

# PUBLIC HEARING FOR THE DEPARTMENT OF HEALTH

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## PUBLIC MEETING

November 21, 2016



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Tennessee Department of Health Public Hearing  
Regarding the Application for the Issuance  
of a Certificate of Public Advantage,  
Submitted February 16, 2016, by Mountain States  
Health Alliance and Wellmont Health System  
Pursuant to T.C.A 68-11-1303

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A P P E A R A N C E S

Commissioner: John Dreyzehner, MD, MPH, FACOEM  
Jeff Ockerman, Division of Health Planning  
Allison Rajaratnam, Health System Improvement  
Coordinator

TAKEN AT: MILLENNIUM CENTRE, JOHNSON CITY, TN

TAKEN ON: NOVEMBER 21, 2016

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P R O C E E D I N G S

COMMISSIONER DREYZEHNER: I want to thank everybody for coming tonight. This is one of a series of public hearings, and we've appreciated all the comments we've received to date. I want to remind folks that -- that in addition to providing public comment verbally, you're also able to submit to us your comments in writing.

We have over 20 speakers this evening. So we will ask you to keep your comments to three minutes, and again, invite you to provide any additional comments you'd like to provide in writing.

I will also just note that this particular hearing fulfills the statutory requirement for public hearings under the Certificate of Public Advantage Statute; however, all the other public hearing opportunities we've had do have equal weight to this hearing.

So again, appreciate all the comments we've had to date. They've been very helpful and expect this evening will be very similar in that regard.

I would also note that as you all know, we have a completed application. It has been under

1 review for some time now. We continue to actively  
2 review that application in this situation which  
3 remains an unprecedented circumstance for the region,  
4 and we're looking forward to hearing your input  
5 tonight.

6 MR. OCKERMAN: So now let's go ahead and  
7 beginning the public hearing. And the first speaker  
8 is Eric Deaton.

9 MR. DEATON: Thank you, Dr. Dreyzehner.  
10 I appreciate you holding the public regarding the  
11 Certificate of Public Advantage between Wellmont  
12 Health System and Mountain States Health Alliance.  
13 My name is Eric Deaton. I'm the executive vice  
14 president and chief operating officer for Wellmont  
15 Health System. I have over 30 years experience in  
16 leading both small rural hospitals and large tertiary  
17 health systems. I've had the opportunity to work for  
18 both for-profit and not-for-profit health systems in  
19 four different states over my career.

20 I was born and raised in Johnson City and  
21 have a vested interest in having a vibrant and high  
22 quality health system through a successful merger. I  
23 was able to work with the Wellmont Board during their  
24 deliberation, and the decision to merge -- the  
25 decision to merge I fully support their decision to

1 merge with Mountain States Health Alliance and agree  
2 it's the best opportunity to enhance and effectively  
3 sustain innovative, high-quality healthcare  
4 throughout our region.

5 One of the key factors to success or failure  
6 of a merger is based on the compatibility of the two  
7 organizations' cultures to come together and  
8 harmoniously create a new culture. This issue is  
9 very important to the Wellmont Board of Directors and  
10 to the Joint Board Task Force that is overseeing the  
11 merger.

12 Over a year ago, the Integration Council was  
13 asked by the Joint Board Task Force to commission a  
14 study to examine the cultures of Wellmont Health  
15 System and Mountain States to determine the  
16 compatibility of the two organizations to  
17 successfully merge their cultures.

18 We hired the ^ Hague Group, a highly  
19 respected organization with international experience  
20 in human resource management and cultural assessment.  
21 The Hague Group interviewed either in person or by  
22 electronic means over 5,000 people within the two  
23 organizations and found that the culture of Wellmont  
24 and Mountain States are incredibly similar.

25 As part of their work, the Hague Group



1 prepared a spiderweb diagram to compare the two, the  
2 19 dimensions of cultures, and found that they were  
3 generally indistinguishable.

4 The conclusion from the analysis was that  
5 there's a high probability of successful merging of  
6 the two groups.

7 Besides this, I've personally had the  
8 privilege to work alongside the Mountain States  
9 counterparts on Integration Council, and I found that  
10 they have great respect for each other and work  
11 extremely well together.

12 The Integration Council has also developed 17  
13 functional workgroups to develop a framework of tasks  
14 and issues to prepare the organization to move  
15 effectively should the merger be approved. These  
16 seem to work extremely well together with great  
17 compatibility.

18 Dr. Dreyzehner, I would ask that you and the  
19 Department of Health please approve the Certificate  
20 of Public Advantage.

21 MR. OCKERMAN: The next speaker is Glenn  
22 Tilson.

23 MR. TILSON: Good evening. I'm Glenn  
24 Tilson. I'm from Johnson City, Tennessee. I've  
25 lived there my whole life, less than 21 years,

1 between 1963 and '84. During these years I served as  
2 a regular Army commissioned officer. Between 1990  
3 and 2012, I've served about 20 years on the Board of  
4 Mayor and Alderman and experience as an Alderman and  
5 Vice Mayor and Acting Mayor.

6 While on the Board of Mayor and Aldermen I  
7 served as a representative of the town to the Newport  
8 County Memorial Hospital Board. I still serve on the  
9 community board there.

10 Having served on both boards for  
11 approximately 20 years each, I recognize the  
12 importance of hospital care in our community. The  
13 Newport County Memorial Hospital is a small hospital  
14 opened in 1953. Like so many small rural hospitals,  
15 our hospital was in financial trouble in 2012 and was  
16 at risk of closing. Thanks to our partnership with  
17 Mountain States, not only is our hospital doing  
18 better financially, there are plans to build a new  
19 state of the art facility in our area.

20 To me, "better together" isn't just a slogan.  
21 It's a promise. I've seen firsthand how partnering  
22 with a stronger system can make healthcare better.  
23 Mountain States and Wellmont are proposing to combine  
24 their resources to build something better and  
25 stronger than they could ever accomplish alone. Both

1 of these organizations know our community and our  
2 people and they are led by people who live here and  
3 want to raise their families here. I believe the  
4 application filed by Wellmont and Mountain States is  
5 clear and convincing. The investments, the  
6 commitment to keep our hospitals open and the  
7 improvement they want to make wouldn't be possible  
8 without the merger.

9 Having gotten to know the leadership of these  
10 organizations over the years, I trust them to do  
11 what's right for our community and trust that the  
12 Department of Health can hold the new system  
13 accountable to its commitments. I urge you to  
14 approve the application and to help keep our  
15 healthcare system strong and locally governed.

16 Thank you for the opportunity to speak in  
17 favor of the approval of the merger.

18 MR. BURLESON: Good evening. I'm Tommy  
19 Burleson, CEO of the Burleson Construction Company, a  
20 third generation, 71-year-old general contracting and  
21 construction management firm located in Johnson City.  
22 I'm also currently chair of the Johnson City Housing  
23 Authority and the Washington County Economic  
24 Development Council.

25 I'm really encouraged by the fact that

1 Wellmont and Mountain States are committed to not  
2 only improving healthcare in our area but they're  
3 committed to managing the cost of that care. In  
4 fact, Wellmont and Mountain States have gone so far  
5 as to explain in detail how they would reduce the  
6 growth of the healthcare costs for patients, insurers  
7 and local employees while also improving access and  
8 local services.

9 This is music to my ears as my company has  
10 faced raised rising healthcare costs over the past  
11 few years to the tune of double-digit rate increases.  
12 I believe the COPA application clearly defines that  
13 the benefits of the merger outweigh any potential  
14 disadvantages. There's no doubt in my mind that this  
15 merger is what's best for our region. It's a win-win  
16 for us in the region. I'm excited about our future  
17 and strongly support this merge.

18 MR. FAIR: I'm Dale Fair. I'm currently  
19 the President and Chief Operating Officer of Bank of  
20 Tennessee, a locally-owned community bank. Actually  
21 I've worked at two locally communities banks in my  
22 career. I'm from Carter County. I'm a life-long  
23 resident of Elizabethton, Carter County, the community  
24 of about 60,000 folks which also support Johnson  
25 County which is about another 18, 19,000 people. So

1 almost 75,000 people are involved in a local  
2 hospital. Sycamore Shoals is award-winning, locally  
3 rural hospital in Elizabethton.

4 And as a life-long resident, I know I have a  
5 voice there, and local government is so important to  
6 folks in a rural area that I can't stress how much  
7 important that is for us to continue to have that for  
8 the healthcare. I respect this process. I respect  
9 it because the health of our folks here are extremely  
10 important, and we got to get it right, but I think  
11 the guiding thing for me -- I know the folks -- I  
12 know Dewayne Taylor. He's here tonight. I know the  
13 administrator of the nurses. I know the board  
14 members.

15 I have a voice in this community. The people  
16 feel like they would have a voice to continue to be  
17 in our area; otherwise, it could be in other parts of  
18 the country without a local voice and local  
19 governments.

20 I'm not involved directly with the COPA  
21 process, but I do know the folks that are, and I have  
22 complete confidence in their ability to minimize the  
23 complaints and the struggles that some folks might  
24 raise on this, but I think they've addressed all  
25 those and have addressed all those and I highly

1 recommend that this process continue.

2 MR. SEATON: Mr. Commissioner, thank you  
3 for the opportunity to come and speak before you  
4 again. I am "Tony", Anthony Seaton. I'm an  
5 ophthalmologist in Kingsport private practice where  
6 I've been for the last 20 years. I also serve as  
7 president of Highlands Physician Incorporated which  
8 is an IPA, independent physicians association, that  
9 represents 1,500 providers in East Tennessee and  
10 Southwest Virginia. Some of those employed by the  
11 health systems, some not.

12 I welcomed the opportunity back in June to  
13 come before you and to share with you some concerns  
14 that Highlands Physicians had about a potential  
15 monopoly that could be created by the merger and  
16 specifically in concerns of possible discrimination  
17 that could occur with nonemployee physicians.

18 At that time I stated that Highlands  
19 Physicians would feel comfortable with the merger  
20 being approved but only if proper protections were  
21 included in the COPA that would help to minimize the  
22 risks of discrimination and also ongoing monitoring  
23 by the State. And I will not re-present those, the  
24 recommendations that we presented at that point in  
25 time. I know that that's in the previous documents.

1 I would, though, like to share with you a  
2 recent survey that Highlands Physicians did for a --  
3 trying to ascertain what our member physicians felt  
4 about the merger. We sent a seven-question survey  
5 internally and anonymously to our physician members,  
6 and they were able to respond back anonymously  
7 without knowing who those individuals were.

8 Question 1: Will the merger have a  
9 substantial impact on your practice? Yes to 66% of  
10 those. No was said by 16%. Uncertain was 18%.

11 If you answered yes to the previous question,  
12 do you believe -- do you believe the impact will be  
13 positive? 12% said positive. 52% said negative.  
14 21% uncertain. 14% said it wasn't applicable to  
15 their practice.

16 Do you believe the merger will improve the  
17 quality of care in your community? 23% said yes.  
18 61% no. 17% were uncertain.

19 How do you believe the merger will impact  
20 access to care in our community? 22% said they  
21 thought it would improve. 37% said that they thought  
22 access would decrease, and 41% were uncertain.

23 How do you believe the merger will affect  
24 affordability of care in the next five years between  
25 the two systems? 13% said it would be better

1 affordable. 56% less affordable. 16% no change.  
2 14% uncertain.

3 Both Virginia and Tennessee law states that  
4 the merger approval is subject to clear and  
5 convincing evidence that the merger advantages  
6 outweigh the disadvantages. Do you believe those  
7 requirements have been met? 24% said yes. 59% no.  
8 17% were uncertain.

9 The last question, do you believe the merger  
10 to be an overall benefit from the community? 24%  
11 said yes. 58% no. 17.4% said uncertain.

12 So based on those responses, we felt that  
13 with this sampling of the physician community, that  
14 they had some of the same concerns that we brought to  
15 the -- to the Board previously. So again, I just  
16 would like to reiterate that Highlands Physicians  
17 feels the merger should be approved but only if  
18 provisions for proper protections and effective  
19 ongoing state monitoring would be included in the  
20 COPA.

21 MS. CHILL: Good evening. My name is  
22 Marsha Chill. I'm the Chief Information Officer with  
23 Wellmont Health System, and I wanted to talk for a  
24 few minutes tonight about the common IT platform for  
25 our electronic medical record that was addressed in



1 our COPA application.

2 One of the main goals of the merger is to  
3 improve healthcare to our patients in our region.  
4 One of the things we constantly hear from our  
5 physicians, though, is the challenge that they do not  
6 have the information available to them when the  
7 patient presents. So we feel that this common  
8 platform for our electronic medical record across the  
9 new merged entity would help to assist in this  
10 manner.

11 For example, Wellmont did implement a common  
12 IT platform about three years ago, and what that  
13 means is that anywhere a patient within Wellmont  
14 arrives, all their health information is available in  
15 one record so that all that information at any point  
16 in time at any location is available.

17 So Wellmont and Mountain States feels very  
18 strongly that a common IT platform has direct  
19 benefits to our community and to our providers.  
20 First of all, it will provide information that will  
21 be readily available to our physicians. Secondly,  
22 registries are built into the system so that the data  
23 we can mine out of that system will help us in our  
24 population health initiatives. And thirdly and most  
25 important maybe is safety. It increases the safety

1 to our patients while they're being seen.

2 So overall, we feel that -- very strongly  
3 that the care continuum will be drastically improved  
4 because all physicians, whether they're Wellmont or  
5 not Wellmont, will be able to access this common IT  
6 platform, and we certainly hope that we have the  
7 opportunity to implement that as a merged facility.

8 MR. OCKERMAN: The next speaker is Marie  
9 Honaker.

10 MS. HONAKER: Thank you for letting me  
11 speak. I'm not going to be politically correct  
12 because I have a few issues with health but I am here  
13 speaking on behalf of my mother. I do not think we  
14 should have the merger, first of all, is because if  
15 they merge, we have no choice of where to go. If the  
16 companies control each other, we have no choice.

17 In April, I took my mother to Miships  
18 Hospital. She was having a stroke. I took her  
19 within 15 minutes of the time she was having the  
20 stroke. The PA at the hospital told me she was just  
21 old; I needed her to take her back home; had I taken  
22 her to the doctor before. She had been to the  
23 hospital -- to the doctor's office for a checkup two  
24 days before. She was fine. All she had was an ear  
25 infection or fluid in her ears.

1           When we got to the hospital, the PA that was  
2 there didn't seem to really care. I asked her five  
3 times, will you please do a CT scan. She's just old.  
4 She's not having a stroke. I assure you she's not  
5 having a stroke. If that is the kind of care that we  
6 are going to be getting from the two hospitals  
7 merging, we don't need that.

8           I may just be one citizen but I have worked  
9 for Wellmont. I have worked for Mountain States.  
10 Both have good people. Both have people who are just  
11 there for a job.

12           My mother is now like a toddler. I do not  
13 think that is the kind of care you should have. I  
14 feel like we need an option of where to go. So thank  
15 you-all for letting me speak.

16           COMMISSIONER DREYZEHNER: Thank you.

17           MR. OCKERMAN: Thank you, ma'am.

18           Roger Mowen?

19           MR. MOWEN: Good evening. My name is  
20 Roger Mowen. You'll have to bear with me. I have a  
21 cold and I'm just getting over laryngitis but I  
22 couldn't pass up the opportunity to speak to you-all  
23 tonight.

24           I am referred by some as a community  
25 volunteer. I'm retired from Eastman as an Eastman

1 executive 13 years ago, and since that time I have  
2 essentially volunteered in the healthcare or health  
3 and wellness arena, including 11 years associated  
4 with Wellmont, former board chair, current board  
5 member, Chair of Finance Committee and Executive  
6 Committee Member. I'm also on the Joint Board Task  
7 Force.

8 First point I'd like to make is that as a  
9 member of the Joint Board Task Force, I've had the  
10 privilege to work with the management team that would  
11 be responsible for the new health system, and I can  
12 tell you as a former executive, it's very capable and  
13 strong team made up of Allen Bean who in large part a  
14 visionary helped write the document that you have to  
15 consider, as well as working with Tony Keck and Todd  
16 Norris, two also exceptional leaders that have  
17 in-depth knowledge about population health and what  
18 needs to help in order for us to improve the  
19 healthcare and also the health of our citizens.

20 In addition to that, we have people like Eric  
21 Deaton who you heard from tonight as well as the COO  
22 of Mountain States Health Alliance.

23 Here is local. It happens, you know, kind of  
24 on the ground. Dr. Dreyzehner knows that I am the  
25 chair of nonprofit startup in Kingsport called One

1 Kingsport. We have some dedicated resources working  
2 primarily on obesity, chronic heart disease, Type II  
3 diabetes, cancer, et cetera, through the focus of  
4 physical activity, good nutrition as well as smoking  
5 cessation, and I can tell you that the importance of  
6 a collaborative like we have and the commitment by  
7 community leaders as such an endeavor is critical.  
8 And as you've heard over the many public hearings and  
9 meetings that you've had, we have the support of  
10 community leaders, and this is necessary in order to  
11 really focus on the healthcare issues and the health  
12 of our citizens.

13           So I encourage you and I implore you to  
14 approve the COPA as it is or ask several more  
15 questions over the course of the next several weeks,  
16 but our team is ready to go. Management team is  
17 ready to go and execute the COPA, and I thank you  
18 very much.

19           MR. ROLSTON: Thank you for this  
20 opportunity to speak. I have lived in Kingsport for  
21 the past 52 years and retired from Eastman Chemical  
22 Company in 2003 after 39 years of service to Eastman.  
23 I had been involved in a lot of community  
24 organizations during my time in Kingsport. I was the  
25 first Chairman of the board of Wellmont Health

1 Systems, served in that capacity for four years. I'm  
2 currently Chairman of the Board of the largest  
3 financial institution in this region and also  
4 Chairman of the Board of the State Board of  
5 Education -- state School Board of Education.

6 When I spoke earlier this year about the  
7 COPA, I expressed my strong support for the proposed  
8 merger, and since then I have been monitoring the  
9 procedures and the documentation that's gone forward.  
10 I believe that as one healthcare system Wellmont and  
11 Mountain States will achieve the long term financial  
12 stability that we're interested in. They'll do this  
13 because of the commitment to wide stewardship of  
14 resources and to reinvesting cost savings into the  
15 community and into the healthcare system.

16 Having served on the Wellmont Board for more  
17 than ten years, I had the opportunity to observe the  
18 real talents and abilities of the administrators, the  
19 physicians, the other healthcare workers in the  
20 hospital in the Wellmont system. Also, I became  
21 familiar with that same kind of capability with  
22 Mountain States, and I believe and am confident that  
23 the identified goals in the COPA can be achieved with  
24 this document.

25 As a long term member of the community who is

1 committed to ensuring that we have great healthcare  
2 in this area, I think that the -- I thank the  
3 Department of Health for considering this COPA. I  
4 think it's the right thing to do for providing the  
5 framework to move forward with this exercise.

6 There's absolutely no doubt in my mind that  
7 the merger is the right choice for our region, and I  
8 encourage you to approve the COPA as soon as  
9 possible.

10 MR. LEIBENLUFT: Good evening. My name  
11 is Bob Leibenluft. I'm here on behalf of Amerigroup  
12 Tennessee. I thank you for the opportunity to  
13 provide comments today. Amerigroup is a health plan  
14 offering Medicare Advantage and Managed Care Medicaid  
15 under TennCare. It has over 450,000 members in  
16 Tennessee, many of whom are located in northeast  
17 Tennessee in the area covered by the COPA.  
18 Accordingly, it has a very strong interest in the  
19 outcome of this COPA application process.

20 Under the Tennessee COPA statute, the  
21 applicants have the burden of demonstrating that the  
22 advantages of a COPA outweigh the disadvantages.  
23 They must do this based on what's called a clear and  
24 convincing evidence standard. Under the law, there  
25 must not be any serious doubt about the conclusion

1 that the Department reaches. The health systems have  
2 not met that tough burden and their application  
3 should be denied.

4 Let me briefly explain a few reasons why.  
5 First, the disadvantages from the COPA due to the  
6 loss in competition are immense. We rely on  
7 competition in healthcare to achieve many things.  
8 One role, of course, is to guard against high prices.  
9 Competition also assures that patients will have  
10 access to care at convenient locations. It also  
11 promotes quality of care, better -- which includes  
12 better health outcomes and good patient experiences.

13 Where there is competition, patients and  
14 health plans have alternatives to go to, and that  
15 possibility ensures that providers will be responsive  
16 to their customers. If approved the COPA will  
17 essentially eliminate any alternative in 12, soon to  
18 be 13, counties in Northeast Tennessee and Southwest  
19 Virginia. The merged health system will be a  
20 monopoly operating the only inpatient facilities  
21 throughout that area.

22 Second, many of the claimed benefits are  
23 unsubstantiated. The health systems have not  
24 demonstrated that they couldn't achieve many of their  
25 plans without a merger. Initiatives that involve



1 training, public health, research and efforts to  
2 reduce input costs raise no antitrust concerns and  
3 there's no need for antitrust immunity. Other  
4 initiatives such as shared clinical service lines  
5 also can be done in ways that pass antitrust scrutiny  
6 and will not result in loss of competition. They  
7 will not ensure that the COPA will reach the claim  
8 resulting in any benefits. One of the key  
9 commitments, the proposed rate cap could result in  
10 higher healthcare spending that otherwise would  
11 happen.

12           Finally, a combination under the COPA would  
13 be very difficult to unwind, notwithstanding the  
14 proposed plan of separation. As a practical matter,  
15 it would be very difficult to get back to where we  
16 are today.

17           Wellmont and Mountain States assert that the  
18 COPA is needed to achieve efficiencies and address  
19 the pressing healthcare needs of communities in  
20 Northeastern Tennessee and Southwestern Virginia.  
21 Amerigroup agrees with these goals but respectfully  
22 urges that an antitrust immunity is not the solution.  
23 Instead, as is done throughout the rest of the  
24 country, we should rely on competition, not a  
25 government regulated monopoly to provide cost

1 effective high quality and accessible health care  
2 services.

3 MR. HALLENBECK: I'm Gerald Hallenbeck.  
4 I'm area President of First Tennessee Bank. I'll be  
5 brief but clear.

6 First I want to state I wholeheartedly  
7 support the merger. This merger is critical to the  
8 economic strength of our region. Healthcare is a  
9 major segment of our economy. If you look at the  
10 great services and wonderful things that are  
11 happening at the children's hospital. You look at  
12 the expanding relationship with East Tennessee State  
13 University and what that can be under this merger.  
14 There are many synergies identified in COPA. The  
15 COPA clearly demonstrates a commitment to improving  
16 healthcare in the region, to reducing the pace of  
17 healthcare cost growth and keeping identified savings  
18 here locally.

19 It is absolutely clear to me what the  
20 consequences will be if these two systems do not join  
21 together. I applaud the leaders of both  
22 organizations for the hard work they have put in to  
23 develop a thoughtful application. I'm completely  
24 confident in their ability and partnership with the  
25 State to bring these commitments to light. Thank

1 you.

2 MR. OCKERMAN: Gary Mabrey.

3 MR. MABREY: The application represents  
4 the wisdom and professionalism of the governance  
5 boards and the professionals who labored to express  
6 the benefits of the merger along with the commitments  
7 made by what will be the new healthcare system.

8 We believe the information provided by  
9 Wellmont and Mountain States far exceeds anything on  
10 record. Our Chamber endorsed the merger because we  
11 saw it as the best opportunity for the betterment of  
12 our region's healthcare. We concluded that the  
13 merger would enhance the health of our systems,  
14 generate economic growth and be good for business.  
15 Further investments for repurposing, prioritizing and  
16 research would be made to expand and improve  
17 services. Frankly, a significant and comprehensive  
18 health system is an asset to retain and improve  
19 business and industry.

20 Having observed the work of the numerous  
21 public hearings, we are pleased that you went to the  
22 effort to ensure the public had robust opportunity on  
23 multiple occasions to provide input.

24 As Chairman Mays noted in his report, the  
25 public was engaged in this topic. It is important to

1 note that he went on to say that the Advisory Group  
2 methodically listened to public input, crafting the  
3 index through a transparent process to neither oppose  
4 nor endorse the proposed merger. This summer the  
5 Bristol, Kingsport and Johnson City, Jonesboro,  
6 Washington County chambers reaffirmed our strong  
7 support for the merger and had our strong wish that  
8 the process advance to permit the merger transaction  
9 be completed as rapidly as possible. We appreciate  
10 the detailed work being done by the State as you  
11 consider this historic decision.

12 On behalf of our members, we respectfully  
13 request your Department work with the two health  
14 systems to bring the merger to a conclusion rapidly.  
15 You have encouraged the enormous opportunities for  
16 public input.

17 Commissioner Dreyzehner, we look forward to  
18 the conclusion of this process, to the benefits which  
19 will improve the region by avoiding the alternatives  
20 of the merger and the investments committed by  
21 Wellmont which may only be possible with the  
22 synergies from the merger. It's an innovative way  
23 for the State to have a partner in addressing many of  
24 the priorities of the State and the region, and we  
25 remain committed to the success. Thank you for the

1 work in your department and you and the many ways you  
2 serve the Tennessee citizens in our region. You give  
3 us much for which to be thankful and happy  
4 Thanksgiving.

5 MR. GILMAN: Good evening. My name is  
6 Alexis Gilman. I'm assistant director of the Mergers  
7 IV Division of the Federal Trade Commission. I  
8 appreciate the opportunity to make remarks tonight.

9 These remarks reflect the views of the FTC  
10 staff regarding the potential issuance of the COPA,  
11 the proposed merger of Mountain States and Wellmont.  
12 While these remarks do not necessarily reflect the  
13 views of the Federal Trade Commission, the Commission  
14 has authorized me to make these remarks.

15 My remarks only highlight a few of the  
16 comments that we will be submitting in written public  
17 form today.

18 The FTC has extensive experience evaluating  
19 hospital mergers and assessing the likely impact on  
20 competition and consumers. FTC staff has spent more  
21 than a year investigating this proposed merger. That  
22 investigation has led us to have significant concerns  
23 about the negative effects that the merger would have  
24 on the vigorous and close competition that takes  
25 place between this -- these hospital systems that

1 results in lower prices, better quality and more  
2 availability of services.

3 Together the hospitals would have a dominant  
4 share of inpatient services and a significant share  
5 of several outpatient physician specialty services in  
6 the perimeter county area they propose to serve.

7 When hospital mergers substantially reduce  
8 competition, prices for healthcare services increase  
9 significantly, and the incentives to maintain quality  
10 or improve quality decreases.

11 Price increases are borne by the members of  
12 the local community. Public and private employers as  
13 well as patients pay for these price increases in the  
14 form of higher premiums, higher copays, higher  
15 deductibles and reduced insurance coverage.

16 Decreases in quality affect all patients,  
17 commercially insured, those covered by Medicare and  
18 Medicaid and the uninsured. The proposed merger is  
19 highly likely to generate such adverse effects. The  
20 hospitals have proposed commitments they claim  
21 control and mitigate any competitive effects of the  
22 merger, but despite some recent revisions, these  
23 commitments are insufficient and unlikely to achieve  
24 this result. In particular, the proposed rate caps  
25 may not fully control prices. Even if they did fully

1 control prices, the rate caps would do nothing at all  
2 to provide higher quality of care and would in fact  
3 make the harm to quality of care more likely.

4           Ultimately the commitments being offered  
5 would be difficult to construct in a way that  
6 prevents the likely harm, will be difficult to  
7 monitor and will be difficult to enforce.

8           We've also examined the cost savings and  
9 quality benefits that the hospital claims will  
10 result. In short, even if the revised commitments  
11 proposed by the parties -- even though revised  
12 commitments still fail to provide sufficient detail  
13 to evaluate whether these benefits will be achieved.  
14 We appreciate the serious healthcare challenges faced  
15 by the local community and we encourage ongoing  
16 regional and state local efforts to address these  
17 problems.

18           The hospitals, however, have not sufficiently  
19 justified why this highly anticompetitive merger is  
20 necessary and the only way to achieve their claimed  
21 benefits. They have failed to show that they could  
22 not pursue these benefits through alternative and  
23 have less effect on competition.

24           Additionally, it is important to understand  
25 that once the merger is consummated, whether under

1 the COPA or otherwise, it would be extremely  
2 difficult to unwind. The plan of separation  
3 submitted by the hospitals does little to alleviate  
4 the significant challenges of unscrambling the eggs  
5 following the merger.

6 MR. OCKERMAN: Thank you very much. Your  
7 time is up. Sorry.

8 MS. YOUNKIN: Good evening,  
9 Dr. Dreyzehner. Thank you for the opportunity to  
10 speak tonight. My name is Paige Younkin and I'm the  
11 president of a new care collaborative which is the  
12 Mountain States Account Care Organization.  
13 Arrangements are designed to improve the health and  
14 health outcomes of people in our region. The  
15 services received by the patient are bundled together  
16 for a defined period of time.

17 For example, Centers for Medicare and  
18 Medicaid Services, bundled payment or care  
19 improvement initiative defines a joint bundle as a  
20 patient's admission to the hospital for a total joint  
21 replacement and all the services they receive during  
22 the 90-day period after discharge. Mountain States  
23 has been a participant in this program since its  
24 inception three years ago.

25 A greater emphasis is placed on wellness and



1 preventive services to help patients better manage  
2 their chronic conditions. We do this while within  
3 Mountain States. We have a great opportunity at hand  
4 to further enhance patient experience and patient  
5 outcomes by partnering with Wellmont.

6           Currently when a patient participating in the  
7 bundle payment program is discharged from our  
8 facility and seeks services and care with Wellmont we  
9 don't have access to their record of care. Likewise  
10 Wellmont providers do not have access to our current  
11 records. Lack of up-to-date clinical information  
12 adversely impacts our ability to effectively  
13 coordinate care. Continuity of care is compromised.

14           A collaborative partnership between Wellmont  
15 and Mountain States would remove the barrier of not  
16 having the most current information and would foster  
17 increased collaboration and efficiencies on behalf of  
18 the patients.

19           If our systems can work together as an  
20 integrated entity, this will benefit the entire  
21 community. The providers of multi-disciplinary teams  
22 within our two systems would have access to the  
23 necessary clinical information and will benefit from  
24 improved communication channels so the best care  
25 possible can be provided to the citizens in our

1 region.

2 Providing excellent patient center care in  
3 the bundle payment environment includes linking  
4 patients and families to community-based services  
5 beyond the walls of our hospitals. The unification  
6 of our two systems would allow for a more efficient  
7 and integrated approach to working collaboratively  
8 with community-based services throughout our region.

9 Again, thank you for this time this evening,  
10 and I respectfully request that the Tennessee  
11 Department of Health approve this merger.

12 MR. SERMONS: My name is Randy Sermons.  
13 I am general counsel of Holston Medical Group,  
14 Medical Professionals and One Partner, and I have  
15 spent -- it's been my privilege to attend a number of  
16 these public hearings and listening sessions. It's  
17 been quite a long journey and I think we're getting  
18 towards the end. A lot of issues have been  
19 discussed. A lot of issues have been laid on the  
20 table for your consideration by the citizens and by  
21 the FTC, but I see one issue that has been a little  
22 bit lacking in the discussions and that is  
23 regulation.

24 This merger, if granted, is very very large.  
25 It's huge. Will impact millions of patients. Other

1 providers of medical care that independent and lots  
2 of other businesses that are touching the healthcare  
3 industry. It will impact the ways those businesses  
4 conduct themselves, what decisions they make, what  
5 services they offer and how they move forward. And  
6 because of this intermittent complexity, the  
7 regulatory authority and the State of Tennessee will  
8 result in direct regulation of the new system but  
9 will indirectly regulate everybody else because we  
10 will all be scurrying around to figure out what moves  
11 we need to make.

12           The State Action Immunity Doctrine and the  
13 Hospital Cooperation Act require that this merger be  
14 actively supervised by the State of Tennessee.

15 Active supervision is not well defined; however,  
16 there are a few principles. The purpose of active  
17 supervision is to ensure that the actions of private  
18 parties -- in this case Mountain States and  
19 Wellmont -- further State policy and not their own.  
20 The supervisor must gather relevant information and  
21 data as well as potentially conduct public hearings,  
22 receive comments, investigate market conditions,  
23 conduct reviews and documentary evidence. This must  
24 be evaluated against the applicable standards.

25           If the Department issues a Certificate of

1 Public Advantage to Mountain States and Wellmont, the  
2 index being developed by the Department will be the  
3 criteria for success or failure. Each and every  
4 element will have to have data used for its  
5 evaluation, and it will not be black and white. A  
6 lot of it will be gray. The regulatory authority  
7 established by the Department will be bound by the  
8 Department's index.

9 HMG believes that the regulatory authority  
10 and the State of Tennessee should satisfy several  
11 criteria. It should be local. This is a local  
12 merger affecting millions of local patients, system  
13 employees, independent medical providers and all  
14 manner of businesses. It should have core body that  
15 can bring together system leadership and local  
16 stakeholders to discuss issues and discover facts.  
17 It needs a robust budget for evaluation purposes and  
18 must have authority to the issue final decisions.

19 This is not a check-the-box situation, nor is  
20 it a yearly attestation. Regulation should be an  
21 integral ongoing part of the COPA.

22 MR. THOMPSON: Thank you. I come wearing  
23 several hats tonight. I'm a Kingsport born, federal  
24 trade internist who has practiced for the entire 27  
25 and a half year career in the Bristol community. I

1 also represent -- I'm also the Chief Administrative  
2 Medical Officer of Wellmont Medical Associates, a  
3 fully integrated medical group of Wellmont,  
4 multi-specialty group over 150 providers.

5 I also represent the Joint Board Task Force,  
6 and as a future board member of Allied Health System  
7 will be leading the board with advice towards  
8 population health issues, and that's what I came this  
9 evening to speak specifically to some of the  
10 initiatives that Wellmont Medical Associates have  
11 taken with regards to population health of this  
12 region.

13 Wellmont Medical Associates is an Acclaim  
14 Award winning medical group, the Acclaim Award  
15 presented by the American Medical Association. We're  
16 also an NCQA Level 3 medical home for three years,  
17 recertified earlier this summer.

18 We've participated in a number of the  
19 American Medical Group Association population health  
20 measures. Most -- we've completed the Measure Up  
21 Pressure Down initiative and our chief medical  
22 officer is just returning from San Francisco where  
23 our group was awarded the Number One Most Improved  
24 Group for under 150 members, alongside Scripts which  
25 received the same award for the over 150 members.

1           We are working together to build a project  
2 which is on an innovative track which is addressing  
3 diabetes in this area. Because of our Acclaim Award  
4 and our success with the Measure Up Pressure Down  
5 Initiative, we have been asked to participate in  
6 adult immunizations program for next year in 2017.  
7 And this time we really look forward to working with  
8 the Mountain States Medical Group through our  
9 functional teams. We've been limited by some  
10 antitrust regulation in terms of what we can address,  
11 but we've been encouraged by some of the early  
12 things. We have been developing quality score cards  
13 with Mountain States and are very encouraged that the  
14 benefits they brought to our group, and I think they  
15 were equally impressed by the things we brought to  
16 them.

17           I really appreciate your listening to these  
18 comments, and I appreciate your support in passing  
19 this COPA.

20           MS. BISHOP: Commissioner Dreyzehner and  
21 the panel, my name is Wilsie Bishop. I am the Chief  
22 Operating Officer of East Tennessee State University  
23 and the Vice President of Health Affairs, with  
24 responsibility for the five colleges in the  
25 University's Academic Health Sciences Center. We

1 enroll over 4,000 students in undergraduate and  
2 graduate professional degree programs and pride  
3 ourselves on the complex array of health profession  
4 programming that we do to provide practice-ready  
5 health professionals across the healthcare delivery  
6 spectrum.

7           This merger is important to us because  
8 maintaining a robust pipeline of qualified health  
9 professionals is essential to this region in order  
10 for a health systems to offer the most advanced  
11 serviced and a well staffed environment and to ensure  
12 access to healthcare in rural communities. For over  
13 60 years, we at ETSU have worked closely with the two  
14 local health systems to offer educational  
15 opportunities that train the future work force of  
16 physicians, nurses and allied health professionals.

17           As individual systems, Wellmont and Mountain  
18 States are limited in the financial investment they  
19 can make to our programs. Medical residency  
20 programs, for example, are costly for hospitals, and  
21 although the federal government provides assistance  
22 to fund a certain number of residency slots, we have  
23 relied on Wellmont and Mountain States to fund  
24 additional slots over and above what CMS will ensure.

25           In recent years, the health systems have been

1 forced to cut back on the number of residency slots  
2 they can fund. If no action is taken, we are aware  
3 that we will see further cuts to these residency  
4 slots, and cuts to residency slots will seriously  
5 impair our ability to provide some essential medical  
6 training for our region.

7 After reviewing the COPA application, it is  
8 clear that the Wellmont and Mountain States plan, if  
9 they come together as a merged entity, demonstrates  
10 continued commitment to an educational mission that  
11 recognizes the advantages with partnering with East  
12 Tennessee State University.

13 The COPA, as you are aware, describes the  
14 intent of the new health system to invest \$85 million  
15 over ten years to support academics and research in  
16 order to strengthen the pipeline and prepare nurses  
17 and allied health professionals and to support  
18 postgraduate residency and fellowship opportunities  
19 for physicians. This investment will enable the new  
20 healthcare system and its academic partners to go  
21 together to serve the needs of the region.

22 Additionally, I chaired the Research and  
23 Academics Task Force comprised of academics and  
24 communities leaders from Tennessee and Virginia who  
25 began meeting in the fall of 2015. For over six



1 months this group of academic community leaders  
2 looked at how if the systems came together we could  
3 map out a plan for research and academics to be  
4 enhanced in our region.

5 The innovations and the collaborations we  
6 identified will not be possible without the synergies  
7 that will result from the merger which allows a  
8 greater financial investment in both academics and  
9 research.

10 In addition to the investments the health  
11 systems will make in medical nursing and allied  
12 health training and research, we believe that the  
13 combined health system will have a patient base large  
14 enough to attract research dollars --

15 MR. OCKERMAN: I'm sorry. Your time is  
16 up.

17 MS. BISHOP: Well, you can have the rest  
18 of my comments.

19 MR. OCKERMAN: Thank you. Thank you very  
20 much.

21 MS. SPANO: Good evening. I'm Misty  
22 Spano. I'm the Director of Orthopedics at the  
23 Johnson City Medical Center. The potential Wellmont  
24 and Mountain States merger will create synergies to  
25 implement critical population health management

1 strategies that would be greatly difficult to  
2 implement otherwise.

3 Over the past few years we've seen the length  
4 of stay for orthopedics continue to decrease. The  
5 average stay for a joint replacement patient used to  
6 be four days. We're to one to two days now. So we  
7 have a very limited time with our coordination with  
8 our patients. So unless the patient actually returns  
9 to the hospital for some reason, there's no way of  
10 knowing how they're doing following their post  
11 discharge.

12 I believe with the merger, we have a much  
13 greater opportunity to follow up with the patients,  
14 and not only follow up with the patients but in the  
15 location to which they live.

16 Additionally, through developing a unified  
17 electronic health record platform in the region, we  
18 can ensure our patients receive coordinated care when  
19 they need it.

20 Based on my experience in orthopedics, bundle  
21 payments, being a very procedure-oriented care, this  
22 can improve outcomes. It can lower costs for  
23 patients and our payers and our providers. Bundle  
24 payments, as you guys know, requires substantial  
25 resources. It's a lot of risk as we're implementing

1 those.

2 We just know our patients in this region can  
3 have a much better surgical experience, and this is  
4 holistically, everything from pre-surgical all the  
5 way through our post-surgical time.

6 We believe that -- I believe that the COPA  
7 application clearly reenforces Wellmont and Mountain  
8 States' commitment to invest in population health  
9 management services throughout our system. And as a  
10 long-time employee of 20 years at Johnson City  
11 Medical Center, I am completely supportive of the  
12 merger. It's a win for our patients and for our  
13 region that we serve.

14 MR. OCKERMAN: Thank you.

15 COMMISSIONER DREYZEHNER: Thank you.

16 MR. OCKERMAN: Clay Rinnels.

17 MR. RINNELS: I'm an emergency physician,  
18 board certified emergency medicine physician that's  
19 practiced in our emergency departments at Mountain  
20 States for last 16 years, vice president of  
21 hospital-based programs and service line development  
22 for Mountain States health line. The third hat that  
23 I wear is I'm the father of five children, family of  
24 seven, so I'm a larger consumer of health care than I  
25 would like to be.

1           One of the things that all three of these  
2 hats have in common is a concern about some of the  
3 public health issues that we have, and I've also  
4 worked in our emergency department to see the impact  
5 of some of these public health issues, namely and  
6 specifically, the substance abuse epidemic that we  
7 have and the lack of mental health resources that we  
8 have at times to address issues with that.

9           You do not have to work in our emergency  
10 departments here long to see the impact that that has  
11 on people and families in the community. We are, as  
12 you know, ground zero for many of these issues in  
13 East Tennessee.

14           The reason that I'm in support of the merger  
15 is because I really am convinced that in order to  
16 apply the type of resources we need to have a  
17 long-term solution for these problems in our  
18 communities. The merger will be necessary, and I'm  
19 absolutely convinced that that is the answer.

20           In working through some of the functional  
21 teams, I got to know for the first time some of the  
22 Wellmont leadership, and I'm well aware of the  
23 capabilities of the leadership at the Mountain States  
24 Health Alliance because of my role there, and I can  
25 tell you that I'm convinced that they not only have

1 the ability to address those but they have the  
2 willingness. It's in the heart of the people in both  
3 of those organizations to address these issues for  
4 our community. It's a real, real heartfelt concern  
5 there.

6 So in closing, I'd just like to say I  
7 appreciate the time tonight, and I hope that you'll  
8 consider approving the merger.

9 MR. OCKERMAN: Thank you. Ken Wright?

10 MR. WRIGHT: I appreciate the opportunity  
11 to testify and promote this merger. I am Ken Wright.  
12 I am Chief Medical Officer for the southeast market  
13 in Mountain States Health Alliance, and I'm also a  
14 board certified emergency physician. I also serve as  
15 the co-chairman of our Virtual Health Committee, and  
16 that's why I'm here to talk to you guys.

17 I love computers, but rather than talk to you  
18 about computers or networks, I'd rather talk to you  
19 about our goal. It is obviously to increase the  
20 access that we give our patients to physicians. We  
21 also want to improve our ability to communicate as  
22 physicians amongst ourselves. We do have some  
23 programs up and running already, but we have high  
24 hopes for the future. We have psychiatry,  
25 pulmonology services, cardiology, diabetes assessment

1 and training services as well as teaching after  
2 diagnosis.

3 We also have a language line that we use  
4 actively for patients that require sign language or  
5 who are affluent in other languages other than  
6 English. We have the neurology and stroke networks.  
7 We started School Health. And most recently, I'm  
8 proud to be a part of the Nice Longer ED consultation  
9 team. We have very, very high hopes for the future.

10 I think that and I'm convinced that patients  
11 that seek care not only have the barrier of clocks  
12 but they also have the barrier of convenience or even  
13 just access at all, and that's something that I hope  
14 to make an impact on with our team. If we can  
15 communicate directly with other physicians at smaller  
16 hospitals, we have a proven impact on the number of  
17 times that we transfer patients between our smaller  
18 hospitals and larger ones, and it's through this  
19 means that we have improved our access to patients  
20 with the specialty care.

21 The merger will bring us a new team. It will  
22 bring us staff that can answer the calls when they're  
23 made. It will bring us additional members of our IT  
24 team. It can help us not only build networks but  
25 maintain them and give us an accurate and precise

1 connection with the doctors who need our help.

2 MR. BURDINE: Good evening. I'm Miles  
3 Burdine, Eastport Chamber of Commerce, and  
4 Commissioner, thank you for being here. Panelists,  
5 thank you for being here. Welcome to Tri-Cities.

6 With Johnson City, Jonesboro, Washington  
7 County Chamber of Commerce and the Bristol Chamber of  
8 Commerce, we've written two letters of support. We  
9 met individually with you, Commissioner, where we  
10 expressed our support. We've gone public with the  
11 Kingsport Chamber's support. There's really no need  
12 to repeat anything except we encourage you to  
13 expedite the process and to approve the COPA. Thank  
14 you, sir.

15 MR. SELIGMAN: Commissioner Dreyzehner,  
16 thank you for being here and the opportunity to speak  
17 this evening.

18 My name is Dr. Morris Seligman. I'm trained  
19 in internal medicine. My role is with Mountain  
20 States as the Executive Vice President and Chief  
21 Medical Officer for the organization. Part of my  
22 responsibilities include quality accreditation,  
23 professional, IT, clinical informatics, the supply  
24 chain for the organization, case management, graduate  
25 medical education research and other areas.

1 Over my career, I've had an opportunity to  
2 work in many hospitals both singular, regional and  
3 assistant perspective and also had the opportunity to  
4 work for for-profit and not-for-profit organizations.

5 What I've come here to talk to you a little  
6 bit about tonight is clinical integration, and  
7 Mountain States has had the opportunity to put some  
8 of those pieces together in a very positive way in  
9 developing clinical integration such as the ACL,  
10 participating in the Medicare Chair Savings Program,  
11 patients (inaudible), post acute care strategies, and  
12 again keeping a focus on quality, value and at the  
13 same time helping develop population health model.

14 Now this clinical integration has helped put  
15 some of the pieces together on preventive care,  
16 obviously inpatient care, outpatient care, whether  
17 it's ancillary services or other ambulatory aspects  
18 of that care.

19 The challenge is this: This is only the  
20 beginning of the building blocks. Part of the  
21 challenge is, is getting enough scale and having  
22 enough resources to further develop this model.

23 And unfortunately, unless there's enough  
24 scale and enough resources, we can't fully develop  
25 the model that's needed, but at the same time, adding



1 those necessary resources will allow us to have --  
2 and you've heard this this evening already -- the  
3 common clinical platform, IT. So not having the  
4 scale and not having the necessary building blocks  
5 and resources to do it, it's going to be very  
6 difficult to make this work across the entire  
7 community and reduce clinical variation.

8           So in the end, I'll say this, no doubt -- no  
9 doubt in my mind that the quality of care in our  
10 region will be improved by these advances and that  
11 our patients will benefit. These are the innovations  
12 we simply cannot achieve without the merger. I urge  
13 you to approve our COPA application so we can begin  
14 making these critical investments. Thank you for  
15 your time.

16           MR. TULL: Commissioner Dreyzehner and  
17 panelists, I'm Tom Tull. I'm Vice President and  
18 Chief Experience Officer for Mountain States Health  
19 Alliance, and I came here tonight to talk a little  
20 bit about culture and these two organizations coming  
21 together, but as I've listened to folks talked  
22 tonight I've changed a little bit of what I think is  
23 important to be heard in the room.

24           You know, we've talked about the two  
25 organizations coming together, the similarities of

1 their cultures -- Eric mentioned those -- the study  
2 that was done, we share common mission, visions and  
3 values. We share same ethics. We share the same  
4 passion for patient care. We also have a community  
5 who shares the same passion for healthcare, for their  
6 residents and for their loved ones.

7 We're 14,000 members strong. We have a  
8 medical staff of about 3,000 physicians, all living  
9 here, all working together. We already work together  
10 on many projects. And I've had the good pleasure of  
11 having exposure to both Mountain States and to  
12 Wellmont.

13 I'll tell you that you have 14,000 people  
14 dedicated to the healthcare. If we're talking about  
15 the front line team members, they want to go to work.  
16 They want to earn their wage and they want to be able  
17 to care for their patients, and I think that's been  
18 demonstrated very clearly in the COPA application  
19 where we have activities designed that are in place  
20 to monitor that.

21 The other thing I think is important to note  
22 is when you look around the country and other  
23 communities who have come together with health  
24 systems to deliver high quality healthcare, to look  
25 at the high cost of healthcare, we don't have to go

1 very far. My friends and colleagues at Asheville  
2 experience the same things, the same questions we've  
3 answered tonight and asked tonight. They had the  
4 same fear of the unknown, but like God is here will  
5 not get us there.

6 So if we really want to be honest with  
7 ourselves, we've got to look at healthcare  
8 differently. We have two organizations, common  
9 cultures, common commitments, medical staff who share  
10 the same common cultures and common commitments. The  
11 rest is workable.

12 So I encourage you to give this coming  
13 together, if you will, or this merger a positive  
14 affirmation. I encourage you to take that bold step  
15 and take the culture of the community and let them  
16 come together and deliver healthcare for the  
17 community. Thank you.

18 MR. OCKERMAN: If there's anyone else who  
19 did not sign up and who would like to speak, please  
20 come up now and give us your name and you'll have  
21 three minutes.

22 MR. MAY: My name is Lewis May. I worked  
23 in the hospital profession, radiology tech and CT  
24 tech for 19 years, 15 of it here at the VA, so I  
25 don't have a horse in the race when it comes to

1 Mountain States or Wellmont.

2 The thing I want to bring attention to is  
3 monopoly. Monopolies are illegal as far as I know,  
4 and they are illegal for a reason. The reason being  
5 is you let too big a group -- you let a group take  
6 over, then oh, it looks good on paper. It sounded  
7 good, when these people both hospitals came, but how  
8 is it going to be down the road, and what this is the  
9 federal government, if they endorse this, then this  
10 gap, this conglomerate will be protected by the State  
11 down the road, 15-20 years.

12 What if a hospital company wants to move in  
13 here and build a hospital? You have to go through  
14 Nashville with a Certificate of Need. So Nashville,  
15 all they got to do is pull their little rubber stamp  
16 out and say, no, we've got enough hospitals up there.

17 So this would be basically a  
18 federally-protected, federally-endorsed and  
19 state-protected monopoly that may not be able to be  
20 undone down the road.

21 This also contributes to the possibility and  
22 probability of wage fixing. As a person that worked  
23 on the floor with the patients, everybody gets  
24 together in a room and they decide we're not going to  
25 pay our respiratory people more than this or from

1 here to here, and same with x-ray.

2 And when you get too many people, too big of  
3 an organization together, instead of doing the best  
4 for what's good for the community it winds up being  
5 utter chaos because one end doesn't know what the  
6 other is doing. And I noticed that when my father  
7 was sick ten years ago because they bounced him from  
8 Mountain City to Sycamore Shoals, back and forth.

9 So with those words being said, I can't  
10 believe that the people in this area would be  
11 comfortable with a conglomerate or a monopoly. Thank  
12 you for your time.

13 MR. SPRINGER: I'm Doug Springer. I'm a  
14 gastroenterologist at Kingsport. I've been here for  
15 38 years. I come here as a person who serves on the  
16 Wellmont Board and a person who also serves in the  
17 Joint Board Task Force, and I've been involved with  
18 both of them throughout this merger process.

19 I've come specifically to discuss the  
20 Clinical Council and any concerns about physician  
21 makeup of the Clinical Council in the Tri-Cities.  
22 Physician leadership in healthcare has been an  
23 underutilized resource, and this new entity intends  
24 to make physician leadership one of the premier  
25 consultants to the new health system.

1           That's why our COPA application outlines the  
2 developments of Clinical Council and this Clinical  
3 Council -- I've been privy to help serve on that  
4 board -- and what we wanted to do is get a mixture of  
5 the paid physicians, independent physicians -- by  
6 that means not integrated into the health system --  
7 outpatient physicians and inpatient physicians and  
8 also a geographic representation from all of the  
9 Southwest Virginia as well as Tennessee.

10           For that these people would be responsible  
11 for a common standard of care, credentialing  
12 standards, multi-disciplinary peer review, quality  
13 performance standards and shared best practices.  
14 With the clinical council's guidance, management and  
15 clinical practice procedures, policies and standards  
16 in efficiencies will be employed to produce higher  
17 standards of care. The core of all of this is going  
18 to be quality and cost. Achieving the triple aim is  
19 obviously one of these things.

20           This Clinical Council would not be possible  
21 were it not for the merger, and the reason it  
22 wouldn't be possible is because proprietary  
23 information cannot be shared and significant  
24 contribution resources by both systems would impair  
25 this process. With the merger, all of this -- all of

1 this disappears. Therefore, I believe that the  
2 Clinical Council is detailed in the application,  
3 would be incredibly valuable to the new system and  
4 improve the quality of care patients receive in our  
5 region.

6 I urge, therefore, that you support the  
7 approval of the application and the increased role of  
8 physician leadership in our clinical physicians.

9 Further, I think what this does is enhance  
10 shared decision making and teamwork and breaking down  
11 silos, not increasing silos, which is what we've been  
12 practicing under all of these years. It gives you  
13 teamwork and a chance to move forward with layered  
14 recruitment which we don't have and the chance of  
15 developing centers of excellence.

16 MR. OCKERMAN: Thank you very much.

17 COMMISSIONER DREYZEHNER: Thank you.

18 Senator Crowe?

19 MR. CROWE: Commissioner and Jeff and  
20 Counsel, I appreciate you being here with us. I  
21 hadn't signed in and I wasn't going to say anything,  
22 but as the sponsor of this legislation in Tennessee  
23 and as I think Representative Terry Kilgore was in  
24 Virginia, I felt the need not only to thank you for  
25 the work you're doing at the Department, but I guess

1 apologize at the same time because I know this is not  
2 the load you were expecting, you know, when you  
3 signed on, and I know the volume of work that has  
4 been done not only on your side of this issue and  
5 this project, but I'm amazed at the expertise that  
6 I've seen through Wellmont and Mountain States, the  
7 knowledge of healthcare and the systems that Adam  
8 Lavine and Bart Hogue and both their staffs have  
9 brought to the table.

10 And as I listened to the pros and cons here  
11 tonight, it makes me proud we have a system that, you  
12 know, can do this like we've done it, can put it  
13 altogether and air out pros and cons, and I guess at  
14 the end hope that the benefits of this merger should  
15 be approved, outweigh any of the detraction that some  
16 might think would occur.

17 I personally think it does by far. And I see  
18 the excitement in not only our constituency but in  
19 the leadership of our community from the lowest  
20 levels to the highest. So thank you for the work  
21 you've done. I know this is all coming together.  
22 We're ready for it to come to an end and we  
23 appreciate all your work.

24 MR. OCKERMAN: Thank you, Senator.

25 Is there anyone else who would like to speak?



1 Yes, sir?

2 MR. HOPMAN: My name is Steve Hopman and  
3 I didn't intend to speak either until Rusty spoke,  
4 too. I've already spoken once in the process. I am  
5 appreciative of the thoroughness of the process. I  
6 was very concerned that it might have a forgone  
7 conclusion before the process has gone through and  
8 I'm glad to see that it didn't happen.

9 I still do have some concerns. I know  
10 there's a lot of talk about single platform and the  
11 IT and the sharing data. There is an HIE in this  
12 area that has been slowly supported by both health  
13 systems. I'm a CEO of a physician group here in  
14 Carter County. I still do not have any data coming  
15 through the HIE for my patients, but I don't think  
16 that an epic solution solves all of these issues and  
17 I would look for some commitment as to supporting our  
18 locals HIE through the hospitals. We've not had that  
19 data monopoly as well if that makes sense. If they  
20 would control the data as well.

21 The other one is physicians. I think the  
22 physicians have always had a major input into the  
23 hospital systems and they keep kind of a check and  
24 balance of the physicians and their owning both  
25 insurance companies and physicians in the hospitals

1 puts a conflict of interest internally within them.  
2 So I don't know if there's a way to spin the  
3 physicians somehow or put them under some separate  
4 control that there is an association -- there has to  
5 be an association working together but when you own  
6 and employ it mixes motives and you have a conflict  
7 of interest internally within the organization.

8 So I think good balance I'm not opposed to  
9 the merger. I think that healthcare is changing  
10 dramatically over the next several years and the  
11 hospitals are in a challenging situation as far as  
12 the population health. And history has brought us to  
13 this place is what we are and the future is what you  
14 change, but I would like to see some definite  
15 controls and reassurances that the State will not let  
16 this happen. Thank you.

17 MR. OCKERMAN: I don't see anyone else  
18 who wishes to speak. So Commissioner, I'll turn it  
19 over to you.

20 COMMISSIONER DREYZEHNER: Seeing no one  
21 else who wishes to speak, the public hearing has  
22 ended. Thank you-all for your comments. Very rich  
23 conversation this evening and we appreciate it, thank  
24 you.

25

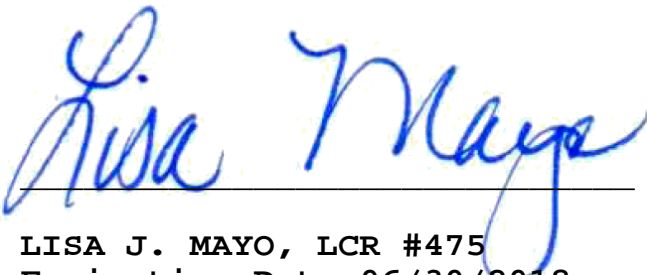
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