



EMORY
UNIVERSITY

Woodruff Health
Sciences Center

Can-do compassion



Contents

- 1 **Can-do compassion**
- 3 **Charity care in Emory Healthcare**
- 10 **Caring for the elderly**
- 12 **Caring for the very young**
- 14 **Atlanta's safety net at Grady**
- 16 **Serving those who served**
- 18 **Outreach: local and global**
- 20 **Keeping the research engine running**
- 21 **Training for today and tomorrow**
- 22 **Powering the local economy**
- 25 **Woodruff Health Sciences Center components**

Patient stories throughout this book are real, but patients' names have been changed to protect their privacy.



One of the doctors mentioned in this booklet describes his waiting room as a finger on the pulse of the local economy. He knows that some patients sitting there are the lucky ones, car in the parking lot, insurance card in their pocket, food in the refrigerator. Others struggle—with sickness, longtime unemployment, inadequate resources to pay for rent or medicines. Still others, more each year, are dressed in clothes left over from when they had jobs, money, and health insurance, hoping their new situation is unapparent.

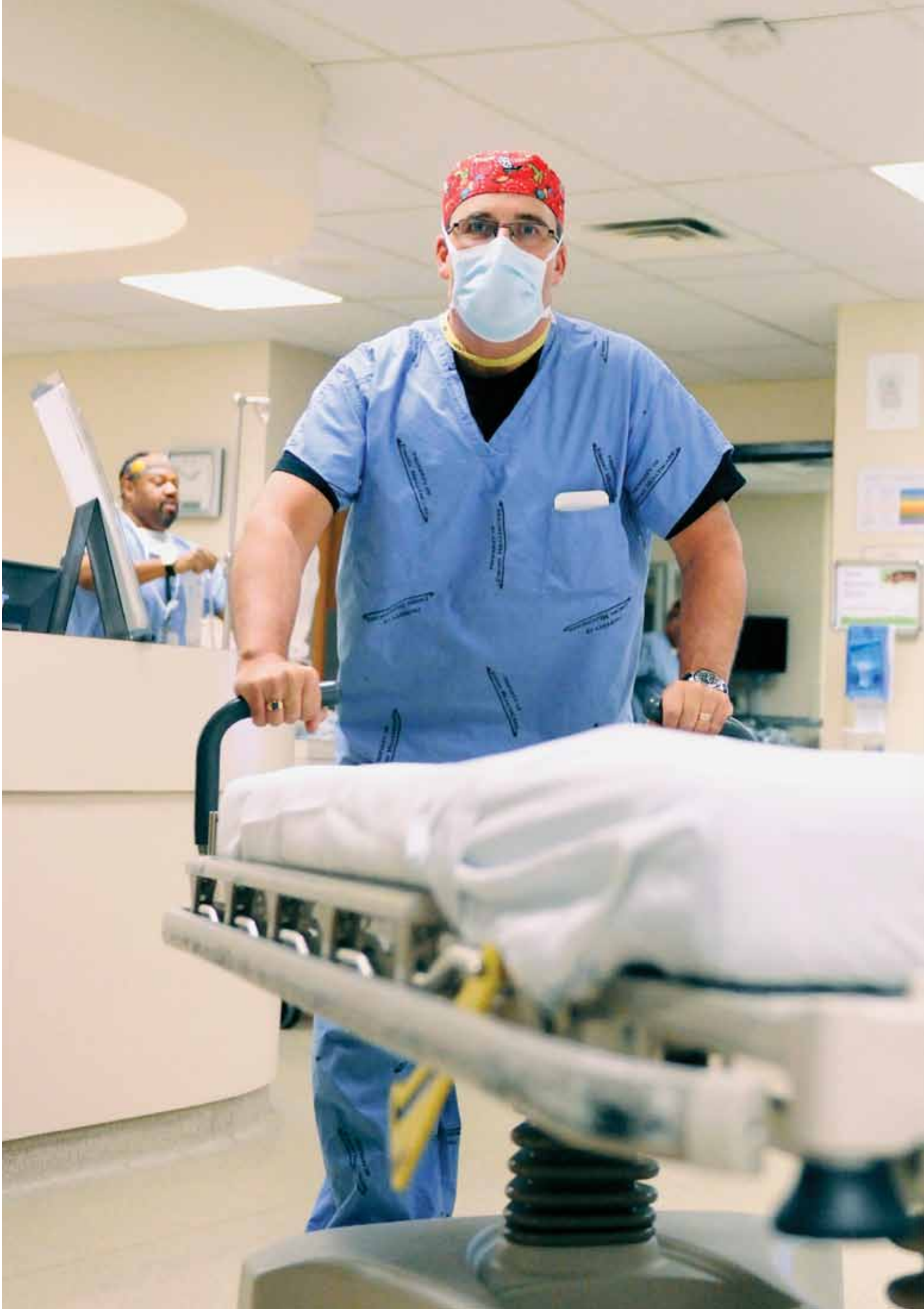
It's often not—and it doesn't matter. Our doctors don't know which patient is in which situation, only that they are here to help all their patients, and that they will provide each the same high-quality care. This booklet celebrates that *can-do compassion*, that determination to care for those who need our help. It's part of what makes the Woodruff Health Sciences Center such an extraordinary place, day in and day out.

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

Charity care totals

Fiscal year 2011–2012

Emory University Hospital/ Emory University Orthopaedics & Spine Hospital	\$27,440,310
Emory University Hospital Midtown	19,392,174
Emory Johns Creek Hospital	1,459,200
Saint Joseph's Hospital*	5,253,131
The Emory Clinic, Emory-Children's Center, Saint Joseph's Medical Group,* and Emory Specialty Associates†	17,850,170
Wesley Woods Center	669,368
Total	\$72,064,353

The \$72.1 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 Healthcare Financial Management Association and the Catholic Health Association.

*See footnote on page 23.

†Emory Specialty Associates is an outreach physician practice organization within Emory Healthcare.

As our community needs more, Emory Healthcare gives more. In fiscal year 2011-2012, Emory Healthcare provided \$72,064,353 million in charity care, an increase of 4.9% over the previous year, which was itself an 8% increase over the previous year.

Charity care is defined precisely by the Internal Revenue Service and other agencies as unreimbursed expenses incurred during care for individual patients. Charity care thus defined falls into two categories: (1) indigent care, i.e., that provided to patients with no health insurance, not even Medicare or Medicaid, and (2) catastrophic care, that provided to patients whose medical bills are so large relative to their financial situation that paying them would be permanently life-shattering.

This amount does not include millions of additional dollars of uncompensated care provided by Emory physicians working in affiliated hospitals such as Grady Hospital or in free or sliding scale clinics in the community.

In addition to charity care, Emory Healthcare provides numerous other services whose goal is to improve access to care, advance medical knowledge, and relieve or reduce dependence on other community efforts. In fiscal year 2011-2012, this total for Emory Healthcare was \$137,576,046. Following are examples of what this total includes:

- **\$8,633,777** for activities such as the following:

Discounted/free prescription drug program; drugs for needy/transplant patients; Concord-Indigent Patient Program; contracted services for indigent patient access; unreimbursed transportation/ambulance services; education of nursing students completing clinical rotations in inpatient/outpatient settings; subsidized continuing care, nursing home care, and home care; and initiatives across the board in all Emory Healthcare facilities, including in-kind donations to organizations such as MedShare (see page 19); flu shots; blood drives; American Heart Association fund-raising walk; and educational programs for the public, future health professionals, and patients

- **\$107,882,205** shortfall between Emory Healthcare's cost to provide care to Medicaid patients and reimbursement from Medicaid
- **\$21,060,064** costs to Emory Healthcare for the Georgia provider tax

A disproportionate number of patients without insurance are sent to Emory because their conditions are so complex or because the specialized care they need is unavailable elsewhere. By the time many arrive, medical catastrophe has already exhausted family resources and any coverage that may once have existed. As the community's need has grown, so has Emory's response.

Expanding the boundaries of care

IN THE PRESS OF ALL THE LEGAL AND MEDICAL PAPERWORK—DOCUMENTATION OF WHY THE BRIDE COULD NOT GO TO THE COUNTY OFFICE TO APPLY FOR A MARRIAGE LICENSE, ADVANCE DIRECTIVES ABOUT END-OF-LIFE CARE, NEGOTIATIONS AS TO HOW MEDICATIONS WOULD BE COVERED ONCE SHE ENTERED HOME HOSPICE—NO ONE REMEMBERED TO GET A CAKE. Donna Brooks, a chaplain working on the cardiac intensive care unit (ICU), pronounced Katy and Brad husband and wife; friends and care providers cheered; and social worker Sarah Penna dashed to the hospital bakery. The next day, with powerful medicines dripping into her bloodstream, Katy went home to spend her remaining days with her now official husband and their son.

The Emory team focused its energy on filling the 19-year-old's dying wishes, spending time, money and effort to serve more than just physical needs and provide care in its best sense.

Perfectly healthy two years earlier, Katy developed postpartum cardiomyopathy. She was only 17, with virtually no family. Brad, 18, did what he could. At 19, Katy was airlifted to Emory University Hospital with severe heart failure.

Emory doctors and nurses stabilized her in the ICU for almost a month, replacing her medicines with more effective—and at \$4,000 per month—more expensive ones, drugs Emory provided until Katy's Medicaid, which had lapsed, could be reinstated. Even these drugs were no match for damage already done to Katy's heart, however. After several months, she returned to the ICU to be evaluated for transplant. Despite a temporary pump to give her exhausted heart a break, Katy could not withstand a transplant and its demanding aftermath.

The team that had surrounded her from day 1 now refocused its collective energy to fill Katy's last wishes: to be married and to die at home. Cardiologists and palliative care nurse practitioner Debbie Gunter kept Katy comfortable. Brooks worked with the couple and their hometown minister on the wedding—and the spiritual aspects of the difficult journey ahead. After many calls, Penna and transition care manager Denise Lowman-Kedzierski found a home care hospice program that could handle Katy's complex drug regimen and then worked with the hospice and pharmaceutical company on equally complex Medicaid reimbursement requirements. The extra days in the ICU were considered medically unnecessary and were therefore on Emory Healthcare's ticket. But it was money, time, and effort that made all the difference to the young couple. It was care in its best sense.



Ministers like Krishna Arvin and Donna Brooks provide spiritual care and comfort as part of their training in pastoral care in the inter-faith Emory Center for Pastoral Services, which serves patients, families, and staff in all Emory Healthcare hospitals.



Cardiologist Dan Sorescu and social worker Jamesyne Duff were two of many at Emory Midtown who did everything possible to rescue the man from the condition that had claimed many of his family members before age 45.

A gift of time

DARRELL THOUGHT IF HE COULD MAKE IT ANOTHER 10 YEARS HE WOULD HAVE ESCAPED THE BROWN FAMILY CURSE. HIS FATHER, GRANDMOTHER, TWO UNCLES, AND SEVERAL COUSINS, WERE ALL DEAD BEFORE 45. He took care of himself, kept himself trim, and didn't use alcohol or drugs. When the first heart palpitations began, the first shortness of breath, he blamed it on work—brick-laying takes it out of you, that's for sure—and tried not to think about his late father's sudden fatigue and breathlessness. The foreman called emergency medical services when Darrell collapsed, clutching his chest. After being stabilized at a nearby community hospital, he was airlifted to Emory University Hospital Midtown.

At Midtown, cardiologist Dan Sorescu took over. Darrell was in acute systolic congestive heart failure, his heart muscle no longer able to pump blood to his organs. Not a curse, Sorescu reassured the distraught young man, but a genetic condition for which we'll do everything we can.

The patient, a bricklayer, had no health insurance and never received Medicaid or disability.

For almost two months Darrell moved between the cardiac unit and intensive care unit. He took medicines to thin his blood and prevent clots, relax his blood vessels so his heart didn't have to work so hard, and release fluids that constantly built up in

his legs. Monitors tracked his vital signs and shrieked when his heart went into life-threatening arrhythmia, bringing nurses with crash carts racing to his bedside. He was placed on the waiting list for a new heart.

All good medicine and good care, and nobody to pay for it. Darrell had worked hard all his life, never missed a child support payment, helped with his mother's bills since he was 15, but health insurance had never been a possibility. Social worker Jamie Duff helped him apply for Medicaid and disability. In the meantime, Emory Midtown wrote off the costs of his treatment and medications. The single most expensive item on the list was the defibrillator vest he wore as he left the hospital: \$3,200 a month. But without it he could never have gotten his wish to go home. The vest monitored his heart rhythms and automatically applied electroshock when needed. Darrell didn't live long enough to receive a donor heart or to get Medicaid or disability. After he spent three months with his family, watching one son graduate and another win a basketball tournament, his failing heart gave out. His family tried to comfort the Midtown team: you gave him three more months, with no worries about medical bills we could not pay.

Fighting with grace and determination

FOR A MONTH, MELISSA WAS BESET WITH HEADACHES, BLURRED VISION, DIZZINESS. SHE WAS DRIVING TO A DOCTOR'S APPOINTMENT WHEN HER MIND SEEMED TO GO BLANK. At the local emergency room, they told her she had had a seizure, that her car had careened off the highway. Two days later, after being referred to Emory, she learned she had an aggressive, inoperable brain tumor. Shocked, at first all she could think was that it had such a pretty name: astrocytoma. Star-shaped tumor.

Forty-three, on her own, with two kids in high school, Melissa tried valiantly to balance family and work with daily radiation treatment. Strong medications kept seizures at bay and battled the stage IV tumor; other medications worked to minimize nausea,

Emory declared this case charity care, meaning that it would not expect to be paid.

fatigue, and other side effects of the first drugs. Then, when she thought it couldn't get worse, it did.

Less than two months after her diagnosis, she lost her job and with it her health insurance. Medicaid began to cover some, not all, costs of care. Two months later, she received her first disability payment from Social Security, and Medicaid simply vanished. Melissa had worked just enough years, paid in just enough money, that her disability payments were just high enough to make her ineligible for continuing Medicaid coverage.

Always independent and responsible, she found it hard to tell Dr. Alfred Voloschin, the neuro-oncologist in charge of her care, that she had no way to pay for care, not his, not the outpatient rehab helping her maintain balance enough to walk, not the increasingly frequent hospitalizations. Voloschin didn't seem concerned about the money, only about her. Did he not understand how much money she was talking about? "Don't worry about that," he said. "Let's focus on you."

Voloschin, his physician assistant Christine Schultz, nurse Michelle Walker, and social worker Rebecca Sizemore set to work. Emory's Winship Cancer Institute declared her case charity care, meaning it would not expect to be paid. Mounds of paperwork and many phone calls later, the team persuaded pharmaceutical companies to provide thousands of dollars worth of medications for free. When Melissa ran out before the next shipment arrived, the Winship Patient Financial Assistance Fund bridged the gap. As Melissa became increasingly weak, the team worked with her to find hospice care. At the time of this writing, Emory Healthcare had quietly written off almost \$80,000 in charges at Winship and Emory University Hospital. The aggressive brain tumor will prevail in the end, but it could not beat Melissa's efforts to make things easier for her family—or Emory Healthcare's determination to help.

Social worker Rebecca Sizemore (not pictured), nurse Michelle Walker, and physician assistant Christine Schultz are among many helping Melissa deal with her grim prognosis, obtaining medication donations from drug companies and accessing Winship's Patient Assistance Fund.



Among the thousands of patients seen at Wesley Woods Center each year, many have stories similar to that of Joseph. Their care often began somewhere else and then reached the point where they required the type of long-term acute care in which Wesley Woods specializes. Many are elderly, with complex, often overlapping health problems. Or they are younger, in need of expertise in wound care, rehabilitation, and respiratory care. Many also have exhausted their financial resources. During fiscal year 2011-2012 expenses at Wesley Woods exceeded revenue by \$5.3 million, but patients continue to need the services provided there with expert skill and compassion.

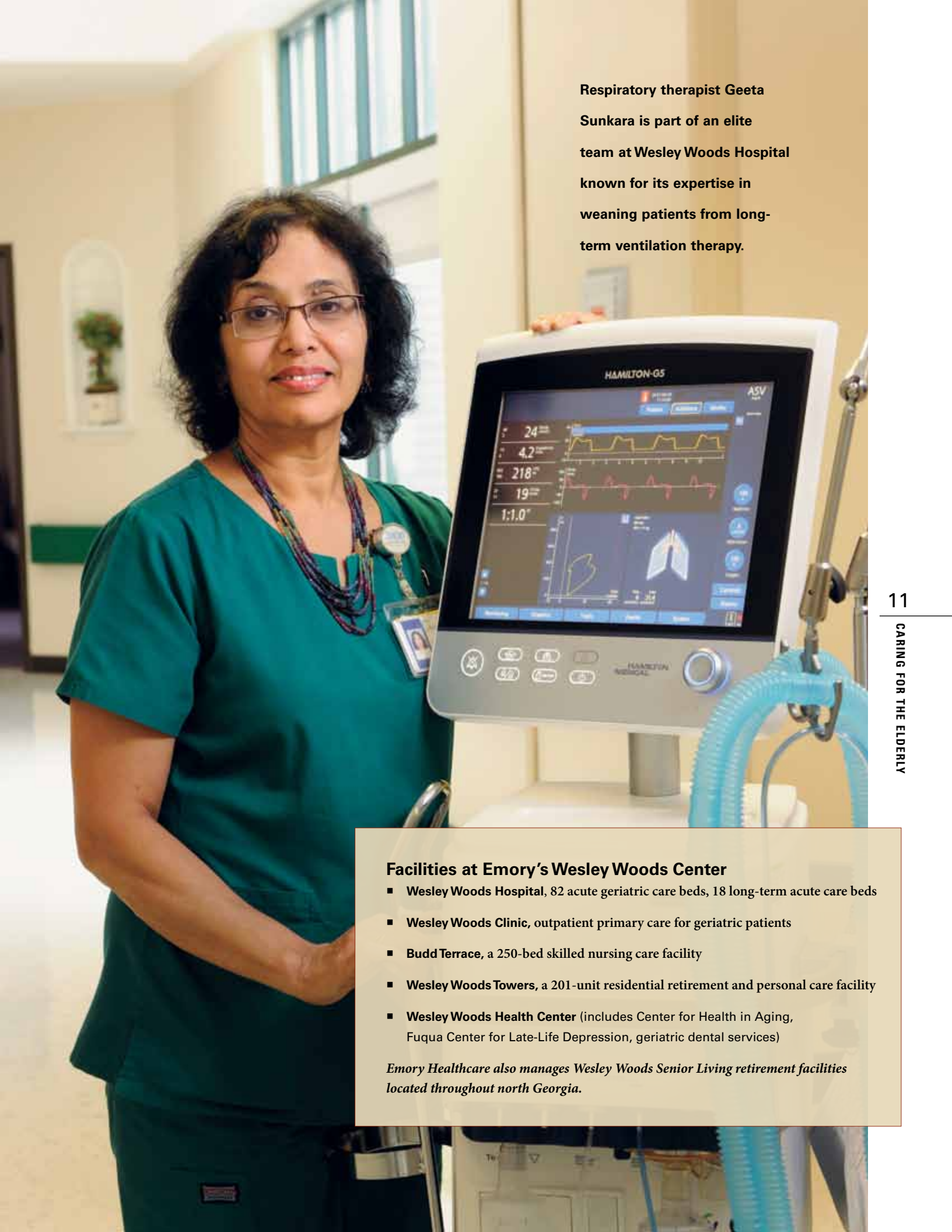
Sending Joseph home

TWELVE YEARS AGO, DURING THE BLOODIEST DAYS OF LIBERIA'S CIVIL WAR, BUSINESSMAN JOSEPH GARDEE ARRIVED IN ATLANTA WITH NOTHING BUT HIS FAMILY AND HIS DETERMINATION TO WORK. America took us in when we were in danger, he told his children. We must do well and give back. His small business grew, and he was often the first to whom neighbors turned for help.

Last year, after tripping for the 20th time that month, Joseph joked that he was getting clumsy in his old age. He had just turned 50. His arms twitched, he had problems buttoning his shirts, sometimes his words slurred. Diagnosed with amyotrophic lateral sclerosis, he was scheduled to go to Emory's ALS Clinic the following Friday. On Wednesday, he was admitted to Emory University Hospital in respiratory failure. The doctors intubated him, and a ventilator took over the labor of breathing. After he was stabilized, clinicians tried unsuccessfully to take him off the ventilator. After a month in intensive care, he was transferred to Wesley Woods Hospital's long-term acute care unit. If anyone could wean him from the ventilator, it would be the respiratory therapy team there.

But his disease had progressed too much. After six months, his doctors said yes to Joseph's fervent desire to go home. Respiratory therapy manager Geeta Sunkara and her team began the complex task of getting him there. The family had no money left. Their health insurance did not begin to cover hospitalization or physician costs. Although completely legal, with official refugee status, Joseph had not worked enough quarters to be eligible for Social Security or Medicaid. Emory Healthcare had long since declared the mounting bills as charity care. The Gardees would not have to pay the more than \$446,000 his care had cost. Now Wesley Woods bought Joseph a \$10,000 ventilator for use at home and contributed another \$1,400 worth of ventilator-related supplies. When Sunkara called Wesley Woods vendors, they all stepped up to the plate, supplying a compressor, suction machine, and nebulizer. She and her team also trained Joseph's wife how to operate the complex system, and the Gardees finally went home. Amazingly, since his discharge, he has not been hospitalized. His doctors follow Joseph closely, and he frequently phones Sunkara and social worker Helen Larson, who handled his discharge. Using a device to help him speak, he always says the same thing: I am so grateful to this country and to everyone at Emory.

The family had no money left. Their health insurance did not begin to cover hospitalization or physician costs.



Respiratory therapist Geeta Sunkara is part of an elite team at Wesley Woods Hospital known for its expertise in weaning patients from long-term ventilation therapy.

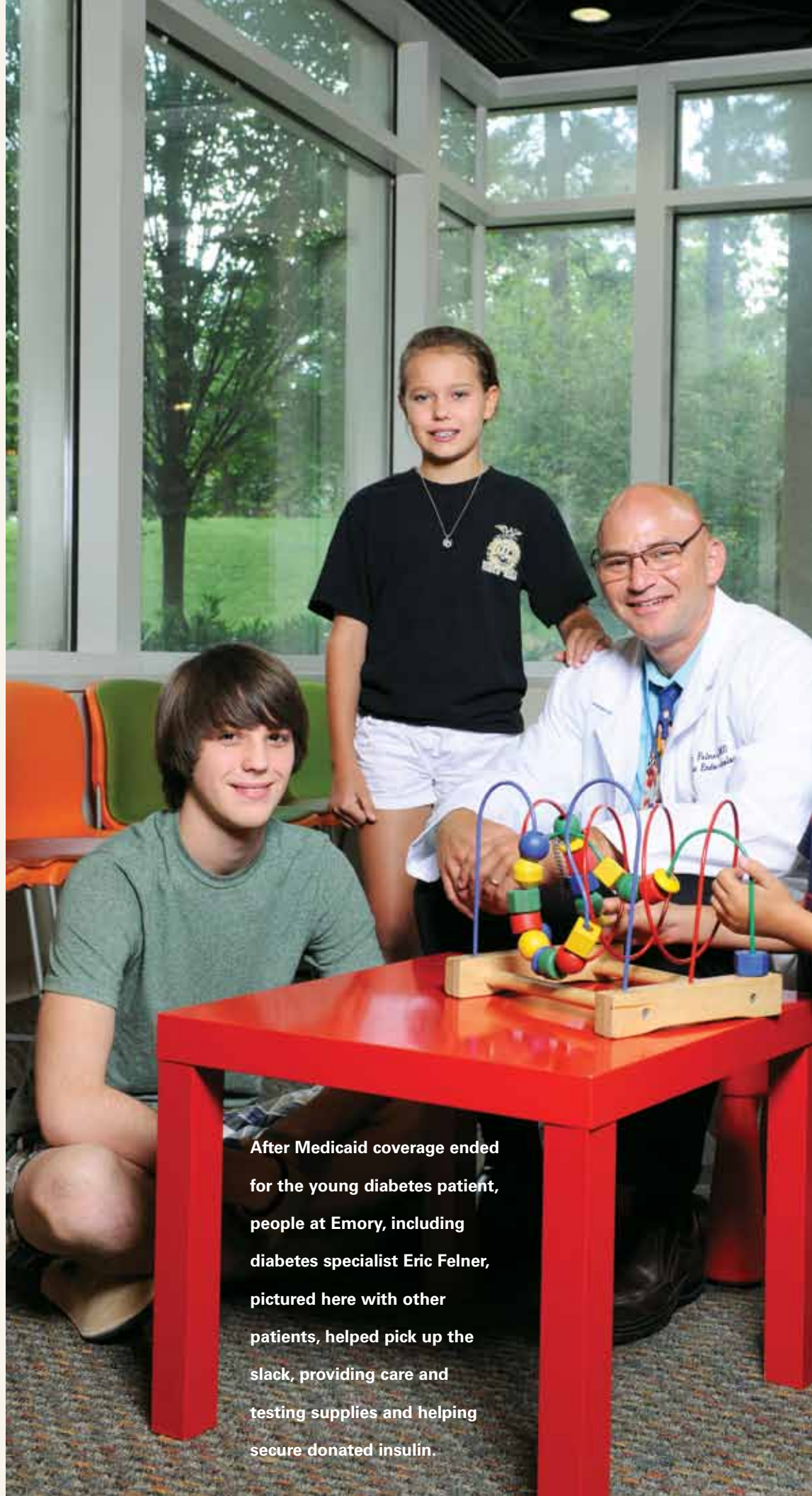
Facilities at Emory's Wesley Woods Center

- Wesley Woods Hospital, 82 acute geriatric care beds, 18 long-term acute care beds
- Wesley Woods Clinic, outpatient primary care for geriatric patients
- Budd Terrace, a 250-bed skilled nursing care facility
- Wesley Woods Towers, a 201-unit residential retirement and personal care facility
- Wesley Woods Health Center (includes Center for Health in Aging, Fuqua Center for Late-Life Depression, geriatric dental services)

Emory Healthcare also manages Wesley Woods Senior Living retirement facilities located throughout north Georgia.

More than 1.3 million children in Georgia either participate in the federal Children's Health Insurance Program (in Georgia, called PeachCare) or receive Medicaid coverage. But almost 10% of Georgia's children have no type of health coverage whatsoever.

This is where Emory pediatricians help serve a vital role as part of the safety net to get Georgia's children the care they need. Emory offers pediatric care in collaboration with Children's Healthcare of Atlanta as well as high-risk perinatal and neonatal care at Emory University Hospital Midtown and at Emory Johns Creek Hospital.



After Medicaid coverage ended for the young diabetes patient, people at Emory, including diabetes specialist Eric Felner, pictured here with other patients, helped pick up the slack, providing care and testing supplies and helping secure donated insulin.



Growing up ahead of time

PEDIATRIC ENDOCRINOLOGIST ERIC FELNER AND NURSE EDUCATOR JANE MCCURDY HAVE WATCHED ALDIN GROW FROM A 9-YEAR-OLD, NEWLY DIAGNOSED WITH TYPE 1 DIABETES, TO A TEENAGER WHO HAS TAKEN ON ADULT-SIZED RESPONSIBILITIES. When an aggressive cancer took his father in a matter of months, Aldin, then barely 13, declared himself man of the house. He earned babysitting money and began helping his mother manage the household. For his little brother, he became the homework consultant and encouraging voice at soccer games. And he has become an expert on his own medical condition. “If all of our young diabetes patients were as knowledgeable and attentive as Aldin,” says McCurdy, “Dr. Felner’s and my jobs would be much easier.”

In turn, they do everything they can to make Aldin’s life easier. Aldin’s father’s unexpected death erased not only the family’s savings and income but also its health insurance. Aldin was placed on Medicaid, but that ended when he turned 19 earlier this year. On paper, he’s eligible for funds from Children’s Medical Services until he’s 21, but the county he lives in has run out of such money, with delays in funding expected to last as long as a year.

Felner and McCurdy have encouraged Aldin to keep up with his studies in a local community college and let them worry about making sure he gets the care he needs. Felner continues to see him regularly, sending his blood for the same lab work as he has always done. Aldin continues to email his four-times-daily blood sugar readings to McCurdy and often calls her for advice on adjusting his insulin levels. She arranged for pharmaceutical companies to provide insulin without charge, and Emory gives him needles, strips, and other testing supplies. When Aldin turns 21, they will help him make the transition to adult care—but in terms of being an adult, he’s already there.

Emory pediatricians provide care in the following venues:

Emory-Children’s Center (outpatient)

Children’s Healthcare of Atlanta (inpatient)

- **Children’s at Egleston**, 255 beds, Emory campus, staffed by Emory and community physicians, with Emory providing 80% of care
- **Children’s at Hughes Spalding**, 24 beds, Grady campus, staffed by Emory, Morehouse, and community physicians, with Emory providing 66% of care
- Some Emory pediatric faculty also teach and have admitting privileges at **Children’s at Scottish Rite**, 250 beds

Publically funded Grady Hospital is Atlanta's safety-net hospital, counting a large number of indigent patients among those requiring admission and outpatient services each year. The hospital provides extraordinary care in programs not widely available elsewhere in the region: a poison control center, regional burn center, regional perinatal center for high-risk mothers and babies, comprehensive treatment center for HIV/AIDS, and programs in stroke, cancer, diabetes, and sickle cell. Emory physicians head these programs, providing 85% of the hospital's physician care.

Pulse of the economy

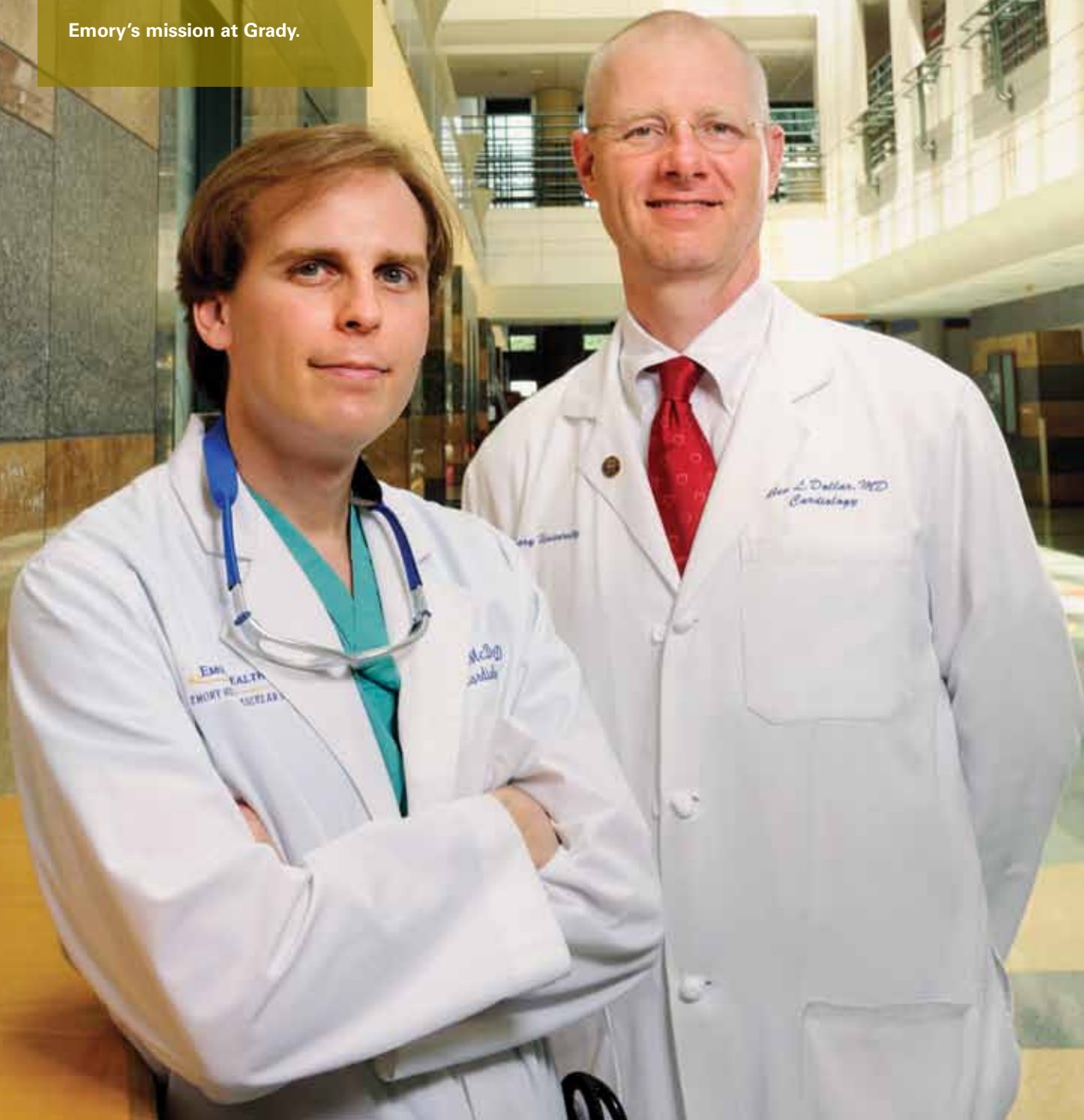
WHEN THE AMBULANCE ARRIVED, SIRENS WAILING, JOHN LEE WAS LYING ON THE SIDEWALK. WHAT HAD STARTED AS A HEART ATTACK HAD SET OFF IRREGULAR CARDIAC RHYTHMS, LEADING TO FULL-BLOWN CARDIAC ARREST. A good samaritan who had been performing CPR pulled back to allow the emergency medical technician (EMT) to apply electrical shock. John's heart restarted, although the EMTs had to help him breathe during the race to the Grady Hospital emergency department. There, his heart stopped again and he was again resuscitated and then placed on a ventilator. Emory interventional cardiologist Michael McDaniel performed an emergency cardiac catheterization, winding a catheter through John's arteries until he found the huge clot, then reopening the artery with an inflatable balloon and stent. The time from collapse on the sidewalk to repair had taken less than an hour.

The cardiology waiting room at Grady can be seen as a finger on the pulse of the economy, often filled with people in business clothes left over from when they had jobs, money, and good health.

Only time would tell what the outcome for John would be, and the agonizing wait began for John's family and those involved in his care. John had never regained consciousness, a bad sign. Most people unconscious following resuscitation don't make it. Others are never the same. The heart can survive up to half an hour without oxygen. The brain has less than three minutes. Had John gotten to care in time? After three days, he awoke. His heart had not suffered too much damage. But he seemed confused, hallucinatory, uncertain who his wife was. Then slowly, his confusion cleared. After 10 days, he left Grady, himself again, effusively thanking the clinical team.

Cardiologist Allen Dollar says the kind of multi-team coordination that brought John back from death is why he left private practice to become chief of cardiovascular services at Grady. Were the doctors ever paid for John's care, which probably ran more than \$150,000? Dollar shrugs. He doesn't know. He remembers that when John arrived he was well dressed and later mentioned a tennis injury. But, he says, the Grady cardiology waiting room can be seen as a finger on the pulse of the economy, often filled with people in business clothes left over from when they had great jobs, money, and health insurance. They know, says Dollar, that we will take care of them just as if they still did.

Emory faculty like Michael McDaniel and Allen Dollar provided \$23.4 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 every penny—\$38 million in fiscal year 2011-2012—to support Emory's mission at Grady.



Sleeping through the night

LIKE MANY OF THE 208 PATIENTS IN THE VETERANS AFFAIRS CLINICAL TRIAL FOR NOCTURIA—EXCESSIVE URINATION AT NIGHT—JASPER SMITH HAD ADMITTED HIS PROBLEM TO HIS DOCTOR ONLY WHEN HIS WIFE INSISTED. She was fed up with his waking up four or five times a night and going around half-asleep during the day. The doctor said, “A lot of men have this problem. I think I know someone who can help.”

Finding the best ways to give older veterans the continence control they need is a passion for Ted Johnson, director of geriatric medicine at Emory. Knowing that all medicines have possible side effects, he wants them to achieve this control with as few drugs as possible. That’s why his research focuses on exercise and that’s how

Compared with community hospitals, the Atlanta Veterans Affairs Medical Center is well ahead of the curve in geriatric care because of its higher proportion of patients over 65.

Smith ended up doing Kegel exercises twice daily, more often if he was feeling voiding urgency.

Johnson’s was the first study to look at exercise as treatment for nocturia. Like Smith, most of the participants had undergone prostate cancer surgery years earlier, but many, like Smith, had only begun to experience night-time problems years later. During the three months of the study, all men took two pills daily, including a standard prostate drug to relieve muscle tightness in the

urethra. Half took a second standard drug to increase bladder capacity. Smith was in the other half: he took only the prostate drug and a placebo.

His group learned about the anatomy related to continence and how to contract the muscles in the pelvic floor, the same Kegel exercises often prescribed to women to strengthen muscles weakened during childbirth. Smith’s wife couldn’t even tell when he was doing his “kegels,” but he could feel the difference—and soon could see it in the urination/urgency diary he kept as part of the study. Gentle squeezing elevates the bladder (and the uterus in women) and closes sphincters in the urethra, penis, and anus. As Smith’s muscles strengthened, he woke less often and felt less frequent urgency. Study results, published in the *Journal of the American Medical Association*, support his experience. The winners were the men who took only one drug and did the exercises.

Johnson says that the Atlanta Veterans Affairs Medical Center is “well ahead of the aging curve,” because of its higher proportion of patients over 65, compared with community hospitals. “We want to improve life for the veterans who have done so much for us, but we know what we find here will benefit everyone as we all age.”





Gerontologist Ted Johnson directs the Atlanta site of a Birmingham-Atlanta VA geriatric research collaborative whose work focuses on three areas: bladder control, mobility, and end-of-life issues such as pain control and swallowing problems.

Emory doctors provide virtually all physician care at the Atlanta Veterans Affairs Medical Center (VAMC), located adjacent to the Emory campus. In the 66 years of the Emory-VAMC partnership, Emory medical faculty have made the facility one of the nation's most successful VA centers for research, with projects focused on developing new solutions in rehabilitation, post-traumatic stress disorder, and traumatic brain injury. Since a high percentage of patients are elderly, research, like care, focuses on areas such as memory and cognition, diabetes, cancer, low vision and disequilibrium, pulmonary medicine, and other problems that increase with age.

Improving lives is at the core of the Woodruff Health Science Center's reason for being. It's what the center's clinicians, researchers, and staff wake up eager to do every morning and what they teach students. Every year, they find creative new ways to help the community in programs and partnerships or simply by showing up where help is desperately needed.

Outreach: local and global



Winship at the Y Winship Cancer Institute's Survivorship Program, directed by nurse practitioner Joan Giblin, teamed up this past year with the YMCA of Metro Atlanta to offer an exercise program specifically tailored for cancer survivors. Held at seven different YMCA sites, the program is free and open to all cancer survivors, regardless of where they were treated. Winship nurse practitioners, physician assistants, lymphedema specialists, social workers, and dieticians provide cancer survivorship training for the YMCA coaches and staff involved with the new program.

Developing a passion for science: Prachi Sharma is one of several researchers at Emory's Yerkes National Primate Research Center who participate in a summer program to give high school students and middle and high school teachers firsthand research experience. This year, the program had a record number of applicants, and the selected participants gained increased interest in neuroscience-related careers.



Helping teens help each other:

Service learning is a critical component of the curriculum at Emory's Rollins School of Public Health. Student Julie Straw, for example, partnered with the Good Samaritan Health Center in West Atlanta to create a program to train local teens as peer health educators. Straw, who

graduated this year from Rollins with her MPH, worked with community members to cover topics identified by teens and their parents: dating violence, healthy eating, HIV prevention and stigma, safe sex, mental illness and suicide, substance abuse, and peer and gang violence. Students graduated from the program after eight weeks.



Learning skills in community health: In a community health course in Emory's Nell Hodgson Woodruff School of Nursing, students work weekly with recent immigrants and refugees. During these visits, they provide education and health screenings and gain firsthand experience interacting with patients from a wide range of countries, few of whom speak English as their first language. It's these patients who help students realize the importance of simple, jargon-free communication in health care, says Elizabeth

Downes, the faculty member who leads the course.



Taking the garden path home: Re-creating the family after military deployment can be challenging. Returning soldiers may feel like strangers. Spouses, independent for so long, may feel uncomfortable suddenly sharing control over decisions. The Callaway Homecoming Initiative, jointly

created by Callaway Gardens, Fort Benning, and Emory, helps military families reconnect during a structured 10-day retreat in the serene 13,000-acre gardens in southwest Georgia, all expenses paid. Soldiers, spouses, and children spend time together in outdoor activities and attend educational sessions that help them deal with the transition from deployment to family life, including stress management and communication. The curriculum was developed by Emory psychiatrist Doug Bremner, director of mental health research at the Atlanta Veterans Affairs Medical Center, and is taught by volunteer experts from around Georgia.

Sharing unused supplies: Each year, Emory Healthcare donates thousands of pounds of supplies and hundreds of hours of volunteer services to MedShare International, an Atlanta-based nonprofit that collects unused, unexpired medical supplies that can't be used in this country and distributes them to hospitals in developing countries around the world. The aggregate value of supplies donated by Emory Healthcare over a year's time totals more than \$600,000.



Going the distance: For the fifth consecutive year, an Emory Healthcare medical team provided onsite medical care for 18,000 runners, walkers, and bystanders at the Publix Georgia Marathon and Half Marathon last March. In addition to physicians, nurses, and emergency medical techs, the team included students from three medical schools, including Emory's.

As in any long-term investment, supporting research means building and maintaining facilities and infrastructure to support those doing the research. Last year, the Woodruff Health Sciences Center's total investment in research costs unrecovered from sponsors was approximately \$97.2 million.

Keeping the research engine running



Research is an expensive enterprise, but it's an investment that continues to yield important dividends. In fiscal year 2011-2012, research awards in the Woodruff Health Sciences Center totaled \$481.7 million, out of Emory University's \$518.6 million total. Success in garnering such awards helps Atlanta's growing reputation as a leader in drug development and in research aimed at decreasing costs and increasing health care access as well as quality of health care. Examples of awards received over the past year include \$31 million for a five-year renewal of the Atlanta Clinical & Translational Science Institute (a partnership with Morehouse School of Medicine and Georgia Tech), \$7.5 million for a five-year renewal of Winship Cancer Institute as Georgia's only National Cancer Institute-designated cancer center, \$9 million for a five-year renewal of Emory's Center for AIDS Research (one of 21 in the country), \$4.5 million for a four-year project to improve maternal and newborn survival in Ethiopia, \$8.3 million to establish a national Autism Center of Excellence, \$11 million from the Department of Defense to test treatments for post-traumatic stress disorder, \$7 million to facilitate identification and removal of cancer cells during surgery, several multi-million-dollar grants to support development of vaccines for HIV/AIDS, and \$1.5 million to train nurse scientists to develop new means of preventing and treating chronic disease.

Keeping the research engine running requires ongoing investment in research space and infrastructure. Last year the Woodruff Health Sciences Center invested approximately \$97.2 million in research costs that were unrecovered from sponsors.



Training for today and tomorrow

As the health professions work to improve quality and efficiency of health care for both individuals and populations as a whole, training in these professions is evolving to accommodate new and changing needs. For example, Emory's School of Medicine recently inaugurated a master's degree program in genetic counseling, the first in Georgia, to address a national shortage of board-certified genetic counselors to help clinicians and patients interpret genetic information related to risk. Meanwhile, as nurses continue to assume larger roles not just in patient care but in health care leadership, the Nell Hodgson

Woodruff School of Nursing is responding to increasing needs for nursing data by incorporating research in its entire curriculum, not just for master's and doctoral students, but for undergraduates as well. When nursing students complete assignments in underserved Caribbean countries over winter break or in south Georgia, where they attend to health needs of migrant farmworkers during the summer, they benefit from the experience of service learning but also are expected to gather, analyze, and report data that can be of use in future service to these populations. And the Rollins School of Public Health is helping local nonprofits through its Practical Experience Program, in which students work with about 50 local employers, contributing much-needed skills, ideas, and manpower to help in daily operations.

Training in the health professions is a costly endeavor for all involved. The Woodruff Health Sciences Center invested 22.4% of its tuition income last year in financial aid for its students, an amount totaling \$17.8 million.



Each year, Emory Healthcare invests millions in teaching and research missions, including \$79.9 million in 2011-2012.

Students and trainees in health sciences:

Emory University School of Medicine

- 564 medical students, including 77 MD/PhD students; 615 post-doctoral fellows
- 1,188 residents and fellows
- 518 students in allied health training, such as physical therapy and physician assistant programs

Rollins School of Public Health

- 960 master's students, 147 PhD students, 25 postdoctoral fellows

Nell Hodgson Woodruff School of Nursing

- 264 bachelor's, 190 master's, 19 PhD students

Emory's Office of Technology Transfer offers researchers like Jennifer Gooch (below) a crash course in how to start a company. Gooch formed ImmunoMetrix to commercialize a test to help gauge whether a transplant recipient's immune response is under control.

Powering the local economy

THE WOODRUFF HEALTH SCIENCES CENTER (WHSC) EMPLOYS MORE THAN 22,000 PEOPLE, MAKING EMORY UNIVERSITY THE THIRD LARGEST PRIVATE EMPLOYER IN METRO ATLANTA. The WHSC helps create jobs in other ways as well, through expenditures of visitors and students, through Emory's Office of Technology Transfer (which last year alone saw creation of six startup companies to manage inventions by Emory researchers), and through new construction.

Over the past year, for example, Emory University Hospital (EUH) began renovation and expansion of its emergency department. EUH Midtown opened an \$8 million "next-generation" intensive care unit that will become the standard design of all ICUs at Emory. Emory Clinic began expanding access to its campus sites in anticipation of construction of a new EUH bed tower. Yerkes National Primate Research Center broke ground on a \$15 million research building and a three-story addition to its neuroscience research facility. And construction continued on a new \$90 million health sciences research building scheduled for completion next spring. Based on expenditures like

these (\$3.3 billion in 2011-2012), the WHSC's overall annual economic impact on metro Atlanta is estimated at \$6.4 billion.

But job numbers and expenditures tell only part of the story of how the WHSC influences the economy. The WHSC is investing resources in health services research to create strategies to optimize quality and cost-effectiveness of care. For example, unplanned hospital readmission after surgery is a serious, costly problem everywhere. Emory surgeon John Sweeney and Georgia State University economist James Cox recently analyzed data on 3,000 Emory surgery patients and developed a software tool, now in testing, to provide more finely tuned discharge recommendations. Reduction and prevention of readmissions and complications have already resulted in \$1.5 to \$2 million in annual savings for patients, payers, and providers.

In the same vein of implementing innovative strategies to decrease costs and increase quality, Emory Healthcare recently formed a clinically integrated network of local physicians and hospitals to improve care coordination and quality outcomes as well as control costs for patients and the community.

Emory was also one of 14 academic institutions across



the nation to receive a Health Care Innovations award aimed at reducing health care costs, improving quality, and enhancing the health care workforce. The award supports Emory's plan to build a network supporting ICUs in north Georgia. The program is expected to improve access to ICU care in the community and to save more than \$18 million over three years.

Value to the community

In addition to providing charity care, Emory's Woodruff Health Sciences Center (WHSC) benefited the community in many other ways in fiscal year 2011–2012:

	<i>(millions)</i>
Costs of charity care provided by Emory Healthcare (page 3)	\$72.1*
Financial aid provided to students from tuition income (page 21)	17.8
Emory Healthcare investment in WHSC teaching and research (page 21)	79.9
Emory's investment in research unrecovered from sponsors (page 20)	97.2
Unreimbursed care provided at Grady Hospital (page 15)	23.4
Investment of Emory Medical Care Foundation in services at Grady Hospital (page 15)	38.0
Other community benefits (page 3)	137.6†
Total (millions)	\$466.0

***Total includes charity care for Saint Joseph's Hospital:**

Effective December 31, 2011, Emory entered into a joint venture with Saint Joseph's Health System, Inc. Emory Healthcare, Inc., controls 51% of Emory/Saint Joseph's, Inc., the joint venture that controls Saint Joseph's Hospital and Emory Johns Creek Hospital. The financial data in this report and the Emory Group Form 990 include 100% of the financial data from Emory Johns Creek Hospital for the entire fiscal year and 100% of such financial data from Saint Joseph's Hospital from January 1, 2012, to August 31, 2012.

†This includes the following:

- Discounted/free prescription drug program; drugs for needy/transplant patients; Concord-Indigent Patient Program; contracted services for indigent patient access; unreimbursed transportation/ambulance services; education of nursing students completing clinical rotations in inpatient/outpatient settings; subsidized continuing care, nursing home care, and home care; and initiatives across the board in all Emory Healthcare facilities, including in-kind donations to organizations such as MedShare (see page 19); flu shots; blood drives; American Heart Association fund-raising walk; and educational programs for the public, future health professionals, and patients *(millions)* **\$8.6**
- Shortfall between Emory Healthcare's cost to provide care to Medicaid patients and reimbursement from Medicaid *(millions)* **\$107.9**
- Costs to Emory Healthcare for the Georgia provider tax *(millions)* **\$21.1**

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, Wesley Woods Geriatric Hospital, Wesley Woods Long-Term Hospital, Saint Joseph's Hospital, and Emory Johns Creek Hospital.



23

As sites are being cleared in preparation for ground-breaking for a new inpatient facility to open in 2017, Emory contracted with Lifecycle Building Center to salvage items such as sinks, handrails, countertops, and signs from a razed sorority house to reuse in projects throughout the community. Trees removed from the site are being replaced by new plantings throughout the Emory campus.



PLEASE DO NOT
VACUUM THE
TUBS IN THE
ROOM CABINET
THANK YOU

MapChoice
MapChoice

MapChoice

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**
- **Emory Healthcare**, the largest, most comprehensive health care system in Georgia
 - **Emory University Hospital**, 579 beds, staffed by Emory physicians
 - **Emory University Hospital Midtown**, 511 beds, staffed by Emory and community physicians
 - **Emory University Orthopaedics & Spine Hospital**, 120 beds, staffed by Emory physicians
 - **Emory Johns Creek Hospital** (jointly owned), 110 beds, staffed by Emory and community physicians
 - **Saint Joseph's Hospital** (jointly owned), 410 beds, staffed by Emory and community physicians
 - **The Emory Clinic**, 1,600 physicians, nurse practitioners, physician assistants, and other providers
 - **Emory Specialty Associates**, an outreach physician group practice organization with locations throughout the city and state
 - **Emory Clinically Integrated Network**, a network of physicians and hospitals formed to improve care coordination and quality outcomes as well as control costs for patients and the community
- **Wesley Woods Center of Emory University**
 - **Wesley Woods Hospital**, 82 acute geriatric care beds, 18 long-term acute care beds
 - **Wesley Woods Clinic**, outpatient primary care for geriatric patients
 - **Budd Terrace**, 250 beds, skilled nursing care facility
 - **Wesley Woods Towers**, 201 units, residential retirement and personal care facility
 - **Wesley Woods Health Center**, (includes Center for Health in Aging, Fuqua Center for Late-Life Depression, geriatric dental services)
- **Emory-Children's Center**, the largest pediatric multispecialty group practice in Georgia (joint venture with Children's Healthcare of Atlanta)
- **Emory-Adventist Hospital** (jointly owned), 88 beds, staffed by community physicians

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**, 255 beds, Emory campus, staffed by Emory and community physicians, with Emory providing 80% of care
 - **Children's at Hughes Spalding**, 24 beds, Grady campus, staffed by Emory, Morehouse, and community physicians, with Emory providing 66% 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**, 179 hospital beds, 50 nursing home beds, staffed by more than 250 Emory physicians



EMORY
UNIVERSITY

Woodruff Health
Sciences Center



FOUNDING LEGACY IN COMMUNITY SUPPORT

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

For more information, please contact Health Sciences Communications: 404-727-5686 ■ emoryhealthsciences.org

1440 CLIFTON ROAD, NE, SUITE 150, ATLANTA, GA 30322