

Public Hearing for the COPA Index Advisory Group
Appointed By the Tennessee Department of Health
Pursuant to Tenn. Comp. & R. Reg. 1200-38-01-.03
Listening Session #5 - General Public, Stakeholders

Chairman: Gary Mayes, Director, Sullivan County
Health Department

Commissioner: John Dreyzehner, MD, MPH, FACOEM

Director: Jeff Ockerman, Division of Health Planning

TAKEN AT: SULLIVAN COUNTY HEALTH
DEPARTMENT BOARD ROOM
154 BLOUNTVILLE BYPASS
BLOUNTVILLE, TENNESSEE

TAKEN ON: TUESDAY, MAY 31ST, 2016

REPORTED BY: TERRY L. KOZAKEVICH, RPR, LCR

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Rep. Matthew Hill, State Representative, Washington County

Mayor Johnny Lynch, Unicoi

Ms. Susan Reid, Executive Director, First Tennessee Development District

Mr. George Brewer, Administrator, Hancock Manor Nursing Home

Mr. Brant Kelch, Executive Director of Highlands Physicians, Inc.

Dr. Teresa Kidd, President & CEO, Frontier Health

Dr. David Kirschke, Medical Director, Northeast Tennessee Regional Health Department

Ms. Minnie Miller, Former Director of Johnson County Schools

Ms. Erika Phillips, Coordinated School Health Director for Hawkins County

Ms. Chantelle Roberson, Associate General Counsel, Blue Cross Blue Shield of Tennessee

Mr. Perry Stuckey, Senior Vice President and Chief Human Resources Officer, Eastman Chemical Company

Ms. Jan Tillman, Nurse Practitioner, Roan Mountain, Rural Health Consortia

Mr. Thomas J. Wennogle, President, Jarden Zinc

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

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P R O C E E D I N G S

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CHAIRMAN MAYES: Okay. Good evening, and thank each and every one of you for coming, and especially our Advisory Group. And this is our last night together as a group, and we've done a great job, I think, and so I'm very proud of you.

And without further ado, I want to make sure everyone has an opportunity to. If you want to speak, please sign in. We still have the sign-in sheet at the table, and turn in your name there for the record.

And Jeff will remind you as well that we have a copy of the index on the table for each and everyone that's here tonight, and so please help yourself to a copy of that.

Tonight's meeting is being reported and transcribed and will be available on the Tennessee Department of Health website once it is finished, and so thank you for taking advantage of that.

So without further ado, I'll turn it over to Jeff Ockerman with the Tennessee Department of Health to give us a brief overview of what tonight's meeting is about.

1 DIRECTOR OCKERMAN: Great. Thank you,
2 Gary. I'm Jeff Ockerman, the Director of Health
3 Planning. And some of you, most of you have seen
4 most of this presentation, but we're going to go
5 through it one more time about what is a
6 Certificate of Public Advantage and what are we
7 doing here at our last meeting of this Advisory
8 Group.

9 So the purpose of the COPA, Certificate
10 of Public Advantage, is to protect the interests
11 of the public and the region and the state, was
12 authorized by the state's Hospital Cooperation Act
13 of 1993 that was amended last year, and the COPA's
14 actually the written approval by the Department of
15 Health that would govern a cooperative agreement
16 among two or more hospitals.

17 To apply for a COPA, the hospitals were
18 required to submit an application with a lot of
19 detailed information and lot of data about the
20 proposed merger. And examples of that information
21 submitted includes the actual cooperative
22 agreement, any plans to integrate services,
23 financial details, a Plan of Separation, and a
24 whole lot more.

25 And the applicants have the burden of

1 showing that the benefits of the proposed merger
2 outweigh any disadvantages resulting from the loss
3 of competition.

4 So Mountain States and Wellmont
5 submitted an application for a COPA to the
6 Department of Health on February 16th of this
7 year. We have just recently received access to
8 view additional information considered by the
9 parties to be confidential or competitively
10 sensitive, and we received that on May 17th.

11 The Department is reviewing this new
12 information for completeness, and we're waiting
13 for the parties to submit their responses to
14 additional questions that we asked of them in a
15 letter dated April 22nd.

16 So once the Department determines that
17 the application is complete, we've deemed it
18 complete, a 120-day review period will commence.
19 During that time period, we will evaluate the
20 benefits and disadvantages of the proposed
21 cooperative agreement to merge.

22 We've just shown you some possible
23 benefits and possible disadvantages up there.

24 So the purpose of this Advisory Group is
25 to come up with a proposed Index of Measures. And

1 what is this index?

2 If a COPA is issued, the Department will
3 be responsible for ongoing active state
4 supervision, according to our recently promulgated
5 state rules.

6 This supervision has to be informed and
7 will be informed by a transparent Index of
8 Measures, designed specifically for this
9 particular Certificate of Public Advantage, if
10 it's issued, that will include measures of
11 population health, access to health services,
12 economic factors, and other factors.

13 A lot of stakeholders have commented on
14 the design of this index. And should a COPA be
15 issued, the results of the index would be publicly
16 reported on a regular basis.

17 So here we are with our Index Advisory
18 Group. You've met them before, seen them before.
19 They are, again, making a recommendation on index
20 measures. They're not making a recommendation on
21 whether or not the COPA should be approved.

22 And here are their names, and you see
23 them all up here in front of you. And it's been a
24 pleasure, I just have to say, to see you all again
25 and to have worked with you and to see your

1 improving health trends, because I've seen those
2 in a couple of you.

3 So the listening sessions that this
4 Advisory Group has held are shown up here. We're
5 here at this last one, May 31st meeting. This is
6 when the measures are being presented to the
7 public.

8 The meetings we held in the past had
9 external stakeholders, internal stakeholders, and
10 members of the community specifically targeted.

11 And now we also want you to remember
12 that next week, June 7th, there is a public
13 hearing specifically to ask the public should the
14 COPA be issued and what should the Department
15 consider during ongoing supervision of a potential
16 COPA.

17 As always, you can give us any comments
18 here. You can send them to us by regular mail, by
19 email, submit them on-line. And one last comment
20 here.

21 The guidance for the Advisory Group, we
22 wanted big-picture concepts from them. We wanted
23 outcomes, not just process measurements.

24 And the goal is for this COPA Index
25 Advisory Group to represent the community's

1 concerns and to have and develop a clear and
2 well-defined index that can be easily understood
3 by everyone involved, the hospital systems,
4 industry stakeholders, and the general public.

5 And from my review of their work, they
6 have accomplished that goal. We are very, very
7 pleased with what they've done.

8 Today's process, the group is here to
9 listen to any input that you all have on these
10 index measures and recommendations. Tonight's
11 comments will be submitted along with the
12 recommended index to the Commissioner of Health,
13 Dr. Dreyzehner.

14 We've got the sign-up sheets. We have
15 the index draft measures over there. And a
16 reminder, we're being videoed, and this is being
17 transcribed, and I appreciate you all being here
18 very much.

19 Gary, back to you. Thank you.

20 CHAIRMAN MAYES: All right. Thank you
21 so much, Jeff. I appreciate that good
22 information.

23 Also I want to introduce to everyone
24 here tonight Eric Harkness, who is on behalf of
25 Commissioner Dreyzehner with us tonight, and so

1 I'll turn the mic over to Eric and let him speak.

2 ERIC HARKNESS: All right. Good
3 evening, everyone. My name is Eric Harkness. I
4 work with Commissioner Dreyzehner as the Health
5 Director for the Department of Health.

6 It's a real honor and privilege for me
7 to be here with you all tonight. This is a very
8 important process, as we see it. It's one that is
9 central to the process of determining how to grant
10 the COPA and to really gather the community
11 concerns and feedback.

12 It was about a year ago at this time, I
13 was sitting in a room with Commissioner Dreyzehner
14 and then-Deputy Commissioner Bruce Behringer, who
15 many of you probably know Bruce is now retired.
16 We wish him the best. He gets to be a full-time
17 granddad.

18 But we were thinking through what does
19 it look like to have a COPA process? And one of
20 the first things that became critically apparent
21 was that we needed to have an avenue for the
22 public and the community to have a say in this
23 process, not only whether or not to grant the COPA
24 but in moving forward five, 10, 15, 50 years down
25 the line.

1 How do we know that this merger is
2 continuing to benefit the public? And so that
3 kind of gave us these two avenues for gathering
4 public and community feedback.

5 The first being whether or not to grant
6 the COPA. That meeting is next Tuesday, June 7th,
7 so please come. Voice your opinion. Let us know.
8 We'll have several of us from the health
9 department there with us to hear from the
10 community.

11 But this process around the long-term
12 impact of the merged health systems boils down to
13 how can we figure out a simple and
14 simple-as-possible way to describe what is really
15 a complex process of two health systems coming
16 together, and what is their true long-term benefit
17 or disadvantage frankly to the community?

18 And that's where this idea of an index
19 comes into play. And in order to develop the
20 index, we realized we really needed to know what
21 are the major concerns of the community, what is
22 it that people care most about, and how they're
23 going to want to hold a new health system
24 accountable over the long-term.

25 And so through their COPA application,

1 the health systems -- Wellmont and Mountain
2 States -- have submitted their recommendations
3 for what they would like to see included in this
4 index, and then this has been the community
5 process through the Advisory Group, and so we are
6 tremendously thankful for all of the hours of time
7 and mental thought that has gone into this
8 process.

9 This is a way that we're going to be
10 able to collect these recommendations from both
11 the health systems and from this community-led
12 process to then go back and think about, okay,
13 what based on these recommendations, based on
14 these identified concerns and areas of
15 accountability, what are the specific data metrics
16 and data points that we'll be able to put together
17 into a score through which the public will very
18 easily be able to know whether or not this merger
19 is actually benefit or disadvantaging this region?

20 And so these recommendations are
21 ultimately going back to the Commissioner. It's a
22 pleasure to get to be here on his behalf this
23 evening. The Commissioner has really taken to
24 heart the need for the community to have a voice
25 in this process.

1 And so on behalf of Commissioner
2 Dreyzehner, I want to thank everyone who has come
3 to any of the Advisory Group meetings throughout
4 these series of meetings, particularly those of
5 you who have voiced comments, either written or
6 orally. However you have submitted your feedback,
7 we're very thankful to you.

8 Also a very special thanks to each and
9 every one of the Advisory Group members. We know
10 that this has been a sacrifice for you. It's
11 taken a lot of miles and a lot of time to think
12 through all of these different issues, to weigh
13 them, and to put together these recommendations,
14 so we are very thankful to each of you.

15 And I would be remiss if I did not have
16 extra extra special thanks to Gary Mayes for his
17 leadership and driving this process and making it
18 fair and balanced and open and transparent.

19 Gary, we're really thankful to you for
20 your leadership and for all of the hard work that
21 you've put into this.

22 CHAIRMAN MAYES: Thank you.

23 ERIC HARKNESS: And so with that, I'm
24 going to sit back and listen. That's been the
25 whole point of this process, is just for us to

1 have a chance in the health department to listen
2 to the community, to listen to what you all have
3 to say, to your concerns, and to the things that
4 you care most about and how you would want to hold
5 the merged health system accountable for years to
6 come.

7 So, Gary, thank you.

8 CHAIRMAN MAYES: All right. Thank you,
9 Eric. Thank you so much for those comments, and
10 I'm sure the Commissioner is going to be very
11 happy with what this Advisory Group has done and
12 the way it's represented the people in this
13 region.

14 And before we call up our first speaker,
15 I just want to really briefly, and this is
16 outlined in the recommendation's handout, that the
17 process that the Advisory Group went through.

18 We had well-attended meetings by the
19 Advisory Group. All of the members as a rule
20 attended and took copious notes. They listened
21 very well, actively listened.

22 And we had some of what I believe was
23 outstanding input from the public and from
24 internal and external stakeholders and also
25 listening sessions that we had in the rural areas

1 of the region. So very, very pleased. It was a
2 very transparent process that we went through.

3 Now when our Advisory Group assembled,
4 we had all of our notes. We had all the
5 information. We had the transcription notes. We
6 had lots of data, shall we say.

7 Lots is probably an understatement. But
8 we have a lot of information. This Advisory Group
9 did their homework. They did it well. They took
10 their job very seriously.

11 So we began the process, as outlined in
12 your handout, by putting together themes from the,
13 solely from the input that we received, and that
14 input was oral. It was also by written comments
15 and by email submitted to the State of Tennessee.

16 So we grouped those into themes and then
17 categorized those, as you see, by economics,
18 access to care, jeez, help me out. Population
19 health. How could I forget that one?

20 And so we categorized those themes in
21 those categories and then began the process of
22 looking at rationale, looking at what kind of
23 industry is available, and ranking those. Ranking
24 was an important request from the Commissioner.
25 He really wanted to know how the public felt about

1 a particular index.

2 And so this Advisory Group went through
3 that methodically and I think did an outstanding
4 job. And if you are so -- and want to, I should
5 say, you can look at the transcription of all the
6 public input in detail and then look at those
7 themes and then look at the theme of this index,
8 and I'll think you will reconcile that this
9 committee has done an outstanding job.

10 Left very little out, and so very proud
11 of what they've done. We put in a lot of hours,
12 and this group has driven a lot of miles, as Eric
13 said, and I think they've done a great job.

14 So very proud of the product. Very
15 proud of the recommendations. I think the
16 Commissioner is going to be well pleased.

17 So don't forget the meeting on June or
18 June 7th, thank you, at Northeast State. And
19 members of the Tennessee Department of Health will
20 be there. And that is the opportunity to speak
21 about the pros and cons of the COPA or anything
22 else related to the COPA.

23 So take advantage of that, if you will.
24 Again, if you want to speak, please sign up at the
25 front. And as we call the first and right now

1 only speaker, Mr. Jim Perkins. Turn the mic
2 around. There you go.

3 JIM PERKINS: Gary, first I want to
4 thank you for allowing me to speak in regards to
5 the Advisory Group's recommendations tonight.

6 I had the misfortunate a couple weeks
7 ago of tearing two ligaments in my foot. And
8 while this is painful and a little bit
9 inconvenient, in about four weeks, four to six
10 weeks, I'm going to be back to normal.

11 And folks with diabetes are not that
12 fortunate. Due to the chronic nature of diabetes,
13 this disease is going to stay with them for the
14 rest of their lives.

15 As you all know, Sullivan County has one
16 of the highest prevalence of Type-2 diabetes in
17 the state. Tennessee is one of the highest states
18 in the country for the prevalence of diabetes.
19 And with that in mind, Wellmont is very pleased
20 that you have ranked diabetes No. 4 in the index
21 for population health.

22 Two of the items that ranked above that
23 have strong ties to diabetes. No. 1 is wellness
24 efforts. And if I could say anything positive
25 about Type-2 diabetes, it's the fact that if you

1 embrace this disease, you can learn to live a very
2 normal, healthy, full life with it.

3 One of the ways to embrace it is by
4 lifestyle changes and proper nutrition. These are
5 two of the items listed in wellness efforts, and
6 these are also two of the things that we teach in
7 the diabetes treatment centers when it comes to
8 how can people live with diabetes.

9 The second item is reducing obesity in
10 all age groups, and we've seen the correlation
11 over the years between obesity and diabetes. More
12 importantly is the correlation between childhood
13 obesity and diabetes and childhood Type-2 diabetes
14 in children.

15 As obesity, childhood obesity has risen,
16 you see a direct correlation with Type-2 diabetes
17 in children, adolescents. Both Wellmont and
18 Mountain States have placed diabetes as a key item
19 of concern in their COPA applications and have
20 targeted Type-2 diabetes in children as
21 particularly important issues.

22 One of the things that we started doing
23 at Wellmont in our center is developed a pilot
24 program, which has taken identification of Type-2
25 diabetes in young children. There's not a whole

1 lot of markers out there that say diabetes and
2 pre-diabetes starts here.

3 So we have taken it upon ourselves to
4 try to find out where those markers start. And
5 when we find pre-diabetes and diabetes, we're
6 putting these children in an adult-based program
7 to see if that works with nutrition, behavior
8 change, lifestyle changes, nutrition counseling,
9 as well as increased activity and exercise.

10 We've been very, very fortunate to see
11 positive results with this, and we've been I guess
12 unfortunate to see that we're finding markers in
13 seventh and eighth graders for pre-diabetes and
14 diabetes.

15 We'd like to recommend that this program
16 be the cornerstone for the Advisory's -- or a
17 program like this be the cornerstone for the
18 Advisory Group's population health recommendations
19 concerning childhood obesity and the
20 identification and treatment of Type-2 diabetes in
21 children.

22 With that, I'd like to thank you all for
23 making diabetes such a high priority in the index.
24 Thank you.

25 CHAIRMAN MAYES: Jim, would you please

1 restate your name for the record and your
2 position?

3 JIM PERKINS: I'm Jim Perkins, and I'm
4 the Assistant Director for the Diabetes Treatment
5 Centers at Wellmont Health System.

6 CHAIRMAN MAYES: Thank you very much.

7 JIM PERKINS: Thank you.

8 CHAIRMAN MAYES: All right. That is the
9 only speaker we have signed up for public
10 comments, and I'll open the floor for anyone else,
11 give them an opportunity.

12 And I don't see anyone going to the
13 registration sheets, so I would be glad to give
14 the opportunity for anyone in the Advisory Group
15 if you'd like to make a comment.

16 Okay. Seeing none, so I'm going to use
17 this gavel again. And so with that, Jim's
18 comments will be submitted with the record along
19 with the recommendations to the Commissioner.

20 And so this, again, very thankful for
21 what the Advisory Group has done and your
22 dedication and your willingness to serve and
23 actively listening to the public.

24 Job well done, I will say, and it has
25 been a pleasure. And so without further ado.

1 Okay. The question is, is next week's
2 meeting at 5:30? And, yes, it is.

3 ALLISON THIGPEN: 5:30 at Northeast
4 State.

5 CHAIRMAN MAYES: Yes. All right. All
6 right. Meeting adjourned.

7 THEREUPON, the meeting was concluded at
8 6:00 p.m.

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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 22 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 31st day of May, 2016.

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