Public Hearing for the COPA Index Advisory Group

Appointed By the Tennessee Department of Health

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Listening Session #2 - Internal Stakeholders

Chairman: Gary Mayes, Director, Sullivan County Health Department

Commissioner: John Dreyzehner, MD, MPH, FACOEM

Director: Jeff Ockerman, Division of Health Planning

TAKEN AT:	**NORTHEAST STATE REGIONAL PERFORMING ARTS CENTER 2425 TN-75 BLOUNTVILLE, TENNESSEE**
TAKEN ON:	**TUESDAY, MARCH 29TH, 2016**
REPORTED BY:	**TERRY L. KOZAKEVICH, RPR, LCR**

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Rep. Matthew Hill, State Representative, Washington County

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Mr. Thomas J. Wennogle, President, Jarden Zinc

Dr. Brenda White Wright, Former CEO, Girls Inc. of Kingsport

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Public Speakers

P R O C E E D I N G S

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CHAIRMAN MAYES: Thank you for waiting, and most of all, thank you for attending tonight. And this is our second public session that the Advisory Group has had.

And we're very thankful that you're here, but I want to let everyone know, my name is Gary Mayes, and tonight's meeting is being recorded and videoed and transcribed, and the total minutes of the meeting will be posted on the Tennessee Department of Health website, so I wanted to make sure we have a clear understanding.

And we have a great group in attendance. Dr. David Kirschke, a member of the Advisory Group, is in Nashville and could not attend tonight. So I want to thank the committee for being here and their time and their feedback.

Also for those that may not wish to speak publicly and address the committee tonight, you're more than welcome and encouraged to submit written comments, and you can do that by picking up a form at the table and submitting those in the box, and those will be part of the minutes and public record as well. So throughout the night,

we'll remind everyone of that opportunity.

Also, if you choose not to speak tonight and the written comments, you're free to express your comments at the Tennessee Department of, excuse me, Tennessee Department of Health website, and that's under Policy and Planning and COPA, C-O-P-A. Okay?

All right. Without further ado, we'll begin our meeting. We have a brief powerpoint presentation by Jeff Ockerman with the Tennessee Department of Health that will explain really in some detail about what our Advisory Group's past is, give you a status of the COPA, and also help you frame our thoughts tonight in expression.

Also there is a list. For those that want public comments, there is a continuing list over on the table. If you wish to speak, please record your name for the record, and we'll be very thankful for that. Jeff?

DIRECTOR OCKERMAN: Thank you. Can you all hear me? Yes? It's like church. Good morning. That sounds familiar.

My name is Jeff Ockerman. I'm the Director of Health Planning for the State of Tennessee. Thank you all for being here at this

Public Listening Session.

We're going to talk about Certificate of Public Advantage, what everyone has been calling COPA. So what is a COPA? Well, COPA is a written approval by the Tennessee Department of Health that governs a cooperative agreement between two or more hospitals.

Now the purpose of the COPA is to protect the interests of the public -- you guys -- in the region and in the state. And while this statute has been in existence since 1993, this is the first time it's been used for a hospital merger proposal, so we're all in new ground here.

To apply for a COPA, the hospitals are required to submit an application with detailed information and data about the proposed merger. We list examples of the information that it's supposed to include, so follow me here.

The cooperative agreement, their plans to integrate services, financial details, a plan of separation, proposed index of measures, and other information. So here's a schedule of what's happened so far.

We received a letter of intent on September 16th, 2015, from Mountain States and

Wellmont. We got their pre-submission report that they're required to submit on January 7th, 2016.

The application itself was filed with us on February 16th of this year, and then an Addendum No. 1 was received on March 16th.

And that Addendum No. 1 was in response to a request from us to the pre-submission report that we requested clarification of several issues, and again, that's what they did when they filed that Addendum No. 1.

The application continues to be reviewed by the Tennessee Department of Health staff. We are by no means done with reviewing it. We are waiting to receive some additional information.

And some of that information includes some financial and competition information that the parties consider to be sensitive. And so we've not received those yet, but we expect them soon.

Once the Department of Health determines that the application is complete -- and that means we think we've got enough information to move forward -- a 120-day period begins during which we actually begin reviewing the application under the standards in the law and the rule.

The Department of Health will determine whether or not a COPA should be issued.

Under the rules and the law, the Department shall issue a COPA if the Department determines that the applicants have demonstrated, by clear and convincing evidence, that the benefits resulting from the agreement outweigh any disadvantage attributable to the reduction in competition.

So if the COPA is issued, the Department will assess the impact of the merger based on a lot of terms that are going to be included in this Certificate of Public Advantage, the COPA that is issued. And we expect that if it is issued, that it would be available to document.

The COPA Index is one way that the Department of Health would plan to grade the proposed merger and the new health system. This Index Advisory Group you see in front of you is going to suggest different subjects that will be on the index.

And the index, again, it's like a report card. The index score will be like a grade point average. I know none of us really feel comfortable talking about grade point averages in

this stage of life.

But anyway, that's what the index score is going to be like, and the grades from different subjects will be averaged together to get an overall index score.

And so we want to know what subjects should be included on this report card. The rules require that they should be in these categories: population health, access to health services, economics, and any other factors that you all on the Advisory Committee or even the Department have staff come up with.

And so, for example, if the category was math, the subjects could be geometry or algebra. So the index, the COPA Index is going to be created and used for the Department of Health to evaluate the proposed and continuing public advantage of the proposed merger.

The Department will set a baseline score and ranges for the score to determine whether the advantage is clear and convincing. And again, that's the standard that we have to meet under the law, clear and convincing evidence.

The COPA Index Score will be reported on a regular basis. And if the advantage is not

evident, the Department could terminate the COPA.

And if that happens, the merged system would then have to complete its plan of separation that it is required to file with its application. And if the COPA is granted, it has to update that annually.

So here we are back to these people in front of you, the COPA Index Advisory Group. It's a group of citizens representing northeast Tennessee, your region. You probably know a lot of these people. They're appointed by the Commissioner of Health, Dr. John Dreyzehner.

And following the Public Listening Session -- and this is the second one -- this group is going to recommend measures for the subjects to be considered for the index, for that report card, for the Department of Health to use to track the impact, including disadvantages and advantages, should a COPA be granted.

The Advisory Group's job is over once it recommends the measures to the Department of Health for the COPA Index. This group does not make a recommendation whether or not the Certificate of Public Advantage should be issued.

That's not their job. Their job is

coming up with that report card with the subjects.

Here are their names right here in front of you. They're also on the table there, and you can find them on our website. In fact, they can find you all anywhere now. Be careful.

So guidance for the Advisory Group from the Department of Health. The Department of Health is looking for big-picture concepts here. We don't want to get too lost in the weeds with details, and we're concerned with outcomes, not processes.

What we mean by outcomes, here is an example just based kind of on the report card concept. An outcome is, how did the new health system do on its test? A process measure is how often did the health system study?

We want to know the outcome of the measures that are suggested by the Advisory Group. So the health systems have their chance to talk with the Department of Health, and they have an ongoing chance to talk to us.

But these listening sessions are the opportunities for you all, the public, to tell us, to speak to the Advisory Group, and have a say on what you think is really important to you about

how a proposed new health system should be, how the advantages of it should be measured.

The COPA Index Advisory Group represents community concerns, and the goal is to have a clear and well-defined index that is easily understood by the hospital systems, by industry stakeholders, and by the general public.

So at the listening sessions, the rules require that the Advisory Group hear from these following members: external stakeholders. We've got them defined up there. Internal stakeholders. That's this meeting right here.

You see, stakeholders can receive income from either one of the health systems. It could be an employee, a contractor, a vendor, staff, a clinician. Another group we have to hear from are just members of the community at large.

So for the Advisory Group Listening Sessions, the goal: What measures should be included in an index? What outcomes would matter to you if the COPA is issued?

The outcomes are population health outcomes, health care access outcomes, economic outcomes, any other outcomes you come up with.

At the first listening session meeting

that we held on March 22nd, exactly a week ago, we heard a whole lot of people talking about whether or not they were for or against the proposed new health system, and that's not really what we're doing here.

What we're doing is seeking your opinion, your advice on what outcomes you're looking for from a resulting merger. Outcomes again, population health, access to health care services, and economic issues.

We've got three other meetings scheduled: April 15th for the general community, April 19th for external stakeholders, and then May 17th, all to review the proposed measures that the Advisory Group is going to come up with.

Finally, this is the last meeting we've got scheduled at this term. On June 7th, here at Northeast State, we're going to have a public meeting for people to tell us then whether they think the COPA should be issued or not. That will be a big meeting, and we're hoping to have Commissioner Dreyzehner here for that.

In any event, comments will be submitted to us any way you want to do them: on-line, email, mail. And you've got the information up

here. We have it over here, Allison. We can give it to you. Just ask us. You can find us on-line easily. And again, back to today's process.

The Advisory Group is here to listen to you. Each speaker will get three to five minutes to speak. If you want to speak and haven't signed up, please do so.

Questions can be submitted also in the box down here at the front of the room, and you can submit them anonymously. And remember, this session is being video recorded and transcribed.

Today's goal, if the COPA is issued, what measures should be included in the index? How should the impact of the merger be measured?

What outcomes matter most to you? What health measures matter most to you? What economic measures, what health care access matters most to you? And then what else should be included?

So we're going to leave this up so you've got it in front of you so you can know what we're looking for to help the Advisory Group.

Thank you very much.

CHAIRMAN MAYES: All right. Thank you, Jeff. Great job. Also, I failed to mention earlier, I need to express our thanks to Northeast

State for hosting this meeting tonight. And what a beautiful facility they have, indeed, and they've been very gracious to loan us all of their technology.

Also, for the speakers tonight, please limit your comments to three to five minutes. And also the committee members may choose to ask questions for clarity or more information. They each have a mic, and so just take a mic before you for the record and pose your question, so feel free to do so.

Thank you very much. And so we'll go ahead and get started. Our first speaker tonight is Dale Sargent, Dr. Dale Sargent. And all speakers will be addressing the committee. Thank you.

DR. DALE SARGENT: Up here?

CHAIRMAN MAYES: Yes, at the podium.

DR. DALE SARGENT: Good evening. My name is Dale Sargent, and I'm the Medical Director for hospital medicine services for Wellmont Health System, and I practice almost full-time when I'm not doing administrative work.

I'm a member of the Wellmont Mountain States Integration Counsel and, therefore, have

been intimately involved in the preparation of the COPA application.

I served as Wellmont chief medical officer for two, on two occasions for a total of 10 years. And except for the years that I was away from the area doing professional training, I've lived my whole life in this region.

My parents, my grandparents, my great grandparents, back to my Cherokee great great grandmother, have called this area home. And I chose to go into medicine because I wanted to help the people of this region, especially people that live in rural areas.

And believe me, I've seen inferior health care, and I've seen what happens when health care is not available with my own family members.

I graduated from Richlands High School in Richlands, Virginia, and I'm a graduate of King College. It was not a university when I graduated. And I was in private practice in Bristol for 13 years before I was chief medical officer.

I have been at the bedside and have treated thousands of patients in both tertiary and

rural settings and have dealt firsthand with the issues related to rural high school medicine, such as lack of specialists, cutbacks in services -- for instance, consolidating two intensive care units into one -- and the physical reality of distance when the helicopter is not flying.

At our tertiaries, I've also seen what great care can be, second to none in this region. We continue to face daunting financial realities as the reimbursements decrease and cost increases for the delivery of health care services.

Many times when I've sat at the administrative table, I've seen good and talented people struggle to maintain services and access while faced with mounting financial pressures. Since 2010, 60 rural hospitals have closed in the United States.

One of those was Lee County Hospital, which is right across the border, and we're all aware of that. This financial reality occurs in the backdrop of another staggering reality.

I'm sure all of you are familiar with the Dartmouth Atlas. Pick any chronic, debilitating, and self-inflicted disease, and you'll find that our region ranks among the worst

in the United States, whether that is COPD due to smoking, whether that is diabetes mellitus due to lack of physical activity and obesity, whether that is cancer, heart disease, or drug abuse.

Reducing services or access in the context of this reality is unacceptable and would be devastating to the people of our region. Yet in the current setting, the way health care is delivered, sustaining the current level or even talking about expanding the current level of services, especially in our rural areas, is financially unsustainable.

So make no mistake. What we are talking about are lifestyle diseases that develop over a lifetime. If we were fantastically successful in encouraging people to change their lifestyles within the next year, successful beyond our belief, the burden of disease, of chronic disease in this region is going to remain high for a generation.

If the outcomes we're looking for are, for instance, a decrease in lung cancer or a decrease in diabetic complications, then we'd best be thinking in terms of decades, not in terms of a year or two.

Our approach to this must include maintenance and expansion of services for those with chronic and advanced conditions, which we're going to be dealing with for a long time to come, and investments and actions aimed at breaking the cycle of unhealthy behaviors, thus ultimately bringing down this burden of chronic disease, which we're dealing with now.

In this latter endeavor, we're aspiring to nothing less than changing the culture of an entire region. That's what we're trying to do, and that type of change takes sustained effort, resources, and time. There is no quick fix for changing the culture of a region.

Wellmont and Mountain States are pledging to invest $140 million over 10 years in enhanced services such as mental health, addiction services, chronic disease management, and rural health care.

We're also pledging 75 million over 10 years for the initiation of public health measures aimed at improving public health and to reverse these unhealthy behaviors.

CHAIRMAN MAYES: 30 more seconds.

DR. DALE SARGENT: These are outcomes.

I would respectfully suggest that some of the other outcomes we might look at are employment opportunities. Are they being enhanced and expanded?

Are we helping to expand health care professional training? Is access to services, especially in rural communities, being expanded? Are the public health measures we're initiating evidence-based?

Are additional services being offered, the ones that our own health assessment suggested that should be offered as opposed to something that's just financially rewarding?

Are the people in our region availing themselves of those services that are being offered? And are we seeing improved outcomes in the people that are availing themselves of those services?

And I appreciate very much the opportunity to speak, and I'm happy to answer any questions that you might have.

CHAIRMAN MAYES: Thank you, Dr. Sargent.

DR. DALE SARGENT: Thank you.

CHAIRMAN MAYES: Okay. Next is Paul Allison.

PAUL ALLISON: My name is Paul Allison. I'm a maintenance technician with the plant operations over at the Holston Valley Medical Center. Kind of based on what you all, the guidelines you all laid out, what kind of concerns me would maybe be the economic angle. He touched on it briefly about job opportunities.

Obviously people hear merger. It's easy to get job scared. My previous employer, which I've been with Wellmont since June of 2012, so coming up on four years.

Prior to that, I had been employed for over 22 and a half years, and there was a merger. Ended up, I ended up training my replacement. Let's just put it that way. So, you know, we wonder as employees, you know, about job security.

And I also think about, you know, we've got the Quillen Medical College. We've got the, you know, all the Gatton Pharmacy School and everything is, you know, employment opportunities if you go from two to one.

Because obviously, and I think with the COPA having oversight, you know, that's good. And the plan of separation, that really looks out for the public interest.

Obviously it's to the public's best interest if health care in our region is on stable footing. And especially in light of, you know, what's been brought on by the political and economic climate based upon the Affordable Health Care Act.

And so we've got to react accordingly obviously. You don't want to kind of scramble around at the last moment trying to make decisions in haste. But we want also to make sure that, you know, all of a sudden we're not narrowed down.

You've got a lot of kids going to school. I know a lot of people that I work with. I see them on a regular basis. They hold one position in the hospital. They're going to school to advance their career, you know.

Will those opportunities be minimized or in the, you know, things actually, you know, be worked to where they can maximize such opportunities? We don't want those type of opportunities to go away.

And, you know, it's easy to have a knee-jerk reaction to the merger, especially in my case what I'd went through previously. But the good thing is is with the COPA and the oversight,

you know, you hope that, you know, that that greed is not, it's not a greed-driven thing.

And so as far as the economics and what advantage it would be to the public, it's obviously to the public's advantage, and it's overall the bigger picture to the employees' advantage to have health care in our region on stable footing.

But when people lose their jobs, it's not just a percentage. Well, we're going to have to cut the work force. They talk about duplication of services, and all that makes sense, and it's, I guess, a necessary evil of mergers.

But I know one young lady that's an RN, that her family immigrated from Vietnam, and she's just getting her career started with Wellmont. And then I know that there's another young lady that started as a transporter and then PCT. She recently got her RN.

And so we want to make sure the kind of focus, you know, as far as a focus group, that special care is taken, that employment opportunities are not minimized, and that you actually want to maximize them.

Because whenever you've got, you know,

and I do, you know, two, you know, entities like this coming together, they say, you know, said the kind of a slogan, better together.

In today's situation, that's probably the case. But whenever people end up losing their job, you know, for them it derails a lot of their life plans.

CHAIRMAN MAYES: 30 seconds, Mr. Allison.

PAUL ALLISON: So that's what I would hope that the, you know, the board really look at is maximizing instead of minimizing employment opportunities. God bless you. Thanks.

CHAIRMAN MAYES: Any questions for Mr. Allison?

BRANT KELCH: One question, Mr. Allison.

PAUL ALLISON: Yes, sir.

BRANT KELCH: Actually both you and Dr. Sargent mentioned employment opportunities. Do you think also that part of the COPA and the monitor process ought to look at the impact on wages and benefits?

PAUL ALLISON: Well, I hope that it would obviously help wages. I know in my Department, I transferred to maintenance about a

year and a half ago. We've lost about a half a dozen guys to other employment opportunities because they was able to get better wages.

So, you know, that's something. I mean, you know, we got to pay our bills. And whenever better opportunities come by...

So you don't want to make yourself, you know, easy to replace as employer because you're not offering, you know, good wages and good benefits.

BRANT KELCH: Thank you.

CHAIRMAN MAYES: Okay, all right. Thank you very much, Mr. Allison.

PAUL ALLISON: Yes, sir.

CHAIRMAN MAYES: All right. Next we have Brian Olay?

BRIAN CLAY: Clay.

CHAIRMAN MAYES: Clay. Excuse me, sorry. Brian Clay.

BRIAN CLAY: Good evening. I want to start out by thanking you for hosting this listening session. My name is Brian Clay, and I serve as the Director of Business Development for Cardinal Health.

I've lived in the Tri-Cities all my life

and graduated from ETSU with a degree in health care administration.

As you may imagine, health care is very important to me. And as expected, when it affects my community, it becomes even more important, and that's why I'm here tonight.

I've been in health care for over 20 years. And right now, more than ever, it's extremely important for health systems to enhance efficiency and continue to improve on the quality of care they provide.

Industry leaders are constantly looking for ways to reduce waste and increase efficiency so they can improve the value of care. It's very obvious that this focus is also shared by both Wellmont and Mountain States.

Understanding that they seek to eliminate unnecessary, duplicative, and inefficient services and to share any administrative burdens is very important, as it will allow a redirection of savings towards some of our most important health care challenges in the region, challenges such as childhood obesity and diabetes, premature mortalities and cardiovascular disease and cancer, drug addiction,

and behavioral care.

Learning that ETSU would partner with the new health system in developing the community health improvement plan is very exciting to me as well. You know, according to estimates, roughly 30 percent of all health care services spending is wasted.

If we can reduce, if we can work to reduce that figure and be smart about the way health care is delivered in our community, I believe we'll feel the effects in terms of two factors that I believe should be included in the index by this committee, and that's increased access to care and improved health outcomes.

Tracking these efforts made in these areas will help to ensure that we're moving the needle forward in terms of improving health care for the people of our region. Thank you for your time.

CHAIRMAN MAYES: Any questions for Mr. Clay? All right. Thank you, Mr. Clay. Next we have Rosalee Sites.

ROSALEE SITES: Good evening. Thank you for the opportunity to come and share with you my thoughts about the needs of our community.

As the Resource Manager for Wellmont's Parish Nurse Program and hearing from our parish nurses, I can tell you that there's a lot of health issues that will take a strong health system to address the needs of our region.

We all know about the obesity, diabetes, hypertension, COPD, asthma, and cancer is rampant in our area. Young children are being diagnosed as a Type-2 diabetic.

We know changing cultures will require a lot of work, education, time, and money. We know that there are some great programs and efforts being put forth by industry in our area and by the like also towards prediabetes education, which will ensure people will live longer and healthier lives. It will take more than these programs to get our region healthy.

Diabetic patients are often not diagnosed initially because they have no health insurance and lack funds for co-pays and for medication and testing supplies. They get into crisis and are diagnosed in the emergency Department, which is expensive care.

As a volunteer at Friends In Need, I interviewed a young lady in her 30s who came to

apply to be accepted as a patient. I noticed that she had several sores on her arms and wondered what was causing it.

She explained that she works 36 hours a week and was a diabetic. She had had no medication for three months and -- for her diabetes, and that she had borrowed someone's Accu-Chek monitor the week before, and at that time her blood sugar was over 300.

It is patients like this young woman who ends up in our ER in crisis. If she had had medical care where she was followed on a consistent basis, she would have better health, better-controlled diabetes, and fewer crises.

The drug problem in our area is very large. It affects all age groups. We've all heard about the babies born of mothers who abuse drugs while they're pregnant, youths who start taking drugs early, adults who use and abuse the medication, both prescription drugs and illicit drugs.

This can lead to what -- this practice can lead to one form of elder abuse, which is financial abuse. The family or friends come around when the checks come in demanding,

threatening, coercing the older person into giving them money, and this money is spent on drugs. But no help is given to this older relative for the money.

The new form of elder abuse is the medication. Actually stealing medications or prescriptions are stolen. Older adults are threatened and ask for pain medicine when they really don't need it.

One physician in our area tells the story of an 82-year-old patient of his being knocked down in his parking lot by the patient's grandson because he knew she was going to get a prescription for pain medicine.

Young people are dying because of accidental overdoses and infections from drug use, so we need a strong drug/alcohol rehab and psych facility in our region to help deal with this problem.

The chaplains at our hospital encounter drug patients every day who have abused their bodies with drugs. This affects their health, their families, and their ability to work and make a livable wage. This also takes increased health care resources in caring for these patients.

In serving with the United Way Self-Sufficiency Council for the past five years on the life skills and employment team, we've talked with area employers who state that they have jobs open. They just can't find people who can pass the drug test to fill those jobs, so this problem affects our economy.

Dental care is essential for good health. You and I think of essential dental care as essential. But yet for people who lack dental care, this is a luxury.

For patients who do not have dental insurance, it is a lack of dental care that can affect their general health. It can predispose them to heart, stroke issues, infections. It can affect a pregnant mother and her baby and can also prevent people from getting a job.

CHAIRMAN MAYES: 30 seconds, Ms. Sites.

ROSALEE SITES: How much?

CHAIRMAN MAYES: 30 seconds.

ROSALEE SITES: Wow. Okay. Well, what we have found is that there's 20,000 people in Sullivan County who need and lack dental care. And so as a result, we have a very large deficit here, and it needs to be addressed.

We hope that with the merged health system, there will be resources freed up that would allow help to be given to the clinics that provide these services. Thank you.

CHAIRMAN MAYES: Thank you, Ms. Sites. Any questions?

BRENDA WHITE WRIGHT: I have a question for her.

CHAIRMAN MAYES: Ms. Sites.

BRENDA WHITE WRIGHT: Rosalee, do you have any data or do you know where we can access data about the number of people who are not passing drug tests making them ineligible for employment?

ROSALEE SITES: I don't know. I guess the industries could give you the numbers that come pass through their doors applying for that.

I know that not all companies are drug-free. Most of them require a drug screen on employment, but not all of them require that. I don't know if the anti-drug coalition could help get those data for you.

BRENDA WHITE WRIGHT: Thank you.

ROSALEE SITES: Thank you.

CHAIRMAN MAYES: Thank you, Ms. Sites.

Next is Jim Perkins.

JIM PERKINS: Good evening. My name is Jim Perkins. I am the System Director for Wellmont's diabetes treatment centers, and I have been in this region and with Wellmont for over 16 years. I'm also honored to be part of the Population Health & Healthy Communities work group, as well as the Healthy Children & Families work group.

And while these work groups focus on numerous health-related issues in our area, the one I want to talk about tonight is diabetes, or as is commonly referred to in our region as sugar diabetes.

Nationally, we see over 9.3 percent of the population has diabetes and 30 million individuals. And as Dr. Sargent alluded to earlier, we're one of the worst in the country in the state of Tennessee.

Depending on what study you look at, that number is either No. 2 or No. 4 in our country for the prevalence of Type-2 diabetes. Sullivan County is one of the highest counties in the state for diabetes. We're in the top five of all different categories of diabetes in the state

of Tennessee.

Virginia, while it's 23rd in the prevalence of diabetes, the surrounding counties in southwest Virginia are the highest in the state of Virginia.

Diabetes has connections to several other diseases. As a matter of fact, it's probably the most prevalent disease for fingers and other conditions.

Two to four times greater risk of heart attack. Two to four times greater risk of stroke. Leading cause of adult blindness. Leading cause of lower-limb amputations.

If you walk into any Wellmont hospital, you'll see 30 to 35 percent of our patients have Type-2 diabetes. If you walk to a cardiac floor, that number goes from 50 to 70 percent.

I'm very proud of the stance that Wellmont has taken in the years that I've been with them about the identification and treatment of diabetes. We're the only health system in the region with multiple diabetes self-management programs that are ADA -- American Diabetes Association -- recognized.

As part of the system, we have developed

numerous innovative programs. This First Safe Sharps Program allows individuals with diabetes to dispose of their sharps appropriately.

Every year we've put on, for the last 14 years, an educational program where health care professionals that has grown every year, and we see over 400 individuals on the diabetes symposium.

Diabetes Alert window sticker is a program we started here, and it has now gone across the state. That identifies a problem that is statewide with safety because of the number of people out on our roadways that have diabetic glycemic events while they're driving.

Just yesterday we went and presented to the commissioner's counsel for injury prevention about this safety issue. We also have a pilot program, because diabetes doesn't just affect adults.

It affects children too. We're identifying 7th and 8th graders with diabetes and pre-diabetes and getting them into appropriate treatment programs.

As we look down the road at the proposed merger, I'm glad to see the focus is not only on

identifying diseases but helping adults, as well as children, learn to live healthier lives.

And because of that, I would like to respectfully request that this committee include diabetes treatment and identification among the index's health issues to monitor.

Thank you for your time, and I'll address any questions now if you have any.

CHAIRMAN MAYES: Thank you. Any questions?

BRANT KELCH: Jim, I know your level of expertise in this. I'm just really kind of asking your opinion on this.

But, you know, we heard Dr. Sargent talk about that, you know, looking at these chronic conditions, it's going to take a decade or more to probably make a difference in terms of incidents and that type of thing.

In terms of specific outcomes that we can measures now, like you're mentioning diabetes treatment, I mean, is it legitimate to look at the number of diabetics under control over the next five years, or what's a specific thing that you could recommend?

JIM PERKINS: One is A1C levels. That's

a good measure of people that have diabetes, how that A1C level is reduced. A1C is the accumulative three-month level for blood sugar results. That's a good one. Weight loss is another one.

Of the things we're looking at is pre-diabetes. And with pre-diabetes, it is proven that you can prevent going into diabetes.

So identifying people earlier with pre-diabetes, checking to see if that goes in in a five-year period to diabetes is an excellent measure as well.

THOMAS WENNOGLE: You referenced the national standard at 9.3 percent?

JIM PERKINS: Yes.

THOMAS WENNOGLE: And that this area ranked No. 2 or No. 4?

JIM PERKINS: Yes.

THOMAS WENNOGLE: Do you have that in terms of a percentage?

JIM PERKINS: 11.9 percent for the state of Tennessee. In Sullivan County, it's either 13.5 or 13.9 percent adult Type-2 diabetes, again, depending on the study you look at. Thank you.

CHAIRMAN MAYES: Thank you, Mr. Perkins.

Next we have Eric Carroll.

ERIC CARROLL: Good evening.

CHAIRMAN MAYES: Good evening.

ERIC CARROLL: My name is Eric Carroll. I'm the administrator for Unicoi County Memorial Hospital in Erwin. I'm a native of southwest Virginia and a graduate of East Tennessee State, so I feel that I'm very aware of the many challenges that face us as a region.

Like many others here, I've witnessed how drugs, alcohol, and chronic untreated mental illness have impacted our region. Today the single largest diagnosis related to regional inpatient admissions is psychosis, yet significant gaps exist in the continuum of care needed to address behavioral health.

Many others have already spoken on this issue, and I feel like this really underscores this as a true need for our region, so this is something that I recommend that this panel truly consider as a measuring stick for this merger.

Improving mental health through expanded behavioral health care options is not only the right thing to do, it is the fiscally responsible thing to do, as it has been estimated that medical

costs for treating patients with chronic medical and comorbid mental health conditions or substance abuse disorders can be two to three times higher than those who do not have mental health disorders.

Increasing the availability of outpatient behavioral health services and improving coordination of care is better for patients and reduces the use of unnecessary and expensive inpatient hospital stays.

I believe the index should track the development of services such as mobile health crisis management teams and intensive outpatient treatment and addiction resources designed to minimize inpatient psychiatric admissions, incarcerations, or other out-of-home placements.

These services, when developed as part of a coordinated regional service model, can help overcome the desperate and disconnected manner in which individuals are often currently treated and help people live successfully within the community.

I personally, as an administrator in the hospital, see patients that are treated in our facility on multiple occasions. And should

programs like this be expanded within our community, I believe we can help impact the lives of these patients and set them on a path that will help keep them out of the inpatient facilities and treat them so that they're able to spend their lives at home with their families.

The second issue that I would like to bring before you again has already been mentioned, and that is access to rural health care in our communities. As the administrator for a rural health care facility, I understand how the people in those communities, as well as my family, need that current or that immediate access to care.

Many of our facilities are at least a 30-minute drive from other facilities within the region. But having emergency services and immediate care within our neighborhoods and our communities is something that we truly need to maintain.

I've also been part of mergers that take place that the two companies are states away. This is something that I feel really needs to be mentioned here.

The agreement that Mountain States and Wellmont are proposing truly keeps the control

within our communities and will -- is really the only possible merger option that protects our rural hospitals, because we can put something in place that guarantees that.

Should a merger take place with the health care system outside of our region, there are no checks and balances to make sure that this is maintained, so I feel like I really needed to mention that.

So again, I would ask that the two things that we put on the index are access to behavior health care and access to rural health care within our communities. Thank you.

CHAIRMAN MAYES: Thank you. Any questions from the committee? All right. Thank you, Mr. Carroll.

BRENDA WHITE WRIGHT: Mr. Chairman?

CHAIRMAN MAYES: Yes.

BRENDA WHITE WRIGHT: I have a question for you.

CHAIRMAN MAYES: Yes.

BRENDA WHITE WRIGHT: Is it possible, because I'm not hearing very well. Admittedly that's my own challenge. Is the mic turned up as high as it will go?

CHAIRMAN MAYES: Sure. I don't see our control engineer up there but...

BRENDA WHITE WRIGHT: Well, if you would just ask people maybe to speak --

CHAIRMAN MAYES: Jeff, would you follow up on that and see if they could turn the mic up? Thank you. Thank you.

BRENDA WHITE WRIGHT: And also I would like to ask my peers if they are asking questions, if they would please use the mic so I could hear the question as well? Thank you.

CHAIRMAN MAYES: Understood. Thank you. All right. And also for the next speakers, if you would, just pull the mic a little closer, and hopefully that will raise the audio a little bit.

All right. So next is Jerry Arnold. And as Mr. Arnold makes his way to the podium, I remind everyone if you choose not to speak publicly, you're welcome and encouraged to submit written comments and drop those in the box. Thank you.

JERRY ARNOLD: Can you hear that okay?

BRENDA WHITE WRIGHT: Thank you.

JERRY ARNOLD: You're welcome. My name is Jerry Arnold. I'm a 38-and-a-half-year

employee of Holston Valley Wellmont. I'm a respiratory therapist, and also I'm a lifetime member of the Carter County Rescue Squad volunteer.

Over the years, I've been in health care for 40 years. And over the years, I've seen a lot of changes, especially with when I first got into EMS. It was basically you call we haul, and Gary would know that.

But I've seen both hospitals with their trauma units, and they have definitely saved lives. And I believe with the merger, that will even make a stronger trauma team to help people.

Another reason I think the merger would be good is with both systems combined, I think you would have a much better position when you buy supplies. Hopefully you can get a better price on the supplies, which would save money, which they could put back into the community.

And we all know that mental health services have suffered. Get some recovery programs. Tobacco abuse. I've seen so many people smothered to death over the years.

It's very sad to see somebody sitting there smothering, and you can't do anything about

it. You try to treat it to relieve the suffering, but you know they're going to die, and I can't tell you how many people I've seen die due to chronic tobacco usage.

Also with the smoking, it's very addictive, very addictive. I think it's more addictive than any drug out there, and I think we do need a strong system to help support people to quit smoking.

Also the COPD patients have a high incidence of readmissions. You know, I see them go home one day. The next week, a lot of times they're back.

And that right there costs the hospital money because, you know, you've got so many days they come back in, it's basically they don't have to pay for it. We have to absorb the costs for it.

Also another positive outcome I think would be it would decrease the likeness of someone coming and trying to buy either one of the systems out. And like someone already mentioned, we would lose local control over what we have here.

And also, too, we have one of the best cardiovascular teams in the country or in the

word, as far as I'm concerned. We've got two of the world's experts, Dr. Chris Metzger and Dr. Gerry Blackwell.

And if someone come and bought say Wellmont out, they may destroy that program. You don't know what they're going to do.

Also, I think with the merger, we have the possibility to get more research dollars to spend like at the VA College of Medicine. I think that would not only improve our living but also help other people throughout the world.

And on the merger part, I think, too, it may save some money, as far as insurance costs for the employees. You know, bigger is better, as far as purchasing power. I don't know that for a fact, but I would feel like it would help save money as far as employees.

And also I think it would be cheaper for the patients. Because right now if I get sick, I have to go to -- if I don't go to Wellmont system or a doctor, if I go into Johnson City, I would have to pay more out of my pocket.

If one system, if you live in Johnson City and got sick but you worked at Wellmont, you wouldn't have to go all the way to Kingsport to

see your doctor. If you go to the hospital, you'd go to your local hospital.

I think, too, with the merger, it would be -- I think it would have less turnover. Health care is a very special job. A lot of times you take it home with you.

And I think with better conditions, with better pay, I think you'd have less turnover with people looking for avenues of work.

And also, too, I think with the merger you'd have one computer system instead of having two or three different systems out there where you could, you know, connect with each hospital and have their record right there. You wouldn't have to go through a third party to bring up the medical records.

I do believe this merger would be a positive thing for the community.

CHAIRMAN MAYES: 30 seconds, Mr. Arnold.

JERRY ARNOLD: Oh, okay. I appreciate it for the opportunity to speak. Thank you.

CHAIRMAN MAYES: Thank you very much. Any questions from the committee? All right. Thank you, Mr. Arnold. All right. Next we have Regenia Beckner.

REGENIA BECKNER: Good evening.

CHAIRMAN MAYES: Good evening. Pull the mic. There you go. Thank you.

REGENIA BECKNER: Can you hear me okay? I'm -- my name is Regenia Beckner, and I serve as the Senior Leader for Advanced Home Care, which is in the Tri-Cities area. We cover both southwest Virginia and Tri-Cities.

And Advanced Home Care is a not-for-profit hospital-owned organization that offers full service health care that patients need in the comfort of their homes. We are owned by Wellmont, and we've become an industry leader in the development of these management programs by working with our owner systems like Wellmont.

We have implemented processes that are both cost effective and patient focused. We have been extremely proactive in collection of data to measure our clinical outcomes and with our patients' satisfaction, and we've done that with Wellmont and working with them as partners too.

Our work is an example of why access in many forms is an important issue for this group. As a provider of home health care, we believe access plays a vital role in meeting the health

care needs of people in the area, so we trust this group will include a thoughtful, meaningful consideration to improve the Health Index in this region.

Another important issue with regards to access relates to electronic medical records, which I think the gentleman just mentioned earlier that, you know, our experience with Advanced or at Advanced Home Care demonstrates the access and availability and integration of electronic medical records among providers is vital to developing quality care, and it's very patient centered and effective.

We have access to Wellmont's records because we are owned by Wellmont, so it makes it very easy to transition those patients from hospital to home.

So an integrated health record system will also provide a better continuum of care for patients who are -- eventually need care in the home. So right now with the two separate systems, it makes it more difficult for it to be a more streamline process for that patient from hospital to home.

So we need to do everything we can to

make it easier for the people in our region to make good choices by having access to that health care for the health care medical records, and it's important that we track our efforts in this area as well.

So I'm pleased to see that Wellmont and Mountain States have recognized the importance of electronic medical records in their COPA application, and they support efforts at integration and investment is in this -- is the key component to improving care and patient outcomes.

So Advanced Home Care is an advocate for patients receiving care in the most cost-effective manner by utilizing local personnel that provide excellent patient care. So home health care business requires us to think big, like our competition, while acting local and small for our community so to provide that extraordinary care to our patients.

So we stand ready to work with Wellmont and Mountain States to help them achieve their vision of providing an integrated health care system that will improve the health of the local community while preserving local jobs.

And I thank you for the opportunity to allow me to speak with you guys as well.

CHAIRMAN MAYES: Thank you, Ms. Beckner.

REGENIA BECKNER: You're welcome.

CHAIRMAN MAYES: Any questions? I see none. Thank you.

REGENIA BECKNER: He's got one.

BRANT KELCH: I don't even know if this is -- can you hear me?

REGENIA BECKNER: I can.

BRANT KELCH: You mentioned electronic health information. Are you aware that there is a community health information exchange, and do you have access to that?

REGENIA BECKNER: We don't have access to that currently, but, no, I didn't know. There is no actual communiqué with the system that we have, but we currently do not have access.

BRANT KELCH: Well, there is a way. Thank you.

REGENIA BECKNER: Thank you. Thank you for that information.

CHAIRMAN MAYES: All right. Thank you. Next we have Wanda Salyer.

WANDA SALYER: Hello. Thank you for

this opportunity. I guess I just want to -- what really matters to me is being, I've actually worked for Holston Valley for 40 years. I started my nursing career there, and I've also worked for Mountain States.

And I guess what I -- what matters to me is the outcome would be is if we have services that people don't have to leave this area to, that they can get any treatment that they need here.

I was in a car accident about 20 years ago, and I was sent to Louisville, Kentucky. And my family was all here, and I missed my family, and I stayed several days. And so I guess what matters to me is that we have some -- the hospitals in the area here that have duplicating services, duplicated services.

And I guess I'd like to have in this area the best cancer center, the best heart center, the best, so that people don't have to travel to Knoxville, to Nashville.

There's a lady at my church recently that was diagnosed with a cancer. And we have cancer facilities in this area, and she has to go to Vanderbilt every week because there's no one here that treats her cancer.

And so I guess my desire would be that they would not duplicate so many services, if they would be able to combine services so that we could offer the best here.

I live five minutes from here, and I work at Holston Valley, but I want to go to the best stroke center. I want to go to the best. I want my family member to go to the best heart center. And so if that can be in this area, that we don't have to travel to go, and that's my basic outcome.

I actually oversee a joint replacement program at the hospital, and there's several in the area. Well, I'd like to have the best. With all with this merger, I'd like for the outcome to be the best, and so that's what matters to me.

CHAIRMAN MAYES: All right. Thank you.

MINNIE MILLER: Can you hear me?

WANDA SALYER: Yes, ma'am.

MINNIE MILLER: It's on. In your career as a nurse, have you also seen this problem of traveling to other places for children?

WANDA SALYER: Yes, ma'am, I have. My daughter actually works in children's ER in Johnson City at Niswonger, and they're constantly

she tells me sending patients to Knoxville, to Nashville, a lot to Vanderbilt for treatment.

Because there's no one in this area, even though we have Niswonger in Johnson City, they send patients all the time. She works in the ER, and they're always transporting patients away from here.

MINNIE MILLER: Do you feel the merger would have better services for the children here locally --

WANDA SALYER: I think so. I think they could offer, you know, patients like this person with cancer, for instance. Instead of having 10 physicians that can treat cancer in the lung, why can't we have someone that treats bone marrow cancer, which is why she has to go to Knoxville or to Vanderbilt.

So I think having more concise treatment physicians in an area where they could treat would better serve everyone, because she goes every week to Vanderbilt for treatment for her cancer.

And it's curable, but it will take six years, is what they told her to cure her cancer. So every week, she's looking to Vanderbilt. She's probably going to have to move because of the

economics and the travel and that type of thing.

And so I just think, you know, if we could consolidate and have designated areas for different treatments, it would help our community. Hope I answered your question.

MINNIE MILLER: Yes, you did.

CHAIRMAN MAYES: Okay. Thank you, Ms. Salyer. Next we have Pat Niday.

PAT NIDAY: Good evening. I'm Pat Niday. You did well with the name. Thank you. I'm pleased to be here.

I've been in this area for about 10 years, and I've actually worked for Mountain States for nine of those years, so I'm newer to the area. Having been in many different places when you reach an age old enough to have grandchildren, you've sort of been around.

I started as the CNO at Johnson City Medical Center, and I am currently the Chief Learning Officer for Mountain States, so I've had a combination of clinical education.

And one of the things I actually was able to be on the, one of the community committees, I was on education and research. And from the time that I've been here, whether it's

been as a CNO or a Chief Learning Officer, from the beginning we've always worked together for all the facilities at Mountain States and for our facilities at Wellmont, and we've worked together as it relates to our students.

So one of the groups that has involved all of our local universities, community colleges, and our facilities looks at placing our nursing students, for example, and for doing programs like intern programs. So for us at Mountain States, we place 4,000 students a year, just to give you an idea of the volume.

So that synergy of working to ensure that we're able to grow our own, because one of the things I've learned here is it's very hard for us to recruit experienced nurses and others. We've opened up a pharmacy school more recently. Our PTs, our OTs, all of those groups are involved in this.

But just that synergy for the bigger good of how we can work together, and the VA is part of that. And also how we can leverage through some of our schools, our universities and community colleges, some of the resources they have.

So we may be able to work with one of the learning labs and be able, rather than a payment of that, to actually help train some of the physicians provided in our facilities as we do new procedures and things in the community.

So really, from my perspective, it's been that excitement of working together, building together, that thing of realizing we all have needs, and we're willing to look at that bigger good of ensuring that we're able to have an equal sharing of those nurses in one perspective.

And also some of our pre-nursing, like our certified nurse assistant programs, so we have a program like that, something that we can start and get them through that, a two-year community college, a four-year college, or an LPN program, and working with all of our schools to complement those on to graduate all the way to doctoral programs are mid-level providers.

So I just share with you the real enthusiasm, excitement for the potential of further collaboration so that because, you know, the money only stretches so far. So the more we're able to work together, I think the better it is.

And yet at the same time, you have that synergy and passion for developing our new learners as we go forward in practitioners. So I appreciate the chance to be able to speak to you and look forward to the merger hopefully. Any questions? Thank you.

CHAIRMAN MAYES: Thank you, Ms. Niday. Next we have Kellee Blevins.

KELLEE BLEVINS: Hello. I'm Kellee Blevins. I'm the Human Resources --

CHAIRMAN MAYES: Sorry. Can you pull the mic just a little bit closer? That would be great.

KELLEE BLEVINS: I'm sorry. Can you hear me?

CHAIRMAN MAYES: Absolutely. Thank you.

KELLEE BLEVINS: Hi. I'm Kellee Blevins. I'm the Human Resources Manager for Unicoi County Memorial Hospital, and I've actually been with Mountain States for 13 years. For a little over 12 years, I was one of the recruiters with Mountain States.

As many of you know, Unicoi County is one of the smallest communities in Tennessee. Over the past year, the county has seen nearly 500

jobs cut, as companies have downsized or relocated their operations to other areas.

This has been a huge hit on the community and the morale of those that live there. Although we are small, we provide critical services and access to care for the residents of our community. The continued operation of our hospital is important to our county.

Today, Unicoi County Memorial and Mountain States offer some of the most stable and best jobs in our county. Along with that, they offer good health insurance benefits and competitive wages to our employees.

They also offer a path for our employees to advance by going to school to continue their education while continuing to work for us through opportunities and programs such as tuition reimbursement.

With recent events in Unicoi, I am encouraged by Wellmont's and Mountain States' plans to keep their rural hospitals open while continuing to provide opportunities for career enhancement and training for employees.

With that, I ask that you please include the future of rural hospitals as well as job

training and benefits for employees in the index you're developing. Thank you.

CHAIRMAN MAYES: Thank you. Any questions? All right. Thank you very much. Next we have Lisa Carroll maybe?

LISA CARTER: Carter.

CHAIRMAN MAYES: I'm sorry. Carter, excuse me. Lisa Carter.

LISA CARTER: Hello. I'm Lisa Carter. I'm the CEO for Niswonger Children's Hospital. Thank you for your time. It's a pleasure to be here to talk to you a little bit about some of the things that we're facing in our region.

I'm a nurse by background. I've been with Mountain States for almost 15 years, and I am a native of Carter County. I went to school at Middle Tennessee and have come back here and am honored to be the CEO of Niswonger Children's Hospital.

Some of the things you've already heard tonight I'm going to absolutely echo on some of the things we face and the challenges. Yes, we are lacking in physician subspecialties.

Pediatric medical education is very small in number. One of the reasons that we face

those challenges, we have increased over the past year to about 75 percent of TennCare patients for children in our area, so that creates a real challenge for physicians.

And obviously when you're in medical school and you're choosing which subspecialty to go into, those aren't high on the priority list, and it really is a calling to reach out and to be a pediatric provider. So those numbers are small, and we do have problems recruiting and sustaining those physicians.

We've faced years of challenges with single providers, and some of the models that we're building currently working with ETSU to bring those providers in have certainly helped us, and that's one of the things I'm very excited about is the opportunity to bring more subspecialists in.

You know, if you think of a subspecialty like pediatric rheumatology, I think there's currently three in the entire state, and those are all located in Nashville. So some of the services that are needed for our region are critical, and certainly we want to keep people from leaving and having to go other places.

Also want to echo the things that have been said about mental health. We've seen an epidemic increase in children and mental health issues, and unfortunately the age is getting smaller and lower.

We see as low as five and six year olds who are needing inpatient psychiatric care, so that is an epidemic that's facing our region as well, so certainly services that can improve the mental health of children are much needed.

I would certainly be remiss if I did not mention our epidemic also of neonatal abstinence syndrome and what we're facing all throughout this region. And one of the things related to research is we need three longitudinal studies related to the long-term outcomes and effects of this process on these children.

We really have no idea what they're going to face into adulthood. We have no idea what they're going to face in high school. My husband happens to be a schoolteacher, and he gives me anecdotal information all the time.

But certainly we need true research studies that look at long-term outcomes for these children and how it's going to affect our region,

both economically because of job situations and also do they face a higher tendency to be addicts later on in life? So that is a true need for research related to this.

So those things are very near my heart. I see it every single day, and it is things that we are definitely lacking within our region currently. Thank you for your time.

CHAIRMAN MAYES: Thank you, Ms. Carter. Any questions?

BRENDA WHITE WRIGHT: Ms. Carter, would you please repeat that last concern? What specific type of neonatal services did you refer to?

LISA CARTER: It's neonatal abstinence syndrome, and that is a condition, I'm sorry, I should have explained that. That is a condition that babies experience if they have been exposed to drugs while they were in utero while the mom was pregnant.

So when they're born, they go through a series of withdrawal symptoms, and it's termed neonatal abstinence. So basically it's infants who are born addicted to drugs and then withdrawal from those drugs after they're born.

BRENDA WHITE WRIGHT: Thank you very much.

LISA CARTER: You're welcome.

CHAIRMAN MAYES: All right. Thank you. Are there any more questions?

BRANT KELCH: One more question.

CHAIRMAN MAYES: One more.

BRANT KELCH: As part of, I guess, what's going on with this process between the two hospitals and their various committees, have you identified the pediatric subspecialties that you're going to go after first to add to the region --

LISA CARTER: Absolutely.

BRANT KELCH: -- if the merger is approved?

LISA CARTER: Absolutely. And currently we're looking at some of the subspecialists that are solo providers. We just have recruited our first pediatric endocrinologist, the first one we've had in almost nine years, and we've recruited thankfully a second partner for him.

We have one neurologist, and she's already getting overloaded in her practice. So we currently are lacking pediatric ENT services,

pediatric urology services. I mentioned rheumatology services.

We do have a pediatric gastroenterologist who actually starts this week, but then certainly we'd like to have a second provider for that. Also a pediatric orthopedist in pediatric neurosurgery.

We are, unfortunately, the only children's hospital within the state of Tennessee that's not designated as a comprehensive regional pediatric center, so that is certainly a strategy that we're looking at.

And that does encompass a variety of different subspecialists: trauma surgeons, general surgeons who are specifically trained in pediatric care.

CHAIRMAN MAYES: All right. Thank you, Ms. Carter.

LISA CARTER: Thank you.

CHAIRMAN MAYES: Okay. Next we have Jackie Everett.

JACKIE EVERETT: Good evening.

CHAIRMAN MAYES: Good evening.

JACKIE EVERETT: Can you hear me? I don't usually have trouble with not being able to

be heard. My name is Jackie Everett. I am the System Manager for hospice services for the Wellmont Health System. I've worked for Bristol Regional Medical Center for 38 years. I've lived in this area the majority of my life.

As the manager for Wellmont Health Systems for hospice services, I'm in charge of all of the home hospice services as well as the hospice house in Bristol, which is a unique facility.

We were the first free-standing hospice facility in the state of Tennessee when we opened our doors in 1996 and are still the only facility between Knoxville and Charlottesville, Virginia.

I manage a wonderful team of nurses, aides, social workers, chaplains, counselors, who assist patients and their families with some of the most special and difficult times of their lives.

I'm blessed to work with a staff that travels the roads of our region, providing care at all hours of the day and night, to assure that dying patients and their families have the tools they need to face death.

How we prepare them for the loss of a

loved one impacts the children, grandchildren, and future generations to come because we're preparing them for a part of life we're all sure to face one day.

I'm here today because I believe access to high quality health care really is a life-and-death matter. Having served thousands of patients during my 38-year career, I've seen how access to care can mean the difference between discovering an illness early enough to treat it successfully and discovering after it's already taken its toll.

I've seen the results of fragmented care, how patients and families do not understand their illness, and the impact that lack of follow-up care has on a disease.

We know that where a person lives has a significant impact on their access to routine care, state-of-the-art interventions, emergency medicine, and quality primary care. I've seen the change in culture that's led to closer working relationships with the area educational institutions.

We are impacting how health care sees the preservation of life as well as the dignity of

a comfortable, peaceful death. What we need is cradle-to-the-grave care.

I'd like to ask you to consider all of the things that you've heard so far tonight, the enhancement of health care services in our region, especially our rural regions, as you develop this Health Index.

Across the nation, services at risk are rural hospitals, clinics, and other health-related services that are unable to remain active and self-supporting. I believe the funds spent on a new health care system to maintain and enhance services available to rural areas is of primary importance.

The areas we live in should be tracked as a part of the Health Index. The services we provide should be for everyone from cradle to grave.

Many people in our area depend on services, and many others should be helped through enhanced specialty and prevention services, as well as expanded mental health community support.

We're an aging population that needs a supportive, collaborative care network. Thank you. Any questions?

CHAIRMAN MAYES: I have one, if I may. I know palliative care and hospice care are extremely important. And as the baby boomers, I guess, encroach on that age when that is likely to occur, what for the committee and myself, what is a good measure to help us understand that palliative care, hospice care, the needs are being met?

Because my take on this, just anecdotally, is there's a larger demand than capacity today.

JACKIE EVERETT: I believe one measure would definitely be respecting people's choice, having a comprehensive approach to care. There's so much fragmentation, that people are bombarded with information.

Palliative care is extremely important because it can kind of put the picture all together for people so that they truly understand what their options are. So often, when we speak to someone about hospice services, they are so overwhelmed with the information that they've been given that they just don't know how to make a decision.

So improving education and access of

care, people's knowledge level about what is available, and the reality that they have a choice in that decision making.

Too often just because we can do something doesn't necessarily mean we should, but it all really goes back to people having the access so that they know what their choices are. Palliative care helps a lot with that.

And then when the choice is made that they don't want to seek further aggressive treatment, that hospice services are available to them.

CHAIRMAN MAYES: Okay. Thank you. Any questions? All right. Thank you very much.

We've got a couple more. I think we'll suspend with, dispense with a break, if that's okay. Some folks have suggested a break, but we only have two more speakers.

All right? Good. Next we have Rudy Bardinelli.

RUDY BARDINELLI: That is correct. Good evening. I'd like to talk about power in numbers. I can bring some personal experience with a company I was with years ago to talk about how power with numbers works.

Company is fairly small, but as it grew, salaries became more competitive. Equipment got better, and everything just started improving. Same with our two health care facilities.

You know, we've got a lot of talent. Mountain States Health Alliance has got a lot of talent. Wellmont has a lot of talent. Bring it together and...

Also, well, I was talking about power in numbers. That will give us a great benefit of purchasing power, which would save money, make the organization, the large organization more powerful financial. And at that point, we should be able to attract, you know, talent, retain talent with the more competitive salaries.

And also when techs look at other hospitals, they look at the equipment, you know, and things like that, the conditions and things. And, you know, if a hospital has better equipment to work with, that's a part of a tool to attract, you know, more talented help.

And another thing I want to touch on, too, is my son's a paramedic in Washington County, Johnson City. And he said many times he'll have a patient that's closer actually to Wellmont or, you

know, to Holston Valley Hospital.

And the patient's insurance won't pay here, so they have to drive further to go to a med center. And this way, you know, he can just, you know, it's an emergency, but it's not a lights-and-siren emergency.

So he said that will be better for the patient, you know, if it's closer to Wellmont, you know, or let's say Holston Valley. And as, you know, in turn, the entire community will benefit from the merger.

That's another thing, too, is our particular lab, this is one little item I added here. Our particular lab, Duro Diagnostics, excuse me. I didn't introduce myself probably to begin with.

But we do two tests in our lab that nobody else in the Tri-Cities does, and that's a service that we can add to the larger organization. And so like I say, I'm sure that Mountain States has, you know, procedures and things they do there that helps Wellmont as well.

So I think that would be a plus, you know, the combined talents put together. So that's all I have.

CHAIRMAN MAYES: All right. Thank you. Any questions?

CHANTELLE ROBERSON: Mr. Bardinelli, What is your position?

RUDY BARDINELLI: I'm sorry. I didn't properly. I'm taking allergy medicine. I'm kind of operating in low gear. But I'm a neurodiagnostic technologist. I've been with Wellmont 12 years.

CHAIRMAN MAYES: All right. Thank you. Next we have Ashley Bright.

ASHLEY BRIGHT: Good afternoon. I'm Ashley Bright, and I work with Wellmont Health System in human resources on the employment retention side of human resources, and I'm just going to speak to you about a couple points that are important to me.

Over the years, I've spent eight years with Wellmont, going on nine in human resources, and I'm going to talk to you more about the, you know, economic job opportunities that we face as an organization within Wellmont and within our nation and the world right now as far as nursing shortages and, you know, our inability, especially in this region, to retain nursing.

Everybody here has spoke about how important it is to get specialized care in this area, and that is tremendous. And my hope is that the outcome of this merger with that specialized care will attract more nursing and clinical staff to our area because we do want the best, you know.

We want the best doctors, and we want the best nurses and the best clinical staff in our area. So my hope is that the outcome will attract more specialized individuals clinically to our area and make them want to stay.

And the other hope on that is that with the merger, that Mountain States and Wellmont will become more competitive in their pay for our clinical staff, especially our nurses, because that is so important, and that is something that has hit us really hard within the past year.

I feel like we struggle on a daily basis to retain RNs for many reasons, and pay is one of those. And my hope is that once we combine as an organization, we will come together and be more competitive in our pay, hopefully stop battling each other in our pay, and be able to compete with those systems outside of our area such as Mission and Novant and several other close-knit health

systems.

So that is one of my hopes, and I'm hoping as far as outcomes, that there's some good measures through the Department of Labor and the Tennessee Department of Health to help this new system measure the pay and what is adequate for our area.

If anybody were to look on the Department of Labor now, you would see that northeast Tennessee is, you know, low cost. We don't pay a lot in salaries, so I'm hoping that hopefully the intertwining of these companies will help us focus on that and get that number up.

Because it is very disappointing when you call someone to make an offer, that you have to say, you know, in this area, we don't pay very well. You know, this is our standard of pay in this area.

And I hope that that becomes not an excuse anymore but an opportunity to say, you know, this is our area, and this is what we pay. It's great, to attract more specialized nurses.

And then the other part of that on the career side is, you know, I have children, and I want them to have the opportunity, especially if

they go into health care, to be able to specialize and stay in this area.

So it's very important to me as a mother and as somebody who's going to receive care that, you know, we, you know, we have job opportunities. Because we go recruit at so many colleges in this area, and there's so many people that are looking for more opportunity.

So my hope is that the outcome of this merger will create more specialized programs for our youth to excel and make lifelong careers and stay in this area with those careers. Thank you.

CHAIRMAN MAYES: All right. Any questions?

BRENDA WHITE WRIGHT: I have one. Ms. Bright, in your initial comments, you said one of your concerns was about the inability to retain nurses. I understand the difference between recruiting and retention.

When you were speaking about that, were you speaking about Wellmont's inability to retain or a regional?

ASHLEY BRIGHT: Regional.

BRENDA WHITE WRIGHT: It's not just Wellmont? Okay. And so when you talk about that

inability to retain, if they're leaving both Wellmont and Mountain States, where are they going?

ASHLEY BRIGHT: They are going, you know, to travel nursing right now is huge. There is a huge shortage, and it's projected to get much worse by 2020 for nurses.

And a lot of these travel companies are keying into that, and they are pulling, especially from our younger people who are looking to start their careers and get their college paid back off. They're pulling them from our area to go travel outside the area, so that is huge competitor for us that we are losing employees because of.

And then the other would be just, you know, like I said before, your bigger hospital organizations in Knoxville, in Asheville, you know, that do pay somewhat more.

They might not have more benefits, but they do pay more. Or there's more opportunity for specialized and career growth for clinical staff.

BRENDA WHITE WRIGHT: So they're actually moving away from the region?

ASHLEY BRIGHT: Uh-huh.

BRENDA WHITE WRIGHT: Thank you.

BRANT KELCH: One question. Has the proposed merger made it harder or more difficult to retain and recruit?

ASHLEY BRIGHT: Harder. Just for the growing pains of it, I think the uncertainty is a huge part of that right now. And hopefully, as soon as all that's behind us, we can move forward as a joint company and unite and hopefully attract more, to look more as a stable company.

CHAIRMAN MAYES: All right, Ms. Bright. Thank you very much. We do have a few more speakers, so we are on schedule. So is it okay if we continue on?

BRENDA WHITE WRIGHT: Can we take a stretch break?

CHAIRMAN MAYES: All right. So let's take, let's adjourn for about five minutes, and we'll take a break, and we'll start probably in about five or six minutes. Thank you.

(A recess was taken).

CHAIRMAN MAYES: Okay. Let's continue on with our proceedings. And again, please use the opportunity if you wish to submit your comments in writing and drop those in the box.

And you can also submit your comments by

email to the Tennessee Department of Health at the COPA section, and you can also submit your comments to anyone on the Advisory Committee in writing or email or phone calls, and each one of us would be glad to receive your input.

The Commissioner of Health is very adamant and wants this to be a transparent process as much for the public so we can make sure to collect all the input necessary.

So again, thank you so much for being here, and to the committee, and so we'll get started. And so our next speaker is Eric Harper.

ERIC HARPER: Good evening.

CHAIRMAN MAYES: Good evening.

ERIC HARPER: Thank you all for the opportunity to speak. Can you hear me okay?

CHAIRMAN MAYES: I can. And state your name, please.

ERIC HARPER: My name is Eric Harper. I'm with A-Z Office Resource. I'm an account manager with them. We are an independently owned office supply and interior furnishings company. We're based in Nashville, Tennessee, but we cover the state.

And A-Z is one of the largest in the

country for what we do. Here locally, we support three offices: one in Abingdon, Virginia; one in Gray just down the road here; and then down in Morristown, Tennessee.

And we are strongly in favor of the merger simply for the economic benefits that we feel like it will bring.

And A-Z truly is a testament to what strong, stable health care can do for local businesses. And I say that simply to say I've been in the region since '97.

A-Z entered this market in 2000. We have nine employees. And the opportunities for growth and the support that we quickly developed through both systems.

Let me say first of all, we are a long-term vendor for both systems, Mountain States and Wellmont. But when we first came into the region back in 2000, we quickly developed relationships and opportunities that grew between those two systems, and it truly was foundational.

And our company's decision is to continue to commit and invest in the region, both in personnel and in hard structure. The infrastructure that we've built over the years has

continued to allow us to grow more services and to expand our geographical reach of what we cover up in the upper east Tennessee area, and we now employ 30 employees throughout those three offices.

So we feel like that strong, stable health care is excellent for local business. We certainly understand that the challenges with the long-term relationships we've had with them, we understand there's challenges with repetitive services and some of the challenges they face in merging the two systems.

But overall, the relationships that we have built with the systems have been very beneficial for A-Z, and we would like to see a continued focus on the economic benefits of what we think the merger could bring and will bring to the Tri-Cities.

And let me say also from a personal standpoint, as a father of five, my wife has a chronic illness that she struggles with. And having progressive health care that's strong and stable close by, she suffers from MS.

There's lots of new MS medications that are starting to hit the market. And having

providers that are well-versed in the latest techniques and the latest opportunities for treatment is beneficial for us, so we don't have to travel outside the region to get that support and treatment.

So I'll say that from a husband, a father, and from a businessman, we as a company are strongly in support, and I personally am strongly in support of the merger.

So any questions?

CHAIRMAN MAYES: Any questions?

BRANT KELCH: I have one. We heard from a couple of the other speakers about how being bigger meant better deals on purchasing?

ERIC HARPER: Yes, sir.

BRANT KELCH: Did it give them a better deal?

ERIC HARPER: We'd certainly seek to do that. But I would encourage you to consider that companies just like, small companies like us, and we're -- some folks may not consider us small, but in comparison to some of our competitors, we're small.

But we think there's a real benefit to buying local. As much as we can, we do that. We

practice that in our company as much as we can. That's not always possible, but we try to, and so we certainly try to extend that through what we do.

And, yeah, I mean, what we really seek is the opportunity. There's no guarantee that we would continue to have the relationships that we have now if there's a merger.

There's plenty of competition for the services that we provide, but I think you'd find plenty of companies that just the opportunity would make, for the opportunities, they would make a commitment to the region to say, hey, we're going to -- we started out renting facilities. We now own our facilities.

That allows us to expand coverage. We've now hired more employees, and it's been a win-win for us. So I'll just say from us as a company, we support it so...

CHAIRMAN MAYES: All right.

ERIC HARPER: Anybody else?

CHAIRMAN MAYES: Thank you, Mr. Harper.

ERIC HARPER: Thank you very much.

BRENDA WHITE WRIGHT: I don't have a question, sir. I just wanted to thank you for

your personal testimony.

ERIC HARPER: Thank you, ma'am. I appreciate it. Thank you all for the opportunity.

CHAIRMAN MAYES: Thank you. Next we have Donna Teague.

DONNA TEAGUE: Good afternoon. My name is Donna Teague. I'm an LPN. I work at Johnson County Community Hospital. I've been there for 16 years, and I just want to let you know what my feelings on the thing is.

Since I've been working at Mountain States, I've seen a lot of change in technology and health care and what could be done for Johnson County. I do a specialty clinic.

We do tele-medicine. I see the opportunity for the whole area in that and the physicians, maintaining the physicians, offering more physicians to the rural health hospitals.

I see the need for the patients to have good access to health care. With the merger, we would have better access. We would have more specialists.

We could put the rural hospitals could combine with the tele-medicine aspect of it, and the patients would be able to see a physician and

have the specialist but not have to travel.

So for me, it's a personal thing. It's family. It's the health care. It's the rural access. It's the community hospitals.

I've lived here my whole life, and I really have been privileged. I work on the tele-medicine committee for Mountain States. I really think that this is a wonderful opportunity to bring the whole community together, the schools and everyone have access.

I did sit on one of the committees for the education and the children and family and learned a whole lot of what accesses are out there. But we're also divided that we can't, you know, know what they have in southwest Virginia or what they have.

So as a merger that is one, we would have the access of everything together under your fingertips to really help the rural areas. And, yes, I'm very much for it just for what it would do for the rural communities.

These small hospitals can't survive without some help, and so they really need to be together and sort of help each other. And I thank you very much for your time and letting me come up

and speak.

CHAIRMAN MAYES: Thank you, Mrs. Teague. Let me see if anyone has questions? All right. Thank you so much. Next we have Tara Chadwell.

TARA CHADWELL: Hello.

CHAIRMAN MAYES: Hello.

TARA CHADWELL: See, I don't even need this microphone. I didn't think anyone would have an issue hearing me. We're a bit cold, too, so if my voice sounds a little bit shaky, that's why. I know my southern accent might come out a little bit more.

CHAIRMAN MAYES: We're all cold up here as well.

TARA CHADWELL: Well, my name is Tara Chadwell. I'm the Director of the Children's Resource Center at Niswonger Children's Hospital. I've been with the children's hospital now for about four years.

I never pictured myself being a part of the health care world. I grew up in sports, and that's what my passion was. And I went to Niswonger Children's Hospital when I was a grad student at ETSU and asked if I could be an intern with them.

It was a whole new adventure for me. I never thought that it would lead to where I am today. Sports is where I thought that I was -- that was my plan. My plan was, I'm going to be in the sports world.

But coming to the hospital and working with children every day and doing outreach educational programs with them opened my eyes in a whole new way. And I get a little emotional when I talk about it, so bear with me. I'll try to make it through this.

But we are providing services for these children in communities that are low-income poverty, and they're really not offered many resources out there. Some of the programs that I've been involved in have been injury prevention programs, health wellness programs, and literacy programs.

When I first -- after I was an intern with the hospital, my first position with Niswonger was as a health advocacy communications coordinator. So with that position, I really started doing a lot of outreach education in our different communities.

After that position, I went into the

injury prevention role. That was, I really feel bad for my future children because they may be in a bubble their entire lives.

But studies have found a significant relation between reading levels and health status. I'm going to skip into the different areas with literacy being first.

Childhood studies indicate that children who are below reading level at third grade have a much lower chance to finish school. This really has a huge economic impact on our communities.

We really want to move forward and help build up our children in our communities so that way they are graduating high school and going to college and getting them positions within our communities that we can provide for them.

Moving into the wellness area. We've talked a lot tonight about obesity and diabetes within our children. As for the obesity problem our children in our communities are facing every day, the poorest counties of rural Appalachia have a very high prevalence of childhood obesity and diabetes.

Just within the Mountain States 29-county service area, 43 percent of our children

are considered overweight and obese. That is not counting the Wellmont service area. That is a really scary number.

As for injury prevention, according to the Tennessee Department of Health, more than 18 percent of childhood deaths were deemed accidental, meaning they were preventable.

As of last year, Washington County, Tennessee, was one of the top-10 counties for distracted driving accidents. This hits really home for a lot of our high school students within our area.

As many of you guys know, we have had a few deaths within Washington County at Daniel Boone High School and other areas with distracted driving. So being able to provide education to our high school students and even our younger students, teaching them that these are not the proper ways and how we can prevent these accidents from happening.

We cannot possibly tackle all of the pressing needs as individuals. However, working together as a team with this new system, we can change children's lives and education them in a much larger scale.

So, therefore, I would like to see with this merger the new system be committed to addressing pressing needs such as poverty, education, and low literacy rates.

Thank you. Any questions?

PERRY STUCKEY: Yes. What type of outcome measures would you suggest with your proposal?

TARA CHADWELL: With which areas?

PERRY STUCKEY: The one you just mentioned.

TARA CHADWELL: With the low literacy?

PERRY STUCKEY: Basically literature, what role?

MINNIE MILLER: Literacy and poverty.

TARA CHADWELL: With the literacy, we currently have literacy programs going on within different areas within Washington County specifically. Being able to collect that data over the upcoming year or years, it really is going to be able to drive the research that we need.

Being in this area to not only being able to provide education for our children, but one of the things that we have noticed in the

literacy is that many of our parents cannot read as well.

So being able to not only take it to the children at the schools or afterschool programs, we can also take it out into the community, too, hopefully so they're going home and educating their parents and their siblings on any type of education that we can provide for them.

CHAIRMAN MAYES: For the reporter, did you get the question? All right, great. Any other questions? All right. Thank you, Ms. Chadwell.

TARA CHADWELL: Thank you.

CHAIRMAN MAYES: Next we have Brittany, I apologize. I cannot make out, I'm afraid to take a stab at it.

BRITTANY DEROUEN: I'm used to that.

CHAIRMAN MAYES: Thank goodness you're the only Brittany here, I suppose. State your name, and thank you.

BRITTANY DEROUEN: My name is Brittany Derouen. Doesn't look like it, but it's Derouen.

CHAIRMAN MAYES: Okay.

BRITTANY DEROUEN: I'm an RN on the cardiac stepdown unit at Holston Valley. And I

came here to talk to you guys today about I think one of the most important advantages about this merger will be like other people have talked about, the integration of the medical health records.

You know, oftentimes I see a patient come in, and in critical care timing is the most important thing when it comes to taking care of a patient. It takes time for us to get the records.

If they've been seen at say a Mountain States facility, I know they're having the same issue. Having immediate access to the lab records, the test results that they've had in the past, which medications have worked and which ones haven't I think would greatly increase the continuity of care.

It cuts down on duplication of testing that's going on a lot and increases the patient's outcome in the end. So I think that that's a huge advantage from the nursing standpoint, and it will really help the public a lot. Thank you very much.

CHAIRMAN MAYES: All right. Thank you. Just a second. Any questions?

BRANT KELCH: Actually a request. I

mentioned before that there's a community HIE. That community HIE does have the MSHA data in there. That opportunity for Wellmont to access that data has been offered, has already been tested.

It's just a matter of throwing the switch if you put the data in. The doctors in this area with the patients will have access to hundreds of thousands of patients and records, and it already exists.

The capability to do that exists now. We don't have to wait for a merger.

BRITTANY DEROUEN: Okay. Well, we weren't aware of that. And I think that's something if we can get that across, that would actually really help a lot, so thank you guys very much. Any other questions?

CHAIRMAN MAYES: Thank you. Good job. All right. Next we have Nonna Stepanov.

NONNA STEPANOV: I was wondering if you could read it.

CHAIRMAN MAYES: Well, I'll tell you, I don't want to botch anyone's name out of disrespect, so I apologize.

NONNA STEPANOV: No, you did great.

CHAIRMAN MAYES: All right. Thank you.

NONNA STEPANOV: So I'm Nonna Stepanov. I'm Corporate Director of Department of Research at Mountain States Health Alliance, and I truly appreciate having an opportunity today to talk to you about research.

Several speakers already mentioned that having the presence of research studies will probably, not probably but will definitely improve the health system here.

For example, I do have a friend and a neighbor who has been diagnosed with breast cancer. And she went through the treatment, and outcome was very positive.

But I struggle as her friend and a person who actually worked at the research Department from the fact that they could not offer her clinical trial and offer her most innovative care available.

I moved to this area five years ago, and I have been working on clinical trials in different therapeutic areas like neurology, oncology, OB-GYN. And I have seen how families and patients that truly appreciate the extra care that we can offer them through offering clinical

trial. It's definitely bringing the patient care on a very different level.

Also I would like to mention that having research here in our local area will definitely attract more specialists, so we will keep our graduates here, that it would be not necessary for patients to travel to different institutions, so there would be no need for us to send our patients to Vanderbilt or Duke.

We can keep our families closer, and not to mention that this could be potential additional renew for our area, as we will be more, have more chances to apply for grants if we combine our sources between Wellmont/Mountain States and invite our academic partners to support us in this program.

That would be definitely a huge success in obtaining such a great pool of intellectual property. It's better utilization all of the data that we already collected within our systems. Thank you.

CHAIRMAN MAYES: Thank you. Any questions? Thank you. Very good. Okay. That concludes, I believe, our list. Allison, any others or Jeff?

DIRECTOR OCKERMAN: No.

CHAIRMAN MAYES: Okay. And so we'll wrap up. But I want to thank each one of the committee members here tonight. You've been very, very attentive.

Every time I glance down at the table either way, you're taking notes and actively listening. And I know many of you have to travel and you're volunteering your time, so thank you so much.

Our next meeting is in Rogersville, Tennessee, at the Holston Co-Op. And so that address, you can punch it in your phone or your GPS is -- be included.

Also for the audience tonight, I want to remind you you can submit your written comments by way of the Tennessee Department of Health website anonymously. Very important to the commissioner again that we have a transparent process.

And especially to our speakers tonight, I think the committee picked up on key things. And the passion by which the comments were submitted and the thought that went into those comments were very impressive.

So to all of our speakers, thank you so

much. Very good meeting. Any questions from the committee before we adjourn? All right. Thank you very much, and we stand adjourned.

THEREUPON, the meeting was concluded at 7:32 p.m.

REPORTER'S CERTIFICATION

STATE OF TENNESSEE)
COUNTY OF SULLIVAN)

I, Terry L. Kozakevich, LCR #394, Licensed Court Reporter, Registered Professional Reporter, **(and notary public)**, in and for the State of Tennessee, do hereby certify that the above meeting was reported by me and that the foregoing **96** pages of the transcript is a true and accurate record to the best of my knowledge, skills, and ability.

I further certify that I am not related to nor an employee of counsel or any of the parties to the action, nor am I in any way financially interested in the outcome of this case.

I further certify that I am duly licensed by the Tennessee Board of Court Reporting as a Licensed Court Reporter as evidenced by the LCR number and expiration date following my name below.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 29th day of March, 2016.

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Terry L. Kozakevich, LCR #394
Registered Professional Reporter
Expiration Date 9/30/2017
Notary Public Commission Expires 7/24/18