous messaging visits through patient portals are also components of telehealth.



Piedmont's Chief Health Information Officer **Lacy Knight, M.D., M.S.** says the organization needed a way to provide care for patients while mitigating the spread of the virus. Dr. Knight says his team quickly assessed Piedmont's existing software and physicians' technology resources, like laptops and smartphones.

"We knew there wasn't a rapid to-scale solution, so we designed something we knew we could get to every practice within a relatively short amount of time," he explains. "We care for 2 million patients annually and knew if we didn't take this approach from the beginning, we'd leave a lot of people out. It wasn't the simplest or fastest platform to launch, but it was something we knew we could scale and support."

Clinic physicians' engagement and their willingness to adopt a new form of care delivery and technology platform on an ambitious timeframe were remarkable. Within 10 days, Piedmont was live on its first version of the telehealth digital platform. From there, the team started to roll out education, training and support over the next two weeks while simultaneously optimizing the platform. Information and strategies were shared across the Piedmont network regardless of the electronic medical record platform and telehealth vendor, keeping physicians and offices connected and informed.

"I'm proud of the team that made this work. To launch a telehealth platform within 10 days required coordination between our vendors, hardware team, network and infrastructure team, I.S., operations, providers and patients," he says. Without the commitment of Piedmont Clinic physicians, success would not have been possible.

Virtual visits helped providers route patients with COVID-related symptoms to the appropriate testing centers to reduce infection transmission to staff and other patients. And not only did telehealth help mitigate COVID-19 infections, it also provided added value to patients. Dr. Knight says that Piedmont will continue to explore and expand telehealth options in the months and years ahead.

"We don't see virtual health as a temporary fix," he says. "We think it's an opportunity for growth and an opportunity to engage patients in new ways that create better access to care than what they've had in the past. We're working to figure out how we can continue to do that."



Telehealth Timeline

JANUARY

- Telehealth visits: approximately 50
- 25 Clinic providers conducted telehealth visits

APRIL

- Telehealth visits: increased to more than 43,000
- 1,400 clinic providers practiced via virtual means in 40 different specialties.

JUNE

- Telehealth visits: maintained approximately 15,000 visits per month
- Approximately 1,000 providers continued to offer telehealth services.

Partnering with Community Employers

The Piedmont Clinic's Population Health team responded to the COVID-19 crisis by identifying and implementing additional behavioral health support services for MyHealth360 participants. Additionally, the team offered onsite COVID-19 services and resources to our employer partners, like Delta Airlines.



Addressing the Mental Health Impact of COVID-19

Our Population Health team identified a gap in Piedmont's MyHealth360 benefit design to provide a comprehensive, well-rounded offering of holistic resources to support the mental health needs of our employees and their dependents. The collaboration between Population Health, our H.R. benefits partners and Cigna resulted in access to behavioral health services and outpatient substance abuse counseling, resources for eating disorders and autism support, to name a few.



Delta Airlines COVID-19 Support

At the initial peak of the virus in early spring, the Clinic provided support to one of its large employer groups in the southern region, Delta Airlines. The Population Health team deployed two registered nurses fulltime to Delta's human resources headquarters to assist Delta's COVID-19 response. As the pandemic continued, the Clinic deployed two additional staff from the Quality team. The Clinic's nurses and staff maintained close communication with Delta's HR leader to ensure needs were being met throughout this engagement, truly serving as Delta's partners.



Fayette County COVID-19 Support

The Population Health team launched a unique employer relationship in fall 2019, supporting Piedmont's broader system employer group strategy. **Erica Roberts**, RN, BSN, was hired as our first health and wellness coach, supporting Fayette County employees and dependents. The Fayette County Library director reached out to Roberts for advice on safely reopening the facility. Roberts discussed COVID-19 prevention and the use and care of masks and gloves with the staff, set up a temperature check station and developed a plan for disinfecting high-touch surfaces. She also made 100 cloth masks after learning that library staff had not received the masks ordered for them.



**Patrick
Railey, M.D.**

ACO Board Chair
Medical Director, Piedmont Clinic

Success of the Piedmont Clinic's Accountable Care Organization - A Testament to a Physician-Led Network

The Piedmont Clinic has been able to demonstrate value through its performance.

Piedmont's Accountable Care Organization (ACO) continues on a positive path for the fourth consecutive year. This program is a crucial part of the Piedmont Clinic's ongoing goal of providing high-quality and high-value care for our patients.

The Success of Piedmont's Accountable Care Organization

Together, Piedmont Clinic ACO physicians improve quality and lower patient costs through the Medicare Shared Savings Program (MSSP). The MSSP allows groups of providers to come together as an Accountable Care Organization (ACO). The ACO works with Medicare to improve the quality and efficiency of patient care.

Piedmont's ACO entered the MSSP in 2017 and is currently in its fourth participation year (calendar year 2020). It is comprised of nearly 900 Piedmont Clinic physicians (all primary care and some specialists) and approximately 70,000 attributed Medicare lives.

"By continuing to provide great quality care, our group of physicians in the ACO are improving the healthcare of the folks we see in our primary care offices," says **Patrick Railey**, M.D., chair of Piedmont's ACO board of directors. "This involves the primary care doctors keeping close tabs on prevention items, like cancer screenings, using statin medicine in patients with heart disease and diabetes, and controlling blood pressure. For those same outpatient physicians, it also involves proper documentation that paints the right picture of the severity of the patient's illness."

On the inpatient side, Dr. Railey says it involves hospital physicians and hospitals providing great care and moving patients back to the outpatient setting as soon as they can safely do so. Finally, it's important for patients to receive the right care once they leave the hospital, such as rehabilitation, for the right amount of time.

"Everybody coming together in a coordinated medical care network helps us improve the quality of care," he says. "All care is delivered more efficiently compared to what we see in other healthcare systems in our area. All of these factors allow us to succeed in the Medicare Shared Savings Program."

Piedmont's ACO Results

Success in the MSSP is directly tied to improving quality (such as patient experience, preventative care and management of chronic conditions) while maintaining or lowering the cost of care (such as reducing inappropriate admissions, emergency department visits and imaging). "In primary care, we have a unique role because when patients feel like their chronic conditions are suddenly getting worse, we can get them in our offices quickly to manage their conditions and keep them from needing hospitalization," says Dr. Railey. "Many times, we can coordinate crisis care with our specialists in the network, which helps keep folks out of the hospital."

He adds that ACO members coordinate with specialists, care managers and patients to manage patients' conditions and keep patients out of the inpatient setting when inpatient care is unnecessary.

Strong ACO Performance in the MSSP

The Clinic's clinically led organization is achieving results that demonstrate our best-in-class performance.



Ranked #15 Out of 541 ACOs Nationwide

Among top 20 large ACOs in the U.S.



3 Consecutive Years of Top Quality Scores

(100% in 2017, 95% in 2018, and 96% in 2019)



3 Consecutive Years of Static Cost-Per-Beneficiary

(\$9,521 in 2017, \$9,838 in 2018, and \$9,773 in 2019)



Beat Our 2019 Cost Benchmark by 4.4%

\$31.6 million in savings for CMS (>90th percentile of total savings for CMS)

Our ACO has performed well in the MSSP even as national CMS averages for fee-for-service costs continue to rise. Coupled with **strong quality performance (96%)**, the savings we achieved were significant enough for CMS to **share \$15.1 million of these savings with the ACO**.

"To do this with the cost of care remaining virtually the same over the last three years is a testament to the Piedmont Clinic's focus on value-based care for patients," says Dr. Railey. "When you look at healthcare costs across the country, they've risen 4 to 6%. For us to continue to provide quality care at the same level of cost for three years running is a big deal."

Looking to the ACO's Future

Moving forward, the Piedmont Clinic and ACO will have a continued focus on high-quality care, appropriate care utilization, accurate documentation and care coordination. Your continued engagement in these efforts will help our ACO and Clinic maintain its status as a high-performing regional and national leader in quality care and cost-effectiveness.



Piedmont Service Lines Show Significant Development in FY20

Fundamental in advancing Piedmont Healthcare's vision for measured and meaningful expansion in access to care is physician leadership in clinical service lines, including cardiology, neurosciences, orthopedics and oncology.

Among these service lines, two programs within cardiovascular services and neurosciences stood out because of their advancement and maturation in 2020, highlighting our progress and achievement of significant milestones that demonstrate the Clinic's expanding capabilities and service offerings to meet the evolving needs of our communities.

Evolution of Neurosciences Program

In Georgia, stroke is the fourth-leading cause of death, indicating a significant need for expanded stroke care services in the state. Piedmont is responding to this community need and growing demand through the expansion of neurosciences care. Neurosciences physicians and leadership have created a vision to designate Piedmont as a leading provider of comprehensive stroke care services in the Stroke Belt.

The neurosciences program is a critical element of Piedmont's goal to deliver the highest quality and most comprehensive services in Georgia anchored by a quaternary care center.

The Importance of a Comprehensive Stroke Center

As part of a multi-year plan, the neurosciences program's initial focus is to establish a Comprehensive Stroke Center at Piedmont Atlanta to enhance and expand services across the spectrum. Piedmont is well-positioned to grow the program's success to address the needs of populations in our communities today and in the future.

- Committed physician leadership laying the foundation for success.
- Poised to respond to high patient need for services across our communities.
- Strong brain tumor and spine services laying the groundwork for other advanced services.
- Robust alignment with neurosurgery practices providing a head start on stakeholder engagement.
- Thriving adjacent specialties, including cardiovascular and transplant.
- Existing endovascular program in Columbus.

In 2020, the neurosciences program focused on growing its clinical services and ambulatory footprint in three clinical hubs to enhance access to care across Piedmont's communities. The ultimate goal is to implement a community-based, comprehensive neurosciences program, including an interventional stroke program at Piedmont Atlanta. The neurosciences program expects to achieve Comprehensive Stroke Center certification in FY21.

Key Accomplishments

- Developed and implemented operational plans for the cerebrovascular/comprehensive stroke program to go live in FY21.
- Developed and implemented operational plans for a dedicated neuro ICU at Piedmont Atlanta.
- Completed construction on a bi-plane suite and neuro ICU for a Comprehensive Stroke Center that launched in October 2020.
- Implemented a tele-neurohospitalist program for emergency consult and daily rounding at Piedmont Walton, Piedmont Newton and Piedmont Rockdale.
- Implemented telestroke services at Piedmont Walton, Piedmont Newton, Piedmont Rockdale, Piedmont Atlanta, Piedmont Athens Regional and Piedmont Columbus Regional.
- Implemented Viz to streamline stroke workflow and triage patients eligible for endovascular stroke treatment.
- **Recruited top national talent to build the foundation of our neurosciences program:** (L to R): Critical Care Intensivist **Imoigele Aisiku**, M.D., M.B.A.; Neurosurgeon **Albert Schuette**, M.D.; and Neurosurgeon **Michael Stiefel**, M.D., Ph.D.



Cardiovascular Program Achievements

The cardiovascular service line has hit its stride in offering comprehensive services, distributing more advanced services throughout the Piedmont footprint. The service line also welcomed new leaders, received continued recognition for quality and celebrated the Marcus Tower's grand opening - significant accomplishments made possible because of our physicians' reputation in the community, dedication to our work and commitment to clinical excellence.

Marcus Tower at Piedmont Atlanta Hospital



The new Marcus Tower at Piedmont Atlanta Hospital completed Phase I construction and opened its doors 17 days ahead of schedule in July 2020 to support Piedmont's response to the COVID-19 pandemic. The Marcus Tower underscores the importance of clinical coordination across our health system and our physicians' hard work in delivering safe, quality care, and an unparalleled patient experience.

"This tower is a testament to the generosity of many, and to the expertise and skill of the caregivers who have made Piedmont a premier destination for patients seeking answers and care," said **Patrick Battey**, M.D., CEO, Piedmont Atlanta Hospital. "This space enables the critical expansion of cardiovascular and other key healthcare services, giving us the ability to provide one-of-a-kind, patient-centered care for more people than ever before."

Piedmont's clinical performance is paying dividends. These dividends are apparent by the goodwill of community supporters and philanthropists who believe in Piedmont's purpose to make a positive difference in every life we touch. Thanks in large part to generous donors like Bernie and Billi Marcus whose gift of \$75 million via The Marcus Foundation, and a donation of \$18 million from Brett and Louise Samsky and their son, Connor, via The Louise & Brett Samsky Family Foundation, made the tower possible and funded the Marcus Tower's Brett and Louise Samsky Lobby and the Samsky Invasive Cardiovascular Services Center.

Key Accomplishments

- Once again, Piedmont Heart Institute received Healthgrades' Cardiac Care Excellence Award™ recognizing the nation's Top 50 cardiac programs. Piedmont Heart is the only entity in Atlanta to have consistently received this quality recognition for more than 10 years with superior clinical outcomes in five categories: bypass surgery, coronary intervention, heart attack treatment, heart failure treatment and heart valve surgery.
- Eight Piedmont hospitals earned the American College of Cardiology's Chest Pain Center accreditation and six hospitals won performance awards for chest pain treatment.
- The program expanded CardioMEMS and now offers the service in Athens, Atlanta, Columbus and Fayette. CardioMEMS is an implantable device to monitor heart failure that detects fluid buildup changes before a patient ever experiences symptoms, allowing them to receive appropriate care before becoming symptomatic.
- PHI has the largest advanced lipid program in the country. The program offers drugs that can reverse cholesterol buildup. Typically, patients must go to a large academic medical center for this type of care, but due to its distribution across the PHI footprint, patients can access care close to where they live.
- In FY20, cardiovascular services doubled the number of studies reviewed compared to the previous year. The program also had 50% more unique principal investigators leading those studies. Additionally, it has the most extensive valve research program in the Southeast and one of the nation's most prominent.
- Piedmont Heart Institute was the first in the nation to earn certification from DNV for its ECMO program. ECMO has been a critical service offering with COVID-19 and has provided good outcomes for many patients. PHI is part of an international study called ECMOCARD that looks at the effectiveness of different ventilation types for COVID-19 patients, with ECMO being the most extreme.



 Piedmont

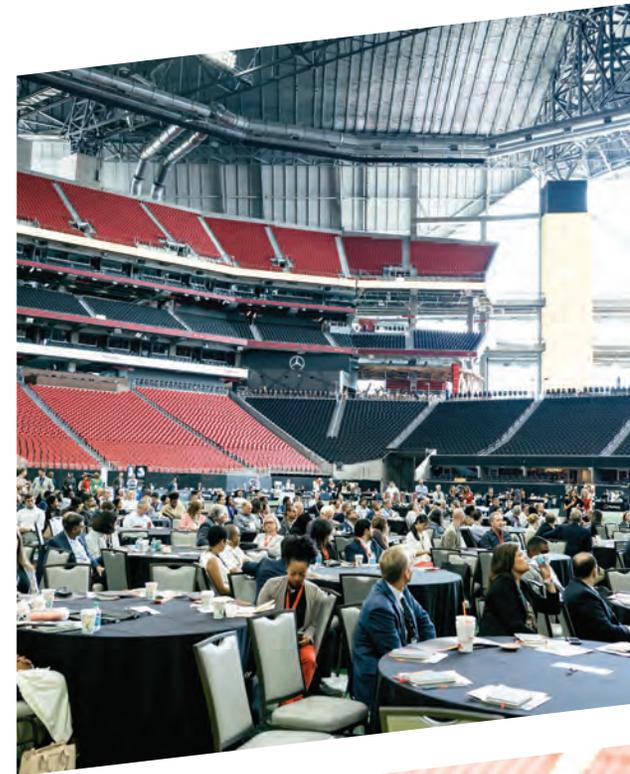
A Look Back at FY19

The 2019 Value & Vision Summit, held at Mercedes-Benz Stadium, set the priorities for FY20 and paved the way for our achievements.

Physicians heard from physician leaders across the Piedmont Clinic on our game plan for success. Topics included an update on the launch of the Clinical Governance Councils framework, a keynote speech on the delivery of networks across the state to improve patient experience, an update from primary care providers on the optimization of expanding access to care in our network, and our physicians' role in driving quality across Piedmont. Physicians also participated in networking activities, played interactive games and were able to tour the stadium.

Thank you for your engagement and continued commitment to the Piedmont Clinic – we look forward to what the future holds.





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With confidence, we move forward
With heart, we **#KeepCaringOn**

FRONT COVER:
Jemese Richards-Boyd, M.D.

BACK COVER:
Pictured top left, **Altee Johnson, M.D.**; pictured top right, **Adrienne Crow, M.D.**;
pictured bottom left, **Douglas Ciuba, M.D.**; and pictured bottom right **Abdullah Siraj, M.D.**