



Caring

COMMUNITY
BENEFITS
REPORT

2014



EMORY
UNIVERSITY

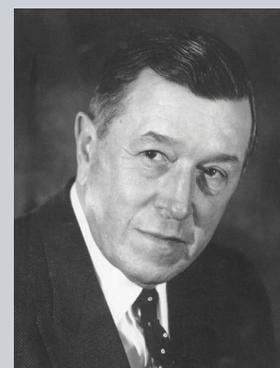
Woodruff
Health Sciences
Center

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Patient stories throughout this book are real, but patients' names and identities have been changed to protect their privacy (except in cases where patients wished to share their identity along with their story).

This report includes community contributions of faculty, staff, and students throughout Emory's Woodruff Health Sciences Center (WHSC). WHSC encompasses Emory School of Medicine, Nell Hodgson Woodruff School of Nursing, Rollins School of Public Health, Emory Healthcare, Winship Cancer Institute, and Yerkes National Primate Research Center. See page 29.



SUSTAINING A VISION
FOR THE COMMUNITY

Robert W. Woodruff—the health sciences center's namesake and longtime leader of The Coca-Cola Company—dedicated his life to supporting the community, at Emory, in Atlanta, in Georgia, and beyond.

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It's what we do



Our CEO at Emory University Hospital sums it up well: When the call came in last summer about bringing the first Ebola patients to be treated in this country to Emory, he says, “There was not a nanosecond of hesitation. We simply said ‘Yes’ and ‘When?’”

Caring for such seriously ill patients requires an impeccably trained, well synchronized, and

deeply compassionate team of professionals. Fortunately, for our Ebola patients, our Emory team is just that. But let us not forget that even when there is no spotlight, we care for patients every day whose illnesses are less newsworthy but every bit as serious to those patients and their families. Every day the most critically ill patients in the region turn to us for help, and every day we give them the world-class care they need to regain their health.

As the stories in this book attest time and time again, caring—including putting service and compassion ahead of reimbursement—is who we are and what we do.

S. Wright Caughman, MD

Executive Vice President for Health Affairs, Emory University
CEO, Woodruff Health Sciences Center
Chairman, Emory Healthcare





Charity care in Emory Healthcare In fiscal year 2013-2014, Emory Healthcare provided \$85 million in charity care, an increase of 6% over the previous year, which itself was an increase of 11.4% over the year before.

“Charity care” is defined as follows: It includes indigent care for patients with no health insurance, not even Medicaid or Medicare, and no resources of their own. It also includes catastrophic care for patients who may have some coverage but for whom health care bills are so large that even if it were possible to pay them, doing so would leave their lives further shattered.

The box below details the charity care provided at individual Emory Healthcare facilities. Included elsewhere in this book are amounts of uncompensated care provided by Emory physicians who practice at Grady Memorial Hospital and at other hospitals and clinics where many volunteer during their free time.

In addition to charity care, Emory Healthcare provides numerous other services to help improve access to care, advance medical knowledge, and relieve or reduce dependence on taxpayer-funded community efforts. In fiscal year 2013-2014, this total for Emory Healthcare was \$64,029,894. Following are examples of what this total includes:

Charity care totals

Fiscal year 2013–2014

| | |
|--|----------------------|
| Emory University Hospital and Emory University Orthopaedics & Spine Hospital | \$ 25,353,179 |
| Emory University Hospital Midtown | 21,293,481 |
| Emory Saint Joseph’s Hospital | 14,566,913 |
| Emory Johns Creek Hospital | 3,572,581 |
| Emory Clinic and Emory Specialty Associates | 19,957,010 |
| Emory Wesley Woods Center | 529,711 |
| Total | \$ 85,272,875 |

The \$85 million total above represents the unreimbursed cost of providing charity care, based on actual expenses to Emory Healthcare. Cost reporting is standard for calculating charity care totals, as required by the Internal Revenue Service and advocated by the Centers for Medicare and Medicaid Services and the Catholic Health Association.

- **\$5,636,472** from the community benefit inventory for social accountability (CBISA). Significant CBISA dollars include activities such as the following: discounted/free prescription drug programs; programs and contracted services for indigent patients; in-kind donations to organizations such as MedShare; transportation services; flu shots; blood drives; subsidized continuing care, nursing home care, and home care; sponsorship of selected charity health awareness events; and educational programs for the public, future health professionals, and patients

- **\$41,280,771** shortfall between Emory Healthcare’s cost to provide care to Medicaid patients and Medicaid reimbursement
- **\$17,112,651** costs to Emory Healthcare for the Georgia provider tax, which supports the Medicaid budget and helps maintain payment levels for all Medicaid providers

When patient Connie Smith most needed family, her niece was there for her. But *there* was half a continent away.

Getting Aunt Connie home

A constant headache was one thing, but when 61-year old Connie Smith started feeling dizzy and unsteady on her feet, she knew it was time to go to the emergency room. Within hours, she was admitted to Emory University Hospital (EUH), diagnosed with a brain tumor, and scheduled to begin an aggressive course of chemotherapy and radiation.

After she had spent 56 days in acute care, Smith's tumor had shrunk and her symptoms had diminished. She was transferred to Budd Terrace, Emory's skilled nursing facility, for sub-acute care. There she could continue radiation and chemo but also enjoy eating in the dining room, chatting with new friends, and participating in group activities.

After two more months, she was well enough to leave—but not well enough to live alone. At Smith's request, the Emory team contacted her closest relative, who lived in nearby Duluth. The niece had been a faithful visitor, but she was now in the process of moving to Arizona, where her husband had just been transferred. Their house was a jumble of suitcases and packing boxes. Moving her aunt to their current home was impractical, but

she and her husband could move her to their new home in Scottsdale.

Smith wanted to go, but getting there would not be easy. She had no money. Medicaid had covered a portion of her expenses at EUH, but Emory had covered all costs for the two months at Budd Terrace. Now, working with Budd Terrace social

worker Lashonda Jones, the Emory team set to work to get Smith home and ensure a smooth transition medically. EUH social workers Rasheedah Carkhum and Theresa Hoffman made arrangements with an airline that provides vouchers to transport cancer patients at no cost. Medical oncologist Rathi Pillai arranged to have her followed by an oncologist in Arizona, while hospitalist

David Tong communicated with other physicians in Arizona about her needs. When Smith said goodbye, there were hugs and tears.

In the long run, the story likely won't have a magical ending. Smith's brain tumor is winning. But Emory's efforts improved Smith's quality of life for months and brought two family members closer. That has some magic of its own.



Nurse practitioner Melissa Woodstock, oncology fellow Rathi Pillai, and hospitalist David Tong, were among many who helped brain tumor patient Connie Smith, who spent 56 days in the hospital and two months in Emory's skilled nursing facility.



EMORY UNIVERSITY HOSPITAL MIDTOWN

Too young for Medicare, he was ineligible for Medicaid since he owned a small farm, with a house, a barn, and some cows.



Electrophysiologist Angel Leon and cardiology nurse Dedra Blalock have been caring for Rick Shields for years and have watched his sad journey as his disease progressed, robbing him of energy needed to run his small business.

Rescued from the middle

When Rick Shields was in his early 30s, he started having heart palpitations and dizziness. Sounds like Uncle Jess, said his concerned mother. Her brother, always healthy, had died suddenly one day. Shields' local doctor referred him to the arrhythmia center at Emory University Hospital Midtown (EUHM). The diagnosis was arrhythmogenic right ventricular dysplasia (ARVD), a rare form of heart disease, often familial, in which one of the heart chambers progressively becomes replaced by fat and fibrous tissue. ARVD made Shield's heart less able to pump blood efficiently, causing abnormal heart rhythms and increasing the risk of sudden cardiac death (the reason some young athletes die at their physical peak).

There is no cure for the progressive disease, but there are ways to help control the dangerous arrhythmias. For more than 20 years, Shields has been through most of them at EUHM: Drugs, ablations (in which electrodes placed in the heart conduct radiofrequency waves to kill clusters of cells causing the irregular rhythms), and an implantable defibrillator that detects an arrhythmia and sends a mild shock to stop it.

Incredible care, incredibly complex, continuously ongoing, and, consequently, incredibly expensive.

Last year Shields had yet another ablation, at a cost of some \$30,000. Replacing defibrillator batteries alone over time has cost at least \$50,000. As his disease progressed, his reaction to the defibrillator changed from mild shock to a feeling of "being kicked in the chest by a mule." More recalibrations followed, and more charges built up.

EUHM clinicians see a lot of patients like Shields who are caught in the middle. A small dairy farmer,

Shields had always made a decent living, doing what he loved, producing something his neighbors prized. For a while, he even had health insurance. This year it



was gone, as were his savings and his ability to take care of the dairy by himself. Unmarried, without siblings, he had no one to help him. Too young for Medicare, he was ineligible for Medicaid since he owned land, a house, a barn, and some cows. A proud man, he told the hospital none of that. He only asked if it were possible to pay his bill in installments, at least until he could sell something, meaning everything. He didn't say it, but it was clear that even if the bills were eventually paid, Shields would be left almost destitute. So, as the medical team at EUHM adjusted his defibrillator, the financial team had his charges declared charity care, allowing him more time to work through the situation.

The wallet produced a faded money transfer made years ago, maybe held on to for sentimental reasons, turning Duncombe's search to a city in Mexico.

Solving a mystery

Relaxing after work, skilled carpenter Hector Alvarez suddenly grabbed his head, yelling.

In the emergency department at Emory Saint Joseph's Hospital (ESJH), the 58-year-old was diagnosed with hemorrhagic stroke, bleeding into the brain.

Once stabilized, Alvarez slowly learned to feed and dress himself, to talk haltingly, to walk with a cane. But doctors knew he would need assistance the rest of his life. After almost three months at ESJH, it was time to go home to the family about whom he spoke so lovingly. The sunny rooms in Norcross. The wife who sold her jewelry in Five Points. The "futball" playing son.

Trouble was, social worker Roxanne Duncombe had never been able to find them—or any record of Alvarez—at the locations he described. When she went to a penciled address found in his wallet, someone next door told Duncombe where his former roommate might have moved. There, she found the friend who had called 911. Alvarez had no family in America. *Buen hombre*. He was a good man. That's all he knew. The wallet also produced a faded money transfer made years ago, maybe held on to for sentimental reasons, turning Duncombe's search to a

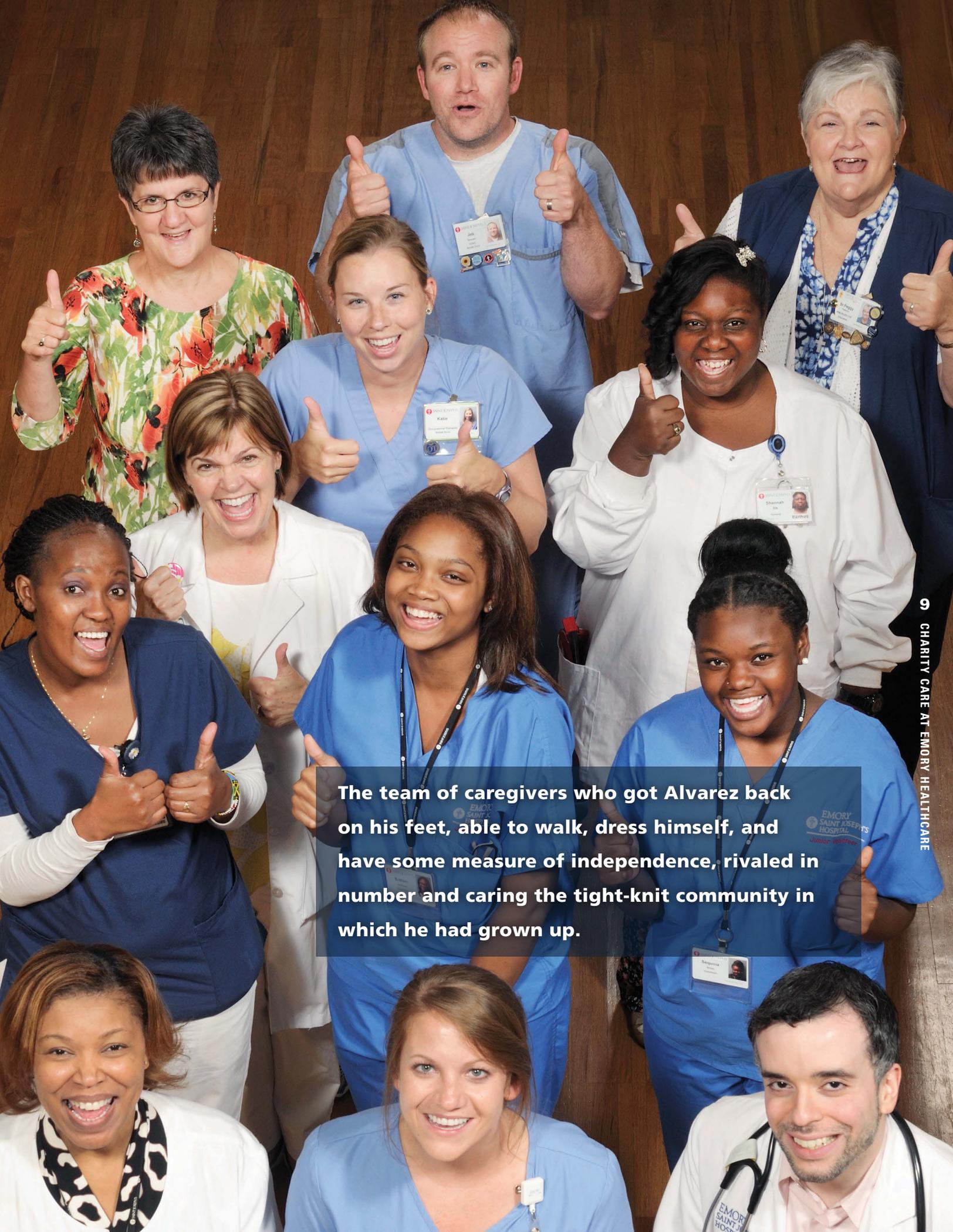
city in Mexico. Using a company that specializes in getting patients back to their country of origin, she found the son, 20 years past soccer games. Alvarez's wife had died, even if not in her husband's confused

mind. Duncombe also found a hospital there that would accept him and got help from Mercy Care Foundation to cover the \$60,000 to get Alvarez there and to pay for follow-up care.

With a medical flight waiting, wearing clothes from ESJH's clothes closet, carrying

a donated cane, Alvarez left the caregivers, who rivaled in number and caring the tight-knit community in which he had grown up: The team of physicians and nurses who met him in the emergency department. Six hospitalists who rotated weekly through his room. A dozen-plus nurses, providing specialized care. Another dozen physical, occupational, and speech therapists, determined to move him toward independence, step by step, day after day. And, says Duncombe, the too often hidden heroes and heroines of care, the patient care technicians who fed him, changed his diapers, bathed him, wiped his mouth, patiently, caringly, cheering him on as he slowly became better at doing things for himself.





The team of caregivers who got Alvarez back on his feet, able to walk, dress himself, and have some measure of independence, rivaled in number and caring the tight-knit community in which he had grown up.



When Jeremy was hospitalized for placement of a permanent feeding tube, registered dietitian Pepper Wilson calibrated the quantity of food and frequency of feedings the painfully thin 15-year-old could comfortably tolerate.

When it came to finding a home health agency to help the Blakes, the social worker found one closed door after another.

Helping families cope

With all she had been through with her chronically ill son, Jeremy Blake's mother thought she would do OK once he left Emory Johns Creek Hospital (EJCH) with a permanent feeding tube in his stomach. It seemed so straightforward when registered dietician Pepper Wilson and her team had led her and Jeremy through the process. Now, alone at home, Mrs. Blake felt panicked. What if she put the liquids in wrong? What if the tube became clogged or infected?

Jeremy, 15, was being followed by a number of community specialists for the same progressive neuromuscular disease that already had taken his uncle. But when his swallowing problems suddenly worsened, they agreed his mom should rush him to EJCH's emergency room. Jeremy was diagnosed with aspirational pneumonia. Because the muscles in his throat were so weak, he was inhaling contents of his stomach into his lungs.

Gastroenterologist Girish Pore performed a percutaneous endoscopic gastronomy, running a permanent tube through the boy's abdominal walls so that food could be poured directly into the stomach.

As Wilson calibrated the quantity of food and frequency of feedings the boy could tolerate, her first

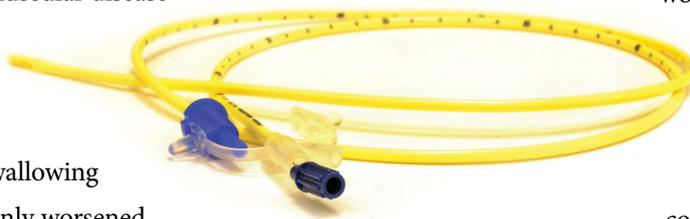
goal was to keep him as healthy as possible. But she and his doctors also wanted to give him as normal a life as possible. That meant teaching Jeremy and his parents how to use and flush the tube wherever he was. It wasn't as easy as it looked, said his mother.

Up to now, Medicaid had paid for everything: Jeremy's earlier care in the community, his nutritional support, and his hospitalization and surgery. But when it came to finding a home health agency to help the Blakes, social worker Carole Freeman found one closed door after another. Agencies

that took Medicaid were licensed only to work with patients 18 or older. Agencies licensed to work with youngsters like Jeremy would not take Medicaid. The hospital contracted to pay for enough home health nurse visits for the family to feel comfortable with use of the feeding tube.

The money would come from a hospital fund called HUGS (helping the underserved gain support), established with gifts from Emory Healthcare employees and friends and from Johns Creek Presbyterian Church.

It took only three sessions with the home health nurses for Jeremy and his mother to feel confident in managing the feeding tube. Now Jeremy can look forward to a long-awaited fishing trip with his grandfather.



Having had family members with the same type of cancer helped the surgeon talk with her about why the invasive surgery was so important and how she would cope.

From despair to “no evidence of disease”

Charlandria Kidd’s doctor dismissed the blood on her bathroom tissue as hemorrhoids. Busy caring for a sister with ovarian cancer, “Char” couldn’t think about such an inconsequential problem, even as the blood loss and pain increased. A year later, after the passing of her sister, she insisted on a medical test. The diagnosis was devastating: stage III colorectal cancer.

Determined to live, determined that her mother wouldn’t lose another daughter so soon, Kidd wanted the best care possible. But she had given up her job to care for her sister. At the time of diagnosis she had no insurance. Medicaid turned her down. Then she was led to Emory and surgeon Patrick Sullivan.

“I trusted Dr. Sullivan from the day I met him,” she says. “I could tell he wanted me to live.” She told him she didn’t have insurance. He didn’t seem concerned. Nor did medical oncologist Bassel El-Rayes or radiation oncologist Jerome Landry or the pathologists and other clinicians involved in her specially tailored treatment plan. Six weeks of chemotherapy and radiation shrank the large mass before surgery, making possible a minimally invasive approach to remove her cancer.

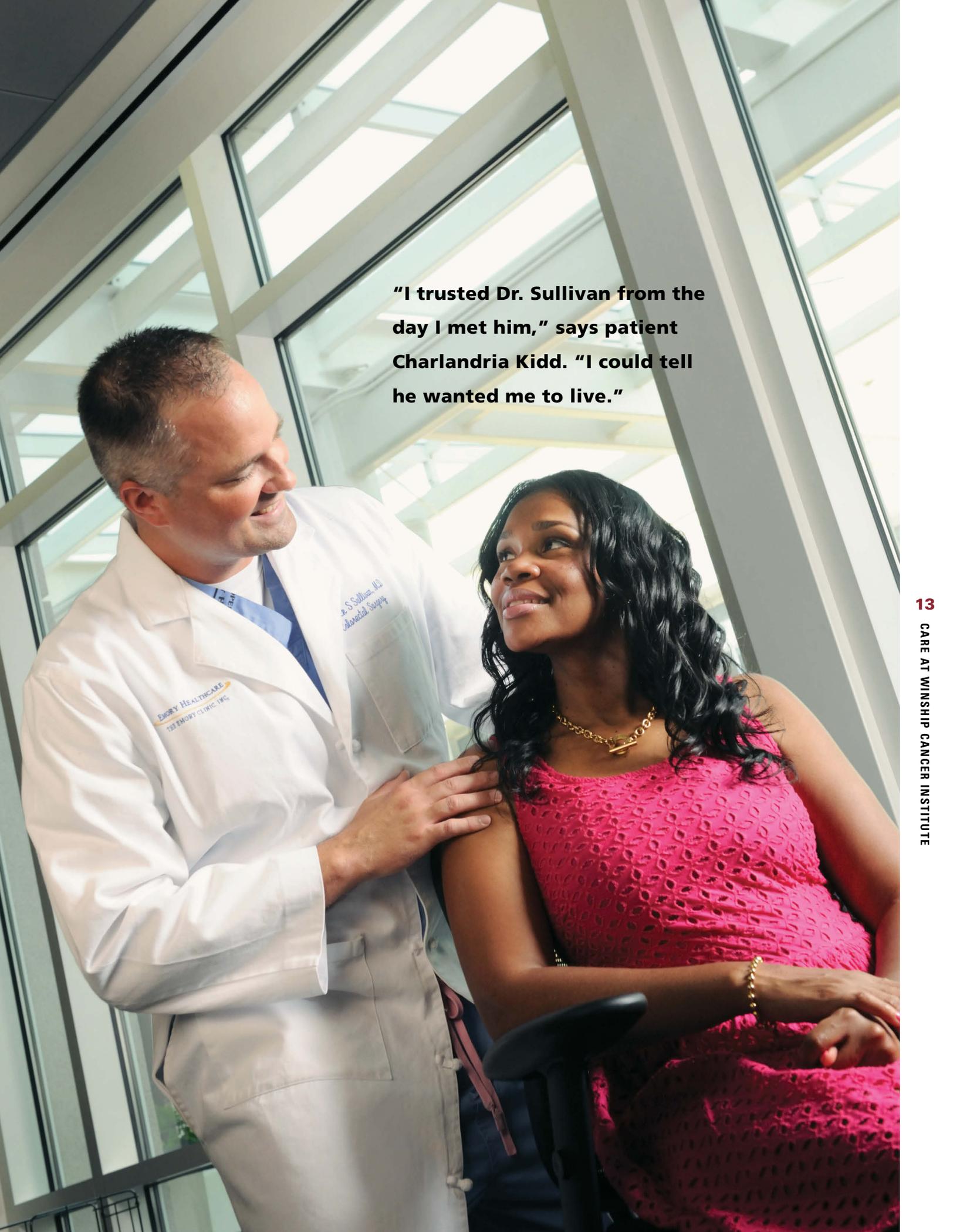
Oncology social worker Maggie Hughes advo-

cated for much of Kidd’s treatment at Winship to be declared charity care. She helped her apply for further assistance with medical costs from Georgia Cancer State Aid and for help with living costs from Meredith’s Miracle Foundation. And it wasn’t all about money. Hughes became the person “who was always there for me,” the person whom Kidd could call to talk, the person who listened.

Sullivan also listened. Kidd struggled with the idea of the invasive surgery. Having had family members with the same type of cancer helped Sullivan talk with her about why it was so important and how she would cope. Her large family was extremely supportive, as were Winship’s experienced nurses.

Now, past her surgery, Kidd has what physicians call NED: no evidence of disease. She attends Winship’s survivorship clinic and will be followed for at least five years by a Winship multidisciplinary cancer surveillance program specific to her disease, one of the things that makes places like Emory unique, says Sullivan.

And Kidd? She hopes to educate, encourage, and empower other people affected by cancer.



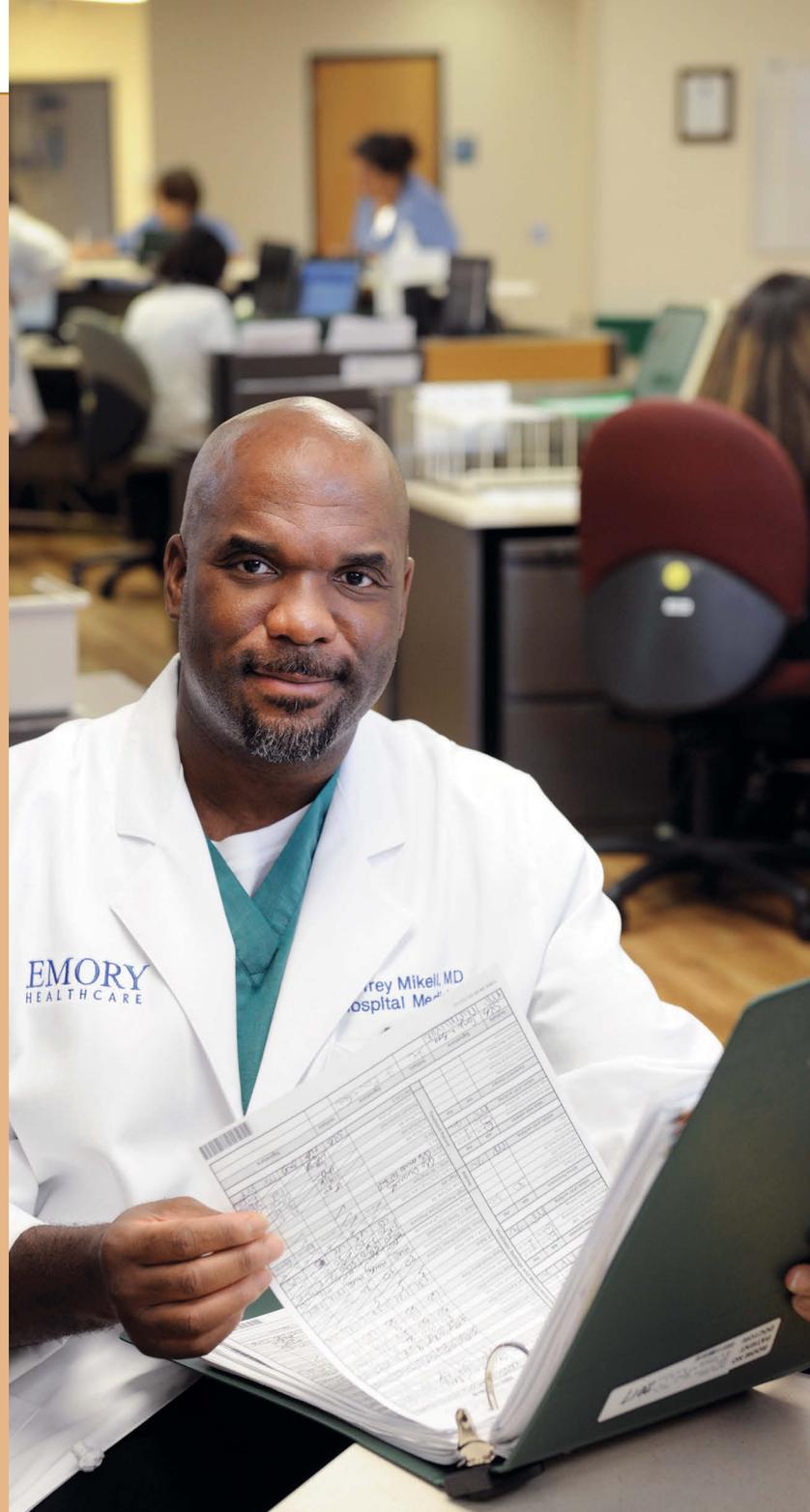
"I trusted Dr. Sullivan from the day I met him," says patient Charlandria Kidd. "I could tell he wanted me to live."

Founded as a facility for geriatric patients in 1987, **Emory Wesley Woods Hospital (EWWH)** completed its transition in July 2014 to an inpatient facility for adult psychiatric patients of all ages, with its long-term acute care (LTAC) unit now operated by Select Medical in a joint venture agreement (see page 29). The LTAC patient story here pertains to the period prior to the joint venture.

The Emory Wesley Woods campus includes two additional facilities that focus on serving the elderly:

- **Budd Terrace**, 250-bed skilled nursing care facility
- **Wesley Woods Towers**, 201-unit residential retirement and personal care facility

Many long-term acute care patients at Emory Wesley Woods Hospital require highly specialized care, and many lack financial resources to cover such care. During fiscal year 2013-2014, expenses at Emory Wesley Woods exceeded revenue by \$6 million.



Hospitalist Jeffrey Mikell coordinated a team of pulmonologists, neurologists, rehabilitation therapists, nurses, and social workers. The patient had to wake up, breathe on his own, then relearn how to swallow, eat, walk, talk, and think clearly.

“We knew we were making progress when he asked for his laptop and started flirting with the nurses.”

Getting hopes back on track

Aadi was the eldest son upon whom all hopes were pinned. The family had moved from northern India two years earlier to give the 19-year-old computer whiz the best opportunities possible. He moved fast-track, taking classes, perfecting his English, working part-time, helping his parents and siblings navigate a strange and complex society. No wonder he was tired.

By the time he arrived at a local hospital, his undiagnosed, untreated tuberculosis had morphed into bacterial meningitis. A local neurosurgeon placed a shunt in his brain, but the injury and swelling already had caused major problems, and he did not respond well to treatment. Aadi was referred to Emory University Hospital, where doctors found a range of complications involving his brain and nervous system as well as liver failure related to medications he had been given. After those problems were addressed, Aadi was placed on a respirator and, as with so many difficult ventilator cases, transferred to Emory Wesley Woods Hospital (EWWH) for weaning and therapy.

There, hospitalist Jeffrey Mikell, medical director of the hospital's LTAC (long-term acute care) unit, took over, coordinating a team of pulmonolo-

gists, neurologists, rehabilitation therapists, nurses, and social workers. Aadi had to wake up, breathe on his own, then relearn how to swallow, eat, walk, talk, and think clearly.

Drugs helped with his wakefulness, while preventing seizures. At first, Aadi resisted his therapists' efforts, curling up in a ball, refusing to speak English, covering his head with a blanket, kicking, the full tantrum. Then, with incredibly strong family support (and much help from an occupational therapist who spoke Hindi), Aadi slowly turned back into the responsible (and clearly very charming) young man he had been before. “We knew we were making progress when he asked for his laptop and started flirting with the nurses,” says Mikell.

Aadi was discharged more than 200 days after surgery, with cognition, memory, and personality largely intact. At discharge, the unreimbursed cost to EWWH was \$450,000, and he continues to require medical follow-up and half a dozen medications, two of which cost more than \$1,200 each per month, provided by Emory's pharmacy. It's a lot of money, but it brought a young man back to his family and back to a bright future in his new country, says Mikell.



“Dr. Bussey-Jones treats me as if I lived in Buckhead and had all kinds of insurance.”

Understanding challenges patients face

Stephen Belcher’s lymphoma didn’t kill him, but he has a collection of other diagnoses that could. The reason they haven’t, he says, is Grady and doctors like Jada Bussey-Jones.

Belcher is a Grady baby (“the real Atlantans,” he jokes), who drove a taxi for 40 years, rising to represent drivers in their dealings with the Atlanta Convention and Visitors Bureau. About 10 years ago, however, the seven-day-a-week, 12-hour-a-day schedule appeared to be catching up with him. He felt exhausted. A series of tests showed stage III lymphoma. After six cycles of chemotherapy at the hospital’s infusion center, he entered and remains in remission.

Then came the difficulties in breathing, the chronic obstructive pulmonary disease, the trips to the emergency room, the implantable device for heart failure, and, most recently, the inflammation related to pulmonary sarcoidosis.

As the diagnoses mounted, so did the number of his specialists. Bussey-Jones, his long-time primary care physician, coordinates Belcher’s care and encourages healthy behaviors. After he completed the nutrition class she recommended, he dropped 30 pounds and got rid of yet another diagnosis:

sleep apnea. He sees her every three months but has her phone number if problems arise between visits.

When Belcher first met Bussey-Jones, he was,

in his words, one of the working poor. No savings, no insurance. Bussey-Jones says, “At Grady, we have many, many patients like Mr. Belcher. We have to think about their health problems—and the problems they may face in their communities—but thankfully, we don’t have to think about their lack of resources or insurance.”

As a child in rural Georgia, Bussey-Jones watched both her grandparents die of preventable

diseases. Neither had ever seen a doctor. She identifies strongly with the indigent, minority, vulnerable, frequently uninsured individuals who make up the majority of the 70,000 patients seen each year at Grady’s Primary Care Center, where she serves as medical director. She also co-directs the Emory Urban Health Initiative, in which medical students learn to think about their patient’s social context and the personal or environmental barriers they face that “often have more to do with outcomes than the 15 to 20 minutes we spend with them as health care providers,” she says.



Belcher is one of 70,000 patient seen each year at Grady’s Primary Care Center, one of the largest such in the state.



“Dr. Bussey-Jones sees the human in me,” says patient Stephen Belcher. Seeing the human in patients—and understanding the challenges they face in their lives—is exactly what Bussey-Jones wants to teach the Emory medical students who spend time in the Primary Care Center at Grady. It’s one of the biggest ambulatory practices in the state, with a substantial number of uninsured patients as well as many with only Medicaid or Medicare.

Grady patients receive extraordinary care, often in Emory-led programs not widely available elsewhere in the region, including centers for burns, poison control, HIV/AIDS, stroke, cancer, diabetes, and sickle cell disease.

Emory faculty provided \$24.8 million in uncompensated care at Grady last year. When patients do have coverage, all payments for Emory services go to the Emory Medical Care Foundation, which uses this revenue—\$43.5 million in fiscal year 2013-2014—to support Emory’s mission at Grady.



The partnership between Emory and the Atlanta VA Medical Center is almost 70 years old. Emory medical faculty provide virtually all physician care and have made the facility one of the nation’s most successful VA centers for research. Emory nursing faculty are now strengthening this partnership, with research programs and a new curriculum designed to offer nursing students insight and experience in veteran care.



Ursula Kelly is both an Emory nursing faculty member and a scientist at the Atlanta VAMC, filling a “bridge” role to help the two institutions combine strengths in caring for veterans.

More than 20% of female soldiers are estimated to have experienced sexual assault or threatening sexual harassment.

New strategy for an old problem

Sandra Hess didn't like going to the hospital to see her doctor—men seemed to be everywhere there—but she needed medicines for her chronic pain, anxiety, and difficulty sleeping. When she answered yes to the question about being sexually assaulted while in the military, she was referred to the Atlanta VAMC's Trauma Recovery Program, one of few such programs in the country with a dedicated military sexual trauma (MST) treatment team.

For most women, trauma-focused psychotherapy—similar to that given combat trauma sufferers—is key to recovery. The 43-year old Hess didn't make it through the first session. She could not bear to focus on the night 10 years earlier when three fellow soldiers—one of whom she reported to—kidnapped her and passed her among them like she wasn't even a human being. They threatened her should she dare to report it. And she hadn't. Instead, she stuffed memories and emotions inside. In the past, other than medications, there was nothing to offer MST survivors who found psychotherapy overwhelming. That may be changing.

Ursula Kelly is a psychiatric/mental health nurse

practitioner on the faculty at Emory and a scientist at the Atlanta VAMC. Her role as a “bridge nurse” was created by the Emory nursing dean and the chief nurse at the VAMC to strengthen the relationship between the two institutions. In 2012, Kelly began offering women like Hess a “trauma-sensitive” yoga program taught by specially trained yoga instructors. Yoga is believed both to tamp down the fight-or-flight response that accompanies post-

traumatic stress disorder and to give women a non-threatening way to learn to tolerate suppressed sensations and feelings.

Although data are still being collected, the approach appears to be working for many participants. When Hess began, she had trouble making eye contact with others. After a week, she began to smile. At

the end of eight weeks, she was comfortable enough around other people to go to the mall, even visit family she hadn't seen for years. Most significant, she successfully entered psychotherapy. It's still early in the study, says Kelly, but preliminary results are promising enough that the Atlanta VAMC has expressed an interest in using the yoga program more widely as a clinical intervention.



LOCAL AND GLOBAL INVOLVEMENT

Finding ways to improve health and lives of others is a high priority among faculty, staff, and students in Emory's Woodruff Health Sciences Center.

Helping our neighbors



Expanding a tradition: Each fall for more than three decades, staff throughout Emory Saint Joseph's Hospital (ESJH) have celebrated "Mercy Day," collecting packages of shampoo, soap, lotion, baby care items, and other basic hygiene necessities and assembling "dignity kits"—for the simple act of hygiene that helps bring restoration to a homeless person's dignity. Last year, to expand this tradition, all facilities in Emory Healthcare took part in this special outreach effort to homeless persons in the community, with collection bins set up at 13 locations throughout the system. Staff collected an additional \$8,000 worth of toiletry items beyond those collected at ESJH. Overall, the system donated almost 6,000 toiletry kits to Mercy Care Services last year, which were distributed throughout the year to local homeless shelters.



Metabolic summer camp: This year marked the 20th summer of Emory's Metabolic Camp for teenage girls with metabolic disorders such as phenylketonuria (PKU) or maple syrup urine disease. As little as one gram of protein can cause irreversible brain damage or death in such disorders. "Most of these girls can't attend other camps because of their special dietary needs," says camp director Rani Singh, a biochemical nutritionist and professor of genetics at Emory School of Medicine. Campers participate in research, screenings, and classes in nutrition, reproductive health, and genetics.



Serving homeless veterans: Emory nursing students enrolled in the VA Nursing Academic Partnership Program joined members from more than 40 agencies for the Homeless Stand-Down 2013, sponsored by the Atlanta VA Medical Center. The annual event provides food, shelter, clothing, health screenings, and benefits counseling for hundreds of homeless veterans.

Taking care of migrant workers: Each summer Emory physician assistant and nursing students travel to south Georgia to conduct health screenings for migrant workers and their families. In checking blood pressure, students found that of the 230 children from ages 3 to 17 who were screened, 80% had normal blood pressure, 10% had prehypertension, 6% had stage-1 hypertension, and 3% had stage-2 hypertension. “We’re finding that more than 38% of children who have hypertension that’s unmanaged already have left ventricular hypertrophy or an enlarged heart,” says nursing faculty member Hope Busenius, who developed an app, Pedia BP, to facilitate checking blood pressure in children.



Dirt destination: When Emory Healthcare undertook a “big dig” to build a new hospital wing, an enormous amount of dirt was displaced. Emory was determined to find a sustainable use for it, with help from the hospital contractor and land engineer. The result: 10,000 truckloads from the work site were taken to Clarkston, Georgia, to be used to construct a soccer field at Fugees (short for refugees) Academy.



The Fugees Academy grew out of an effort started in 2004 to give refugee kids access to organized soccer. The new field will be part of a 19-acre complex that includes plans to provide a community center, school, soccer training facility, and clinic for children whose families have been resettled by the U.S. government from more than 20 war-torn countries.

Sparking interest in research: Each summer, Emory’s Yerkes National Primate Research Center partners with Georgia State University to offer the Institute on Neuroscience for local high school students and middle and high school teachers. High school student Liresa Hearn worked with Lanikea King and Jamie LaPrairie in the lab of Yerkes scientist Larry Young. “As I go into my senior year, I now have a sense of direction, knowing that I now wish to pursue a career in research,” she wrote Young. “I enjoyed every second immersed in the lab. . . . This summer was truly a wonderful experience, and I have your generosity to thank for that.”



Linking inmates to care: Epidemiologist Anne Spaulding (Rollins School of Public Health) runs a program providing voluntary HIV testing for new detainees at the Fulton County Jail. The program tracks new cases and whether inmates stay in care after release. She seeks to expand her work through a new “Link to Care” program to help inmates continue to remain in care for HIV after they re-enter the community.





KENT BRANTLY, THE FIRST PATIENT TO BE TREATED IN THIS COUNTRY FOR EBOLA VIRUS DISEASE, CELEBRATED HIS RECOVERY WITH HIS CARE TEAM AT EMORY UNIVERSITY HOSPITAL. "TODAY IS A MIRACULOUS DAY," HE SAID. "I AM THRILLED TO BE ALIVE, TO BE WELL, AND TO BE UNITED WITH MY FAMILY."



EDUCATION

Emory Healthcare is not just a health system—it is also a pivotal supporter of teaching and research in the Woodruff Health Sciences Center, investing \$70.2 million in these missions in fiscal year 2013-2014.



Preparing the next generation

Training in the health professions at Emory is continually evolving to meet societal and student needs. The Nell Hodgson Woodruff School of Nursing is now partnering with Georgia Perimeter College, for example, to prepare more minority students for careers in nursing practice and research as

part of the NIH-funded Bridges to Baccalaureate Program, designed to build new pipelines for training nurses. Meanwhile, the Rollins School of Public Health continues to strengthen its ties with CDC: 125 of its students are currently employed by CDC through the Rollins Earn and Learn Program, and the school partners with CDC in its new Global Complex Humanitarian Emergencies Certificate Program, designed to help students learn to work effectively in contexts like the current Ebola outbreak. Emory School of Medicine is integrating patient care with academics in new ways, with trainees now participating in Emory Healthcare's annual Quality Conference in which care teams report on measures implemented to improve effectiveness of care and/or maximize safety and quality.

Training the next generation of health professionals is an expensive undertaking for schools and students alike. To help defray costs to students, the Woodruff Health Sciences Center invested 22.3% of its tuition income last year in financial aid for its students, an amount totaling \$20.8 million.

Students and trainees in health sciences:

Emory University School of Medicine

- 560 medical students, including 88 MD/PhD students
- 1,209 residents and fellows
- 522 students in allied health training, such as physical therapy and physician assistant programs

Rollins School of Public Health

- 1,158 master's and 154 PhD students

Nell Hodgson Woodruff School of Nursing

- 320 bachelor's, 178 master's, 27 PhD students

RESEARCH

In 2013-2014, the Woodruff Health Sciences Center invested approximately \$109.5 million in research costs unrecovered from grant sponsors.



Supporting a research infrastructure

In fiscal year 2013-2014, research awards in the Woodruff Health Sciences Center (WHSC) totaled \$483 million.

For example, Emory's designation was renewed as one of the nation's nine NIH-sponsored Vaccine and Treatment Evaluation Units, which together are receiving contracts worth up to \$135 million annually over seven years to develop and evaluate therapeutics, vaccines, and diagnostics for infectious diseases. In partnership with the University of Georgia, Emory received a contract to renew funding of the Emory-UGA Center of Excellence for Influenza Research and Surveillance, with potential funding of \$26.7 million over seven years. The Emory-CDC HIV/AIDS Clinical Trials Unit (CTU) received renewal of a seven-year NIH CTU designation, with expected core funding of more than \$12.7 million. Emory also will receive more than half of a \$12 million NIH award to study genetics of schizophrenia, \$7.2 million from NIH to discover proteins altered by Alzheimer's to identify new therapeutic targets, and 3.3 million from NIH to study functional genomics of HIV infection, among other awards.

While costs of doing research are covered in part from agency and foundation grants, the WHSC underwrites many of the facility and infrastructure expenses related to this work. Last year, for example, the WHSC invested approximately \$109.5 million in research costs unrecovered from research sponsors. Such research benefits society at large and creates thousands of jobs but also requires a sustained, dedicated financial commitment from Emory.

FINANCIAL IMPACT

Emory manages more than 1,000 technologies invented by its scientists and physicians and has helped create 72 start-up companies, including 44 in Georgia, over the past two decades.

Fueling the economy

The Woodruff Health Sciences Center (WHSC) employs more than 23,000 people and makes Emory University the largest employer in DeKalb County and the second largest private employer in metro Atlanta. The WHSC's research awards have a ripple effect, translating into millions of dollars in economic impact and thousands of jobs. And the WHSC's annual expenditures, totaling \$3.5 billion in fiscal year 2013-2014, have an estimated impact on metro Atlanta of \$6.8 billion.

But the WHSC influences the local economy in other powerful ways as well, as it partners with other organizations to leverage expertise and burnish Atlanta's reputation as a crossroad for innovation, cutting-edge care, and leadership in solving problems to improve lives.

Partnership with CDC helped focus the world's attention here in August, for example, when the first Ebola patients in the United States were treated at Emory University Hospital's special isolation unit, built with CDC support in 2002. Emory's team collaborated daily with CDC experts during care of the patients and worked quickly to disseminate any lessons learned to help care providers in Africa, Dallas, and elsewhere.

Partnership with Georgia Tech, connected to Emory via a shuttle that runs hourly between the two institutions, yields ongoing benefit, including a biomedical engineering department shared by the two schools that ranks second in the country; a new high-performance computing cluster to aid research in brain imaging, neural systems modeling, and genomics; and the new shared Georgia ImmunoEngineering Consortium, which combines experts to develop better vaccines and therapies and provides opportunities to align Georgia's university research base with targeted life sciences industry development in the state.

Collaboration with the Georgia Health Information Network (GaHIN), a private nonprofit that serves as a hub for health care providers to share patient data securely with one another, has helped position Georgia as one of the leading states in health information exchange (as delineated by the Centers for Medicare and Medicaid Services). In early 2014, Emory became the first provider to join GaHIN, and now most providers in Georgia have become GaHIN members or are in queue to connect.



The 23,000-plus employees in the Woodruff Health Sciences Center include laundry workers Tammie Lowe and Evelyn Onileoye (top) at Emory University Hospital (EUH) and Chris Johnson in materials management at EUH (right). The Emory Proton Therapy Center—Winship Cancer Institute (above, middle) will treat 2,200 patients a year after it opens in 2016. A new wing of Emory University Hospital (above, bottom) is scheduled to open in 2017.

Value to the community

Emory's Woodruff Health Sciences Center (WHSC) benefited the community in a variety of ways in fiscal year 2013–2014:

| | <i>(millions)</i> |
|---|-------------------|
| Costs of charity care provided by Emory Healthcare (page 3) | \$85.3* |
| Financial aid provided to students from tuition income (page 24) | 20.8 |
| Emory Healthcare investment in WHSC teaching and research (page 24) | 70.2 |
| WHSC's investment in research unrecovered from sponsors (page 25) | 109.5 |
| Unreimbursed care provided at Grady Hospital (page 16) | 24.8 |
| Investment of Emory Medical Care Foundation in services at Grady Hospital (page 16) | 43.5 |
| Other community benefits (page 3) | 64.0† |
| Total (millions) | \$418.1 |

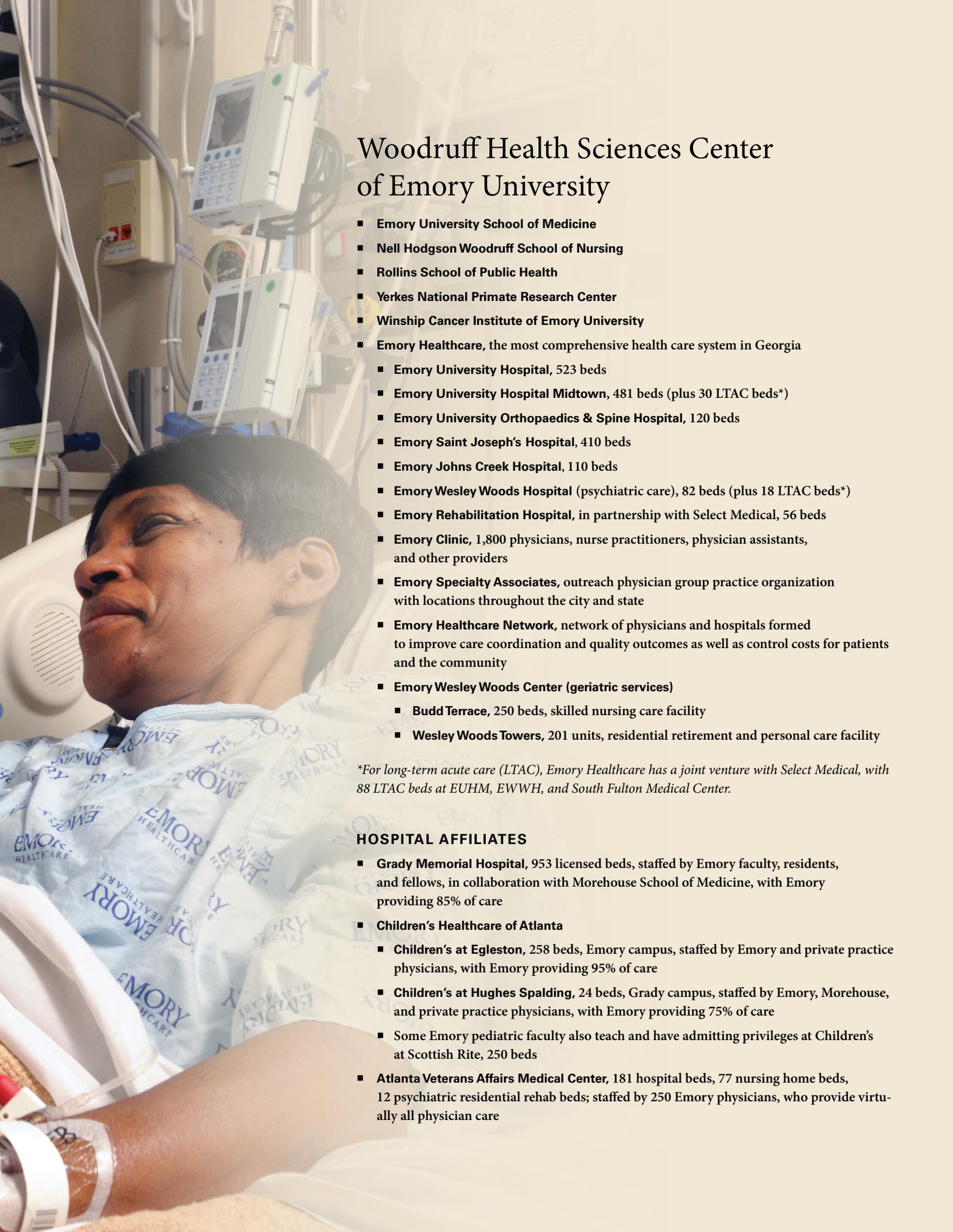
*In addition to providing charity care, Emory Healthcare recently conducted community health needs assessments (CHNAs) for its hospitals as part of its continued commitment to the health and well-being of community members. The reports assess the needs of the communities served by the hospitals using quantitative data and input from individuals representing the broad interest of the communities. Using the CHNAs, Emory Healthcare developed strategies to outline plans to address the identified health needs of the communities it serves. Through these strategies, Emory Healthcare strives to improve the overall health of communities, while providing the best possible care to its patients.

†This includes the following:

- Discounted/free prescription drug programs; programs and contracted services for indigent patients; in-kind donations to organizations such as MedShare; transportation services; flu shots; blood drives; subsidized continuing care, nursing home care, and home care; sponsorship of selected charity health awareness events; and educational programs for the public, future health professionals, and patients **5.6**
- Shortfall between Emory Healthcare's cost to provide care to Medicaid patients and reimbursement from Medicaid **41.3**
- Costs to Emory Healthcare for the Georgia provider tax, which supports the Medicaid budget and helps maintain payment levels for all Medicaid providers **17.1**

Note: Statistics and information in this report are intended to augment rather than supplant the information required and the metrics used for the Schedules H of the Forms 990 filed with the Internal Revenue Service that include information on Emory University Hospital, Emory University Hospital Midtown, Emory Wesley Woods Hospital, Emory Wesley Woods Long-Term Hospital, Emory Saint Joseph's Hospital, and Emory Johns Creek Hospital.



A patient is lying in a hospital bed, looking towards the left. The patient is wearing a light blue hospital gown with the 'EMORY HEALTHCARE' logo repeated across it. In the background, there are several medical monitors and equipment on a stand, including a vital signs monitor and a patient warming unit. The room appears to be a hospital ward or ICU.

Woodruff Health Sciences Center of Emory University

- **Emory University School of Medicine**
- **Nell Hodgson Woodruff School of Nursing**
- **Rollins School of Public Health**
- **Yerkes National Primate Research Center**
- **Winship Cancer Institute of Emory University**
- **Emory Healthcare, the most comprehensive health care system in Georgia**
 - **Emory University Hospital, 523 beds**
 - **Emory University Hospital Midtown, 481 beds (plus 30 LTAC beds*)**
 - **Emory University Orthopaedics & Spine Hospital, 120 beds**
 - **Emory Saint Joseph's Hospital, 410 beds**
 - **Emory Johns Creek Hospital, 110 beds**
 - **Emory Wesley Woods Hospital (psychiatric care), 82 beds (plus 18 LTAC beds*)**
 - **Emory Rehabilitation Hospital, in partnership with Select Medical, 56 beds**
 - **Emory Clinic, 1,800 physicians, nurse practitioners, physician assistants, and other providers**
 - **Emory Specialty Associates, outreach physician group practice organization with locations throughout the city and state**
 - **Emory Healthcare Network, network of physicians and hospitals formed to improve care coordination and quality outcomes as well as control costs for patients and the community**
- **Emory Wesley Woods Center (geriatric services)**
 - **Budd Terrace, 250 beds, skilled nursing care facility**
 - **Wesley Woods Towers, 201 units, residential retirement and personal care facility**

**For long-term acute care (LTAC), Emory Healthcare has a joint venture with Select Medical, with 88 LTAC beds at EUHM, EWWH, and South Fulton Medical Center.*

HOSPITAL AFFILIATES

- **Grady Memorial Hospital, 953 licensed beds, staffed by Emory faculty, residents, and fellows, in collaboration with Morehouse School of Medicine, with Emory providing 85% of care**
- **Children's Healthcare of Atlanta**
 - **Children's at Egleston, 258 beds, Emory campus, staffed by Emory and private practice physicians, with Emory providing 95% of care**
 - **Children's at Hughes Spalding, 24 beds, Grady campus, staffed by Emory, Morehouse, and private practice physicians, with Emory providing 75% of care**
 - **Some Emory pediatric faculty also teach and have admitting privileges at Children's at Scottish Rite, 250 beds**
- **Atlanta Veterans Affairs Medical Center, 181 hospital beds, 77 nursing home beds, 12 psychiatric residential rehab beds; staffed by 250 Emory physicians, who provide virtually all physician care**



EMORY
UNIVERSITY

**Woodruff Health
Sciences Center**

The all-volunteer team caring for Ebola patients in Emory University Hospital's special isolation unit includes five infectious disease doctors, two pathologists, five medical technologists, and 21 nurses. "You cared for me with such expertise, yet with such tenderness and compassion. I will never forget you," said Ebola patient Kent Brantly, when he left the hospital.



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