

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 #3 - General Public

Chairman: Gary Mayes, Director, Sullivan County
Health Department

Commissioner: John Dreyzehner, MD, MPH, FACOEM

Director: Jeff Ockerman, Division of Health Planning

TAKEN AT: HOLSTON ELECTRIC COOPERATIVE
1200 WEST MAIN STREET
ROGERSVILLE, TENNESSEE

TAKEN ON: TUESDAY, APRIL 5TH, 2016

REPORTED BY: TERRY L. KOZAKEVICH, RPR, LCR

ADVISORY GROUP

Rep. David Hawk, State Representative, Greene County

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.

Thank you. Thank you. That was very energetic for this time of day. My name is Gary Mayes, and I am chairing this wonderful advisory committee.

I won't go over each and everyone's names, but they're very diligent and very active listeners, and so I want to thank them publicly for their time and willingness to serve and volunteer their time and drive for some folks a considerable distance to be here tonight for us to be together and hear your public input tonight.

And I will introduce Jeff Ockerman in just a second with the Tennessee Department of Health, and he will do a very brief presentation about what this committee's job or task is, what our process will be, and our role in regard to the Certificate of Public Advantage, or as most people call it the merger for the two hospital systems.

Also I want to make you aware that this meeting is being video recorded. And if you're a fan of YouTube, you'll know that you'll be posted on YouTube as well, I believe, right?

But we are being recorded for the

1 record, and because it's very important to the
2 Commissioner of Health that we be transparent as
3 much as possible, and those recordings and along
4 with the transcripts will be posted on the
5 internet for all of our citizens to review and any
6 of you to review at any time and also for the
7 Advisory Committee to revisit as we work and
8 continue to work on our task. Okay?

9 So I want to bring that to your
10 attention. And again, several times we want to be
11 redundant and say that the commissioner wanted
12 this to be a very transparent, very open and
13 public process. We're here to listen.

14 The Advisory Group is here to listen.
15 And when you address the group tonight at this
16 podium, your comments will be addressed to this
17 group. And anyone from the committee may choose
18 to ask a few clarity questions or questions for
19 information, so give you a little heads up to be
20 prepared for that. Okay?

21 So without further ado, well, one thing.
22 I forgot to, first of all, thank Holston
23 Cooperative for hosting us tonight. This is a
24 beautiful facility, very nice, and they put all
25 the arrangements together for us.

1 So thank any staff in this room. Thank
2 you very much for hosting us. It's a very great,
3 great facility, and so we're very appreciative on
4 behalf of the Commissioner and the State and our
5 Advisory Group.

6 So we'll take a seat and after Jeff is
7 finished, so, Jeff, it's all yours.

8 DIRECTOR OCKERMAN: Thank you, Gary, and
9 thank all of you for being here. I'm a little bit
10 shorter than Gary is, so I really am going to have
11 to get close to this.

12 It's a pleasure to be here in Hawkins
13 County and in Rogersville, and it's been very nice
14 for those of us from Nashville to be able to
15 travel around the region here for these various
16 meetings that we're holding with the Advisory
17 Group, and particularly just to say this.

18 We get to see Spring come to the upper
19 east Tennessee, and it really is beautiful up
20 here, so you all are blessed. I'm going to tell
21 you a little bit about the process tonight and
22 just the overall process about the Certificate of
23 Public Advantage.

24 So a Certificate of Public Advantage --
25 we call it a COPA -- and I apologize for those of

1 you who've heard this spiel before, but you're
2 going to get to hear it again.

3 So a COPA is the written approval by the
4 Tennessee Department of Health that governs a
5 cooperative agreement among two or more hospitals.
6 It's defined under state law. The purpose is to
7 protect the interests of the public in the region
8 and in the state.

9 And while this COPA statute has been in
10 existence since 1993, it's never been used for a
11 hospital merger, and we're not even sure that it
12 has ever been used period in the state of
13 Tennessee, so this is new ground for all of us.

14 To apply for a COPA, the hospitals are
15 required to submit some really specific
16 information on their application and provide data
17 about their proposed merger, and examples of that
18 information are listed up there.

19 The cooperative agreement between them,
20 kind of a merger document. Their plans to
21 integrate services, any financial details.

22 An interesting wrinkle part that we've
23 included is a plan of separation. Should the COPA
24 be granted, it would be reviewed at least annually
25 to make sure that there is a continuing public

1 advantage. If there isn't, then the COPA would be
2 revoked, and then the hospital systems, which had
3 merged, would have to separate.

4 So a plan of separation is required in
5 the application and to be updated annually should
6 the COPA be granted. And then a proposed index of
7 measures we ask the hospitals to submit, and
8 that's going to be the work of this Advisory Group
9 and you the public too.

10 So here's where we are. They submitted
11 a letter of intent on September 16th, 2015. The
12 pre-submission report, which was required by the
13 rules, was submitted on January 7th of this year.

14 The actual application was submitted
15 February 16th, and then they gave us an Addendum
16 No. 1 of March 16. We anticipate there will be
17 more addenda that we will receive.

18 Now we responded, the Department of
19 Health, to the pre-submission report. We
20 responded on January 15th, and we requested the
21 clarification of several issues, and they
22 submitted those clarifications in that Addendum
23 No. 1.

24 The application continues to be reviewed
25 by the Department of Health staff, and we are

1 waiting to receive some additional information.
2 It's financial information and some competitive
3 information that the parties consider to be
4 confidential, and so it will be a little while
5 while we go through that process with them to get
6 that information.

7 Once the department determines that the
8 application is complete, then we enter into a
9 120-day period during which we conduct our actual
10 review. And during that time period, we go
11 through. We ask questions. We get answers. We
12 determine whether or not the COPA should be
13 issued.

14 And under the rules, the Department of
15 Health shall issue a COPA if it determines that
16 the applicants have demonstrated, by clear and
17 convincing evidence, that the benefits resulting
18 from the agreement outweigh any disadvantage
19 attributable to a reduction in competition.

20 So the COPA Index, which is part of what
21 we're really talking about tonight, is kind of
22 like a report card. If the COPA is issued, the
23 department has to assess the impact of that merger
24 on the community, communities in the service area
25 based on the terms included in the COPA, and this

1 index is one way that we would actually grade the
2 proposed new health system.

3 The COPA Index Advisory Group -- these
4 people sitting up here in front you -- is going to
5 suggest different subjects, different measures to
6 be included on this index. And they'll get lots
7 of those ideas from you as well as from their own
8 personal experience and expertise.

9 And this index score will be like a
10 grade point average. And every year, the
11 department is charged with looking at the index
12 and averaging together them to get an overall
13 score and then decide if that Public Advantage is
14 continuing.

15 And so what subjects should be on the
16 record card? Well, there are some specific areas
17 in the rules. These are population health, access
18 to health services, economic factors, and then any
19 others that you all come up with or that the group
20 itself up here comes up with.

21 You know, for example, if the category
22 overall was math, the subjects would be geometry
23 or algebra or something like that.

24 So we're really interested in your
25 thoughts and ideas, worries, concerns about

1 population health, access to health services,
2 economic factors, that would -- that the merger
3 would impact and anything else.

4 Tonight's meeting is not about whether
5 or not you're for the merger or against the
6 merger. It's really to talk to this group about
7 your concerns about these particular areas.

8 So the COPA Index, it would be created
9 and used for and by the Department of Health to
10 evaluate any proposed and continuing Public
11 Advantage of the COPA. We'll set a baseline score
12 and ranges for that score to determine whether the
13 advantage continues and whether it is clear and
14 convincing.

15 It will be reported on a regular basis.
16 And if the Public Advantage does not continue to
17 be evident, the Department of Health may terminate
18 the COPA.

19 We could also ask for revisions to the
20 application and to the COPA itself to determine if
21 there's another way that we could work through
22 this and figure out if there is, again, a
23 continuing advantage. If the COPA is terminated,
24 the merged system would then have to complete that
25 plan of separation I talked about earlier.

1 And then here we have the COPA Index
2 Advisory Group. They represent northeast
3 Tennessee. They're appointed by our commissioner,
4 Dr. John Dreyzehner.

5 And following these Public Listening
6 Sessions they will recommend the measures, the
7 subjects to be considered for the index or the
8 report card. And that index, again, will be used
9 to track the impact, including advantages and
10 disadvantages in the event a COPA is granted.

11 The Advisory Group's job is over once it
12 recommends these measures for the COPA Index.
13 This group will not make a recommendation on
14 whether or not the COPA should be granted. That's
15 not their job.

16 One other thing I'd like to add. First,
17 there are their names. But just to talk to the
18 Advisory Group real quickly, our legal counsel
19 asked me just to inform you briefly about Open
20 Meetings Act and Public Records Act.

21 Most of you are not in government.
22 You're not used to having everything you do
23 subject to public scrutiny, unlike those of us
24 working for the Department of Health.

25 So the legal counsel advises that any

1 discussions you all have about the index, about
2 the measures, should be held at these meetings and
3 at your working session meetings, not outside of
4 those meetings, and that way we'll make sure to
5 comply with the Open Meetings Act.

6 If you have any questions, please call
7 Allison Thigpen. Or call me, and we'll talk
8 through any kind of questions or concerns you
9 have. You all have our numbers.

10 So again, guidance for the Advisory
11 Group from the Department of Health. We're
12 looking for big-picture concepts. We don't want
13 to get lost in the weeds of data measures or
14 anything too detailed.

15 And we're concerned with outcomes.
16 We're not concerned with the process. So an
17 outcome would be how did the new health system do
18 on their test, if we're talking about a report
19 card? A process would be how often did the new
20 health system study?

21 So again, we're looking for outcome
22 measurements, not process measurements. And the
23 health systems have had their chance to speak to
24 us through their application and their addenda,
25 and they're continuing to do that.

1 But this is the opportunity for you, the
2 members of the community, to talk to the Advisory
3 Group and express your concerns again about
4 population health, access to health care services,
5 economic factors and issues that you think the
6 merger will have an impact on, and any other
7 factors that you come up with.

8 Again, this Advisory Group represents
9 community concerns, and the goal is to have a
10 clear and well-defined index that can be easily
11 understood not only by the hospital systems but by
12 all the industry stakeholders and you, the members
13 of the general public.

14 So here we are at the Listening
15 Sessions. The rules require that this Advisory
16 Group hear from external stakeholders, internal
17 stakeholders, and members of the community.

18 This is the second of the two community
19 meetings. Last week we had the internal
20 stakeholders' meeting, and in two weeks we have
21 the external stakeholders' meeting.

22 And again, the goal: What measures
23 should be included in an index? And what outcomes
24 would matter to you if, in fact, the COPA is
25 issued?

1 Here is the list of the meetings.

2 Again, we are April 5th here at Holston Electric
3 Co-op. It's a community meeting.

4 On April 19th at Northeast State, we'll
5 have an external meeting, external stakeholders.
6 And then on May 17th, this Advisory Group will be
7 presenting the measures for the community to react
8 to.

9 Finally, we will have a public hearing
10 on June 7th, again at Northeast State, that will
11 be on the question of should the COPA be issued?
12 That's when you get to express your concerns about
13 that part of the process.

14 Your comments can also be submitted via
15 email, regular mail, on-line. You can give them
16 to Allison or me here. We've got a box at the
17 back of the room at that table where you can
18 write.

19 Email is done, it can be done
20 anonymously. We just want to hear from you in
21 whatever way that you want us to hear.

22 So the Advisory Group is here to listen.
23 Speakers are going to be called from the sign-up
24 sheets back at the table in the rear. If you
25 didn't sign up but want to speak, please go back

1 now and sign up.

2 You'll have about three to five minutes
3 to speak. Any questions about the process you had
4 that you don't want to express here in public can
5 be submitted in the box found at the back of the
6 room. Reminder, this session is being video
7 recorded and transcribed.

8 So if the COPA is issued, what measures
9 should be included in the index? How should that
10 impact of the merger be measured? What matters to
11 you, in terms of outcomes for the health of people
12 in this region?

13 What matters to you about your access to
14 health care services? And what matters to you
15 about the economic impact of the merger? That's
16 what we want to hear about from you, and that's it
17 for now.

18 Gary, back to you. Thank you.

19 CHAIRMAN MAYES: Sorry. Okay. If
20 someone has arrived after putting their -- the
21 list wasn't there, we'll pick up the list at the
22 back of the room, so don't worry.

23 First on the list is Beth Rhinehart.
24 Beth, if you would clearly state your name and
25 speak loudly so we can all hear you. Thank you.

1 BETH RHINEHART: Be glad to. Thank you.
2 Good evening. I'm Beth Rhinehart, and I'm proud
3 to serve as the President and CEO for Bristol
4 Chamber of Commerce, which actually serves both
5 communities of Bristol, Virginia, and Bristol,
6 Tennessee.

7 And our members range from all over the
8 region and beyond. I'm also a former member and
9 chairman of the school board of Bristol, Virginia,
10 so I kind of bring that piece as well.

11 I want to say first and foremost thank
12 you to each of you all. I know you all are giving
13 a lot of your time for this purpose, and it is
14 very valuable to our community, so we appreciate
15 the time that you are giving.

16 I grew up in Bristol, and I care deeply
17 about the well-being of our community. I also
18 bring a bit of a unique perspective as someone who
19 worked at Wellmont for nearly a decade as its
20 government relations director.

21 The people who work at Wellmont and also
22 at Mountain States are very smart and talented
23 individuals, and I have a lot of faith in their
24 ability as they go and try to execute the
25 strategic vision for the future that I believe

1 will benefit our community at large for a very
2 long time. The creation of a new health system is
3 consistent with the goals that I have in my role
4 at the chamber, and let me explain what I mean by
5 that.

6 We're proud to be the oldest,
7 continuously accredited chamber in both Virginia
8 and in Tennessee, and we take great pride in
9 driving forward-thinking innovative solutions that
10 attract new business and jobs to our community.

11 We're actually in the top 1.5 percent of
12 chambers in the country, believe it or not. We
13 hold the five-star accredited role and rating,
14 which is very hard to achieve, so we feel very
15 confident and proud of the work that we've done on
16 behalf of many of the businesses that we
17 represent.

18 One critical factor in sustaining a
19 strong economy is having a healthy community, and
20 having affordable, accessible, high-quality health
21 care is essential to achieving that.

22 The new health system plans to keep
23 hundreds of millions of dollars in our region.
24 Those dollars can be reinvested in initiatives
25 that have the potential to improve the health of

1 our friends and our neighborhoods and preserve
2 local jobs as well.

3 As you think about what to include in
4 the Health Index, I encouraged you to include the
5 tracking of these investments as an outcome to
6 monitor, as I think it will be exciting for all of
7 us to see how the health care improves in our
8 region over the next five, 10, and beyond.

9 So as we -- when we envision the bigger
10 picture, we're tracking improved health outcomes,
11 increased access to quality care, cost savings,
12 and preservation and creation of the needed jobs.

13 In all, the potential benefits of a
14 streamlined, more-effective health care system in
15 our community cannot be overstated. It's the kind
16 of change that will attract employers to Bristol
17 in the future. And that, in turn, creates
18 long-term economic stability and opportunity.

19 So thank you for the opportunity to be
20 here, and thank you for letting me share my
21 thoughts, and again, thank you for all that you do
22 to make sure that we get to where we need to be.

23 This is a daunting process but a very
24 important one to each and every one of us, so
25 thank you. And I'll be glad to leave my comments,

1 if you'd like or...

2 CHAIRMAN MAYES: Sure. Give them to
3 Allison, if you want to.

4 BETH RHINEHART: Thank you.

5 CHAIRMAN MAYES: Thanks, Beth. Next do
6 we have? Okay. Next we have Raven Krickbaum,
7 excuse me, I apologize, of Hawkins County
8 Hospital. Thank you.

9 And again, if you'd state your name
10 clearly and speak loudly.

11 RAVEN KRICKBAUM: Good evening. My name
12 is Raven Krickbaum. I am a retired school
13 superintendent. I was the superintendent for the
14 Rogersville City School and retired in 2007. I
15 currently work with the Hawkins County Hospital
16 Board, and as such I have a seat on the corporate
17 board.

18 So my perspective tonight is really a
19 community perspective, and I just briefly want to
20 say that in spending time getting to become
21 familiar with everything that has come together
22 for this process, it has impacted my thinking from
23 a community perspective about where we're going
24 forward with health care.

25 In Hawkins County and Hancock County,

1 our hospital is, it's a necessity. We have people
2 who would not get appropriate health care without
3 it and some who would die without it, so the
4 process that we are looking at currently is very
5 important to us.

6 And I guess my point tonight is to say,
7 having looked and read the documents, having heard
8 and discussed numerous times, I very much support
9 this process for where we're going to go in the
10 future. And some of the most outstanding parts of
11 it have to do with the accountability that the
12 State of Tennessee and Virginia is asking us to
13 do.

14 I think that's critical that we be
15 accountable. The oversight is ongoing, and I
16 think that's also very critical. And I recognize
17 that this plan is not without flaws, but it does
18 have more strengths than it has weaknesses.

19 My experience has been that when we
20 recognize our strengths and our weaknesses, then
21 we can use our strength to improve our weaknesses,
22 and that would be my expectation through this
23 process.

24 So I thank you all for your
25 consideration, and I look forward to going forward

1 with what you want to do. Thank you.

2 CHAIRMAN MAYES: Thank you. Just a
3 second. Let me check to see if the committee has
4 any questions.

5 BRENDA WHITE WRIGHT: Raven, are you on
6 the Wellmont Health System board right now?

7 RAVEN KRICKBAUM: Yes.

8 BRENDA WHITE WRIGHT: Thank you.

9 CHAIRMAN MAYES: Thank you very much.
10 Next we have Nancy Barker.

11 NANCY BARKER: Good evening. I'm Nancy
12 Barker, and I'm the Executive Director of the
13 Rogersville Hawkins County Chamber of Commerce and
14 have been in that position for 19 years and want
15 to welcome you all to the Rogersville/Hawkins
16 County area.

17 For the last, it's been my privilege as
18 a community leader and business leaders in this
19 area to work with the hospital. And with the
20 business climate that we have, we're looking
21 forward all the time and asking people that come
22 into our community or when we're trying to get
23 people to invest in our community or bring
24 business into our community.

25 One of the things that they always ask,

1 what's the quality of your health care? What can
2 we expect if we bring a business in here? What if
3 we have a disaster, what can we do? You know, are
4 you all able to handle that?

5 And I think that's one of the things as
6 we look at our hospital and move our community
7 forward that people want to know, you know, how
8 can we access that? Is it affordable? Are you,
9 you know, able to provide that for us?

10 And that plays a key role in whether
11 they decide to move into our community or another
12 community.

13 The Hawkins County Hospital has served
14 the Rogersville area since 1961, and it employs
15 more than 50 board-certified physicians and over
16 150 nurses, technicians, and support staff.

17 Our chamber is proud to say that in
18 March, the Hawkins County Memorial Hospital was
19 rated by the national firm Truven Health Analytics
20 among the top 20 small community hospitals in the
21 2016 ranking based on a 50-bed facility overall --
22 for their overall organizational performance.

23 While many hospitals this size are
24 struggling just to survive, ours is excelling, and
25 Hawkins County is strong and rated among the best

1 in its class. This strong performance is an
2 important selling point for our community.

3 Chambers of commerce are looked at as a
4 trusted source for information and referrals for
5 area businesses, and our chamber tries especially
6 hard to attract members that we believe offer
7 high quality and dependable services to the
8 community.

9 Like many other consumer-driven
10 services, patients want to know how their local
11 hospital is performing, and I think that's key,
12 and I think that's why it's important that our
13 hospital has always been one of the top hospitals
14 in the area for a small hospital, for a 50-bed
15 hospital.

16 I think it's key that time and time
17 again, they receive different accolades from the
18 health care system for the things that they have
19 done. If the merger of Wellmont and Mountain
20 States is approved, I believe it's important that
21 our community has access to the data that shows
22 how the system is performing.

23 I would like to see the index include a
24 measure indicating whether the new health system
25 is participating in expanding quality reporting so

1 the public can easily evaluate the performance of
2 the system's most important responsibilities:
3 providing excellent care to the people in our
4 region.

5 And I believe that transparency in this
6 area is good for the people who live in our area,
7 and I hope it will be another way for us to show
8 interested businesses that are looking to come to
9 our community that we have access to high-quality
10 care for them.

11 And thank you for this opportunity for
12 allowing me to be here tonight.

13 CHAIRMAN MAYES: Thank you. Just a
14 second. Any questions from the committee?
15 Anyone? On the, just a couple things.

16 One is thank you on behalf of
17 Rogersville, as you represent them for hosting us.
18 Rogersville is a beautiful town, and the hospital
19 is excellent. I hear a lot of positive comments,
20 so I agree with you.

21 Now on the access of data, the hospitals
22 already, most hospitals I believe already have
23 lots of data about quality performance, and so I'd
24 like your comment regarding index, so accessing
25 data. Are you speaking of -- just to clarify in

1 my own mind.

2 Are you speak of performance data that
3 the Advisory Committee recommends, or are you
4 speaking of performance data that the hospital
5 already collects? Because it could be two
6 different things.

7 NANCY BARKER: Well, I think it's key to
8 do both of them. I think we need both of them so
9 that people understand, you know, that this merger
10 is going to allow us to continue to have the
11 high-quality care. And I think that's the --
12 that's the biggest concern.

13 As long as that data is available, then
14 we'll be able to put it out to the public, and
15 they can see that, you know, what this merger will
16 mean to us and then what it will do for our
17 community.

18 CHAIRMAN MAYES: All right. Thank you.

19 NANCY BARKER: Thank you.

20 CHAIRMAN MAYES: All right. Next, I
21 apologize. I can't make the name. So rather than
22 making an attempt, I will say next on the list is
23 the representative from G&C Industrial. Thank
24 you. If you would, just state your name for the
25 record. Thank you.

1 CORT FREEMAN: Good evening. My name is
2 Cort Freeman, and I am with or the owner of G&C
3 Industrial Supplies. I'm in Church Hill.

4 I'm a small business owner, and I would
5 like to thank you for this opportunity that you've
6 given me to be able to voice any concerns and
7 comments that I have. Thank you very much.

8 I've been, of course, we're located in
9 Church Hill, which is in Hawkins County, and I've
10 been a resident of Hawkins County for 27 years,
11 and I've been a business owner for over 30 years.

12 I've been in industrial supplies for
13 over 30 years. Started when I was 17. My entire
14 family lives here in Hawkins County, and we depend
15 on Wellmont Health System for their services.

16 Over the years, I've seen communities
17 like ours struggle for many reasons, and many
18 young people have moved away for college and to
19 find better jobs in our area. And they struggle
20 to in -- our area struggles to attract new
21 industry because of the changing economy and the
22 need for more skilled workers.

23 This challenge has caused many systems
24 to shut down their services, and some communities
25 have seen their doctors and their hospitals close

1 or even leave town. As a resident of a small
2 rural community, I hope that you will look for
3 ways to measure the availability of services in a
4 community of our size.

5 As a business owner, I worry about the
6 rising cost of health care, both for the bottom
7 line and also for any employees that I may have in
8 the future. And I support just about everything
9 that keeps the services in our area and reduces
10 the rate of the growth of health care cost.

11 The system has suggested several ways
12 they plan to save money and to reinvest these
13 savings to support the expanded services across
14 our region here in Hawkins County. And I
15 appreciate this focus on cost, and I would like to
16 see more of the ways of measures of how these
17 efforts will work in the future.

18 Through this process, I was surprised to
19 learn that there are a good number of people in
20 our region who use the emergency rooms dozens of
21 times a year, and I can only imagine how much
22 money is wasted when somebody visits the emergency
23 room without even needing it.

24 And I believe that we should track
25 things like this number of times that these people

1 use the emergency room once a program is developed
2 to reduce the cost of these practices. And I want
3 to thank you once again for what you're doing, and
4 I wish you success as you help to improve the
5 health care system in my area.

6 Thank you very much.

7 CHAIRMAN MAYES: Thank you. Thank you.
8 Hang on just a second. Any questions? All right.
9 Seeing none, thank you very much.

10 CORT FREEMAN: Thank you.

11 CHAIRMAN MAYES: Next we have Tim
12 Luttrell.

13 TIM LUTTRELL: Thank you very much for
14 this opportunity. I'm Tim Luttrell, President of
15 Atwork Personnel Services, one of the Atwork
16 Personnel Services here in this region.

17 We special in high-risk staffing in this
18 region and across the southeast. Formerly, I
19 started and co-managed some years ago Atwork
20 Medical Services, so I have some understanding up
21 in this area of what's involved with the staffing
22 of medical personnel.

23 There are four main areas that I'd like
24 to see on that index. We talk of medical care,
25 mainly acute care, taking care of people with

1 chronic illnesses. I would like to see some index
2 here that involves forwarding wellness care in our
3 communities.

4 Educating, encouraging, motivating our
5 populous, our citizens to take care of their
6 health. With health care costs going nowhere but
7 up, and unless you have a magic wand somewhere,
8 there's not going to be anything that you can
9 really do about that.

10 It is of most interest to us to
11 encourage our community, the members of our
12 community to take care of their health. That can
13 help control cost in and of itself.

14 Secondly, it's already been mentioned
15 access to medical care here, and I agree with
16 that. We have locations through the northeast
17 Tennessee area/southwest Virginia area that are
18 remote, and it can be very difficult for these
19 people that live way out in the places where I
20 sometimes will jokingly say if you stop your car
21 and get out, you can hear the Indian drums out in
22 the distance.

23 But access to medical care, and when I
24 say access, I don't necessarily just mean having a
25 provider or facility that is close by. I also

1 mean in terms of economic access as well.

2 And we're looking at two large systems
3 coming together. I believe we see here
4 opportunity as well for them to be able to put
5 their minds together on ways to be able to reduce
6 the cost of medical care.

7 One of those things I know there's
8 already been, we're already beginning to see is
9 the urgent care. I was very glad to see the
10 urgent care opened up here in Rogersville.

11 I've been a beneficiary of that already,
12 and it hasn't been opened up for just two or three
13 months. What a great place to go, rather than the
14 ER on a Sunday afternoon when you're not feeling
15 well and you feel like you need to see a provider,
16 so that's an example right there of access.

17 Training opportunities, training
18 opportunities for people wanting to get into
19 health care or wanting to advance in health care.

20 We have ETSU. We have the medical
21 school up here. We have a wonderful base of
22 opportunity in order to be able to grow, training
23 opportunities, grow professionals here.

24 We do have a bit of a problem here where
25 the young people graduate from high school.

1 Perhaps they go to college here, maybe. But then
2 they're looking at opportunities outside, and some
3 of that has to do with money.

4 We have the opportunity to attract those
5 people to the opportunities here in health care
6 and also to even be so attractive to those to
7 people outside.

8 Hey, you know what? The Mountain Empire
9 region of Tennessee and southwest Virginia is a
10 great place to come if you want --

11 CHAIRMAN MAYES: 30 seconds. Thank you.

12 TIM LUTTRELL: -- if you want this kind
13 of opportunity. And that, those four I would
14 combine employment opportunities in that as well,
15 those four indexes as part of the index.

16 CHAIRMAN MAYES: Thank you. Any
17 questions from the committee?

18 BRENDA WHITE WRIGHT: Can you give us
19 just a brief on your top four again? Just the
20 brief top four.

21 TIM LUTTRELL: The top four?

22 BRENDA WHITE WRIGHT: Uh-huh.

23 TIM LUTTRELL: The top four are, No. 1
24 wellness care. No. 2, access to medical care.
25 No. 3, training, improving, training opportunities

1 for people wanting to get into health care and
2 advancing.

3 BRENDA WHITE WRIGHT: Right.

4 TIM LUTTRELL: And No. 4, employment
5 opportunities.

6 BRENDA WHITE WRIGHT: And I think it's
7 your No. 4 that didn't come across as clear for
8 me. Thank you very much.

9 TIM LUTTRELL: You got it.

10 CHAIRMAN MAYES: Thank you very much.
11 All right. Next we have Gary Metcalf. Gary?

12 GARY METCALF: I'm Gary Metcalf, and
13 I've worked for both Wellmont and Mountain States
14 Health Alliance as their spiritual and pastoral
15 care support services, so my coming to this is a
16 little bit different, a little different slope, so
17 I'd like to kind of share that with you tonight.

18 I am in favor of the merger. And for
19 too long, health care has become a commodity for
20 gain and not the gift that it was intended to be.
21 So as these two entities pull together through
22 reconciliation, they begin to live the true intent
23 of a healing gift.

24 In the beginning, as you know, healing
25 was provided as a gift by individuals who had a

1 love for people and a love for knowledge. I see
2 the power of bringing these two entities together.

3 These health systems should pull
4 together to eliminate waist and duplications
5 brought about by competition and begin to balance
6 what is needed and necessary to reach the people
7 of this region.

8 From the farthest corners of our region,
9 from Troy, Tennessee, all the way to Sneedville,
10 access is one of the most important things that we
11 can do as we merge these two entities together.
12 Both of these entities, both of these systems
13 building together a trusted fiduciary relationship
14 will be a win for this region and our region.

15 As the state of Tennessee seeks to
16 oversee this enormous bond, I urge the new
17 organization to be held to the standard that
18 decisions are made in concert with representation
19 of stakeholders, boards continue at the smaller
20 hospitals and rolling up and reporting to the
21 larger board of a whole health system.

22 The new organization should seek to
23 integrate a mission that empowers creativity,
24 research, efficiency, and growth. That mission
25 becomes integrated into the fabric of that

1 organization.

2 The mission will have a love for people
3 at its center. This mission will include service
4 to the underserved and all the marginal areas of
5 our region, which goes back to access.

6 Now for the most dramatic
7 transformation. This involves a little going out
8 of the box. That is to develop a strategic plan
9 for establishment of mental health and spiritual
10 health services, surveying the present structure
11 but create and enact a radical shift in the
12 philosophy of care.

13 We have been so worried about the
14 readmission rates, the CMS reimbursements, and the
15 different elements that affect that reimbursement.
16 And so if we keep doing the same things, do we not
17 expect the same results? That's what I've always
18 been told, so now is the time to invest in a
19 structure that will impact the mental and
20 spiritual emotional aspect of life.

21 Why would you do that? Well, because
22 the mental, spiritual, and emotional well-being
23 impacts our physical behavior, and we know that
24 physical behavior is the cause of our patients
25 coming into the hospitals.

1 Probably as high as 85 percent of the
2 time it is because of the actions of the person
3 coming in, so all we're doing is treating physical
4 results with more physical stimuli and
5 medications.

6 Once we recognize that mental and
7 spiritual treatments will impact and influence the
8 health of our patients, and in return it will also
9 impact those scores and those reimbursements, so
10 keeping tabs on how are we doing financially in
11 our reimbursements.

12 Fourth and final. Take training models.
13 Develop an institutional infrastructure that
14 trains team members, physicians, nursing
15 educators, in the discipline of coaching, of
16 counseling and motivating support.

17 These training models, working with
18 navigators that have already been established in
19 both systems, the system will begin supporting and
20 growing other businesses within the communities.

21 Faith communities and churches already
22 have supported faith-based free clinics. They're
23 in all three of the Tri-Cities. They have RAM
24 events.

25 CHAIRMAN MAYES: 30 seconds.

1 GARY METCALF: Okay. Community
2 organizations, civic organizations, United Way
3 agencies, all of those can incorporate and be
4 combined together. So you measure how do we
5 partner with those?

6 Volunteer patients -- this is kind of
7 out of the reach -- who have results, have best
8 outcomes, pair them up as coaches with others.
9 They're going through the same diagnosis.

10 And then we have government entities as
11 well, area agency on aging and others that we can
12 partners with, so looking at partners,
13 partnerships. Any questions?

14 JAN TILLMAN: Yes. How do you see
15 expanding spiritual services?

16 GARY METCALF: Spiritual services
17 through the professional chaplaincy, training. We
18 have that training ground already here in this
19 region through one of the health systems, and
20 building upon that.

21 Also training the team members, just as
22 much as having a professional chaplain. So you
23 have a professional chaplain who goes out and
24 trains the team members to build that spiritual
25 care with the patients, as well as with the team,

1 not only recognizing that team members also have
2 struggles that they have to go through as well.

3 JAN TILLMAN: Thank you.

4 BRENDA WHITE WRIGHT: Recognizing the
5 diversity of the people in our region and not all
6 of them are Christians, so when you talk about
7 this, are you talking about coaching and training
8 in spiritual, in Christian spiritual development,
9 or spirituality just in general?

10 GARY METCALF: Most of it's spirituality
11 in general but also looking at motivation.
12 Spiritual goes way beyond religion and looks at
13 why did I get up this morning? Or why did I, you
14 know, what did I -- how did I greet somebody on
15 the road coming over here?

16 That's the spiritual aspect of life. So
17 you're looking at the mental, spiritual, and
18 emotional pieces of a person more than -- but also
19 recognizing that their religious group will also
20 impact that. But you're looking more at the
21 spiritual as more global.

22 BRENDA WHITE WRIGHT: Thank you.

23 GARY METCALF: In the training.

24 MINNIE MILLER: Expand just a little bit
25 more on what you mean by mental. Are you talking

1 about mental health services when you --

2 GARY METCALF: Mental health services,
3 exactly. We're looking at, you know, psych
4 services as well as counseling services,
5 partnering with those community counseling centers
6 that work on a sliding scale fee and building that
7 up as well, but also recognizing how to impact the
8 patient.

9 MINNIE MILLER: Okay.

10 BRANT KELCH: You mentioned earlier
11 decisions made together with the stakeholders.
12 Any ideas on the metrics we could use to take a
13 look at that and see whether it's been
14 accomplished?

15 GARY METCALF: One of the things I would
16 look at is, of course, the boards, the times that
17 they meet and how they report up. Also, who's on
18 the boards?

19 As I share with you, community members
20 should be on that board. I think team members
21 should also a part of that board, along with
22 physicians, and so you kind of measure up.

23 You'll have to set up a data base of
24 who's on what board and how do they report and
25 make sure that there is a report going from let's

1 say from Sneedville in Hancock County and Hawkins
2 County going up to the larger board.

3 Does that help?

4 BRANT KELCH: Yes, thank you.

5 BRENDA WHITE WRIGHT: Thank you.

6 CHAIRMAN MAYES: Thank you, Brant. I'm
7 sorry, I was taking notes. Thank you very much,
8 Gary.

9 GARY METCALF: You're welcome.

10 CHAIRMAN MAYES: All right. Okay. Next
11 we have on the list Miles Burdine.

12 MILES BURDINE: Thank you. I've got
13 some remarks, and I'm going to tell a short story,
14 too, so good evening. I'm Miles Burdine. I'm
15 with the Kingsport Chamber of Commerce.

16 Thank you for the opportunity to share
17 my thoughts about the development of the Health
18 Index to measure Public Advantage resulting from
19 the Wellmont and Mountains States' merger.

20 The Kingsport Chamber is comprised of
21 nearly 1,000 members from our area who are focused
22 on building a strong, stronger Kingsport by
23 supporting a healthy business community and
24 support opportunities for work force development.

25 No doubt health care work force

1 readiness are two of the issues that companies
2 look for when deciding to locate or expand their
3 businesses here.

4 I understand last week or two weeks ago
5 Bob Feagins, one of my co-workers, spoke with you
6 briefly. And he mentioned Healthy Kingsport, but
7 I do want to touch a little bit more on how that
8 came about.

9 Several years ago, there was a headline
10 in the USA Today that named the 10 unhealthiest
11 regions in America. Four of those communities
12 were from the state of Tennessee. One of them was
13 my hometown, Kingsport, Tennessee, not just the
14 city but the region.

15 And we actually talked. Gary was there.
16 We talked about challenging how those statistics
17 came about to label us in such a horrible fashion,
18 but we decided instead to accept that as a
19 challenge and continued pushing forward with our
20 initiative called Healthy Kingsport, which has
21 already started.

22 Healthy Kingsport has become so
23 important to us. And by the way, I wanted to say
24 thank you to Ms. Roberson for your support with
25 Healthy Kingsport. Also to Mr. Belcher, who can

1 tell his own story about a success recently with
2 Healthy Kingsport on pre-diabetes training.

3 So well aware of that, and so thank you
4 very much. But thank you for your support.

5 Anyway, we decided to use that as a call
6 to action. Healthy Kingsport now has two
7 full-time employees, and they have an intern from
8 ETSU, and they're housed within our organization.

9 We give them free space. We give them
10 accounting. We give them all kinds of support
11 because we believe in what they are trying to do,
12 and it's so very important to moving our community
13 forward. Now back to my prepared remarks.

14 I am biased, but I believe our region is
15 one of the best areas in the country to build a
16 business and raise a family. Today, Wellmont and
17 Mountain States provide our region with excellent
18 care, and my family trusts them for care when we
19 need it.

20 The systems are also huge economic
21 engines for our area, as they employ thousands of
22 people in good jobs and support our local economy.
23 Each one of these jobs is a force multiplier,
24 creating additional jobs in our local shops, our
25 local restaurants, with local businesses to

1 support their operations and more.

2 Additionally, local colleges and
3 universities, such as ETSU and Northeast State
4 Community College, are preparing the next
5 generation of doctors, pharmacists, nurses, and
6 others health professions that will care for our
7 community in the future.

8 These programs attract students from
9 many different areas, and we hope that -- I had
10 many there, but I scratched it out and put all --
11 of them stay and build their careers and start
12 their families right here in our region.

13 As you consider how to measure Public
14 Advantage, I think the index should track the
15 amount of money invested by the new system in
16 research and in job training. I also suggest that
17 we track the number of locally trained health care
18 professionals who actually stay here.

19 I've also been told that the merger, we
20 have learned that the merger will provide
21 significant cost savings via cooperation,
22 coordination, and avoiding duplication, so I
23 suggest measuring those cost savings to health
24 care and to the businesses that provide health
25 care to their employees.

1 As a chamber of commerce, we are
2 constantly looking at the impact of business
3 decisions in our area, whether good or bad. If a
4 business closes its doors or opens a new factory,
5 it impacts every one of us.

6 The merger of these two systems will
7 have a significant and lasting impact on our
8 economy and will provide new and exciting
9 opportunities for business growth and work force
10 development. This is why so many of our members
11 have publicly expressed their support for it.

12 I respect and I appreciate the
13 transparency of this whole process. We have
14 offered many opportunities for Wellmont and
15 Mountain States to jointly provide updates.
16 They've come to our board members, board meetings.

17 In fact, we have a slot on our board
18 agenda every month for both of them to provide an
19 update. We've given them opportunities,
20 invitations to our membership breakfasts and our
21 after-hours, and all of the invitations have been
22 accepted, and all have provided for important
23 update that's been very helpful to our community.

24 CHAIRMAN MAYES: 30 seconds.

25 MILES BURDINE: As you continue your

1 work to develop the index, I'd like to offer the
2 support and expertise of the Kingsport Chamber to
3 your efforts if you so need them.

4 In closing, the best and most
5 significant regionalism since the Tri-Cities
6 Airport in my opinion is the opportunity that we
7 have before us, and that's combining these two
8 systems.

9 I thank you for the opportunity to speak
10 with you this evening and for your willingness to
11 lead this very, very important issue.

12 CHAIRMAN MAYES: Thank you, Miles. Just
13 a second. Make sure, any questions from the
14 committee? I have one, if I may, Miles.

15 MILES BURDINE: Yes, sir.

16 CHAIRMAN MAYES: Your colleague, Ms.
17 Barker, she spoke of access to data on quality and
18 information. And she clarified she was really
19 speaking about some internal metrics that the
20 hospital may use but also the index, and I feel
21 reasonably sure the index will be public
22 information.

23 But any reaction to that? Given that
24 part any thought?

25 MILES BURDINE: I think I mentioned

1 transparency, and this whole process has been
2 unbelievably transparent. In fact, it's really a
3 model that others should use.

4 And so I guess the answer to my
5 question, any information that can be given,
6 including what Nancy identified, would be helpful.

7 CHAIRMAN MAYES: Okay, great. Thank
8 you.

9 DR. TERESA KIDD: I have a question.

10 MILES BURDINE: Sure.

11 DR. TERESA KIDD: You mentioned that you
12 thought one of the measures we should track would
13 be the number of professionals that we grow and
14 keep in the region. Do you think it would be
15 worthwhile to also measure the number of
16 professionals and specialists we attract from
17 outside coming in because they hear about what a
18 good --

19 MILES BURDINE: Yes. I should have
20 written that down. That's very good. We've
21 actually got an initiative called Move to
22 Kingsport. We're helping to get people to live
23 here.

24 Each person who lives here is worth
25 about \$25,000 minimum in expenditures in our local

1 community, wherever they live. Family of four do
2 the math, worth a hundred grand, so we're excited
3 about this.

4 CHAIRMAN MAYES: Anything? All right.
5 Thank you, Miles.

6 MILES BURDINE: Thank you.

7 CHAIRMAN MAYES: Jeff, does that
8 conclude...?

9 DIRECTOR OCKERMAN: That's it. No more.

10 CHAIRMAN MAYES: All right, good. Well,
11 I want to make sure and repeat. This is not the
12 only opportunity for public input. We are, have
13 on or we do have on the schedule, I should say,
14 two more meetings.

15 And also you can submit your comments in
16 writing tonight and drop it in the box, and also
17 you're more than welcome to go to the Tennessee
18 Department of Health website under COPA and submit
19 your comments there.

20 And we welcome those, and we encourage
21 you to please respond that way if these public
22 venues aren't where you wish to share your
23 comments.

24 Transcription for tonight will be
25 available on the internet, also on the same

1 website, the Tennessee Department of Health under
2 COPA. And also, the YouTube links for the
3 meetings will be included on the website as well.

4 You can also find, reach out to anyone
5 on the Advisory Committee by email, and our
6 addresses and our names are on there, and so feel
7 free to engage those as you wish. And Jeff so
8 appropriately reminded us that all that is subject
9 to public record.

10 So anything else, Jeff?

11 DIRECTOR OCKERMAN: I think that's it.
12 Thank you.

13 CHAIRMAN MAYES: All right. Thank
14 Holston Cooperative for hosting us, and again,
15 this is a wonderful facility. Very, very nice.

16 Thank you for coming tonight. Your
17 thoughts and your comments have been well received
18 by the committee. You did a great job and put a
19 lot of work into it, and so we're very, very
20 thankful. So the process moves on, and so good
21 luck and safe travel back home. We're adjourned.

22 THEREUPON, the meeting was concluded at
23 6:27 p.m.

1 REPORTER'S CERTIFICATION

2

3 STATE OF TENNESSEE)
 4 COUNTY OF SULLIVAN)

5 I, Terry L. Kozakevich, LCR #394, Licensed Court
 6 Reporter, Registered Professional Reporter, **(and**
 7 **notary public)**, in and for the State of Tennessee, do
 8 hereby certify that the above meeting was reported by
 me and that the foregoing **49** pages of the transcript
 is a true and accurate record to the best of my
 knowledge, skills, and ability.

9

10 I further certify that I am not related to
 11 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.

12

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

15

16 **IN WITNESS WHEREOF, I have hereunto set my**
hand and affixed my notarial seal this 5th day of
 17 **April, 2016.**

18

19

20

21

22

23

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