

March 31, 2019

Lisa M. Piercey, MD, MBA, FAAP  
Commissioner of Public Health  
Tennessee Department of Health  
710 James Robertson Parkway  
Nashville, TN 37243

Re: Coordination of Newborn Services

Dear Commissioner Piercey:

Ballad Health (BH) is requesting approval by the Tennessee Department of Health to consolidate the Level III NICU services and pediatric inpatient services offered at both Holston Valley Medical Center (HVMC) and Niswonger into one location, Niswonger. Approval by the Department of Health is required by the Terms of Certification. The Department of Public Health may consider the impact of the proposed change on Public Advantage and specifically consider, among other topics, the impact on access to healthcare services as well as the quality of care and employees of BH. The HVMC has been Level III for a number of years but has been operating at Level II; however, the community is not aware of the reduction in the level of care being offered.

Before the merger, Wellmont Health System (WHS), through HVMC, and Mountain States Health Alliance (MSHA), through Indian Path Community Hospital (IPCH), both marketed vigorously that their hospitals needed to provide high intensity services in their nurseries. Therefore, confusion by the public is certainly possible when BH announces that it will not be offering inpatient high intensity Perinatology and Neonatology at either hospital. These services will still be offered at HVMC through physicians on call and through telemedicine, but patients requiring intensive care will be transferred to Niswonger.

The Master Affiliation Agreement between WHS and MSHA required the establishment of a policy on Integration of Services. The policy articulates that a committee be formed with representatives of the BH constituencies to advise on matters of integration. The committee which studied the NICU consolidation included physicians, politicians, business owners, and at least one Board member. It did not include BH management. The committee was chaired by the General Counsel of the Bristol Motor Speedway who lives in Kingsport. The committee decision will be given to management and the Clinical Council for implementation.

#### Access to Healthcare services

Reducing the level of care at HVMC and moving the intensive service 24 miles to Niswonger, on the surface appears to reduce access to care in the geographic area of HVMC. Also, when a patient is located 24 miles away, visitation while a hospital inpatient is more challenging. However, access to care is also about the depth and quality of care being provided. It is not sustainable to have a model of care that is high quality and maintains specialty physicians and trained nurses when volume is not large enough to provide clinical experience to maintain clinical skills and when volume is dropping and is projected to drop even

more. The declining volumes are well documented-in the letters presented by BH. Access to the highest quality of care or the right care is enhanced by consolidating the services at one site that will have adequate volume to maintain a high level of skill and expertise. It is my opinion that access to care is not negatively impacted by the proposed change.

### Impact on Quality of Care

Niswonger is designated by the State of Tennessee as a regional perinatal center, and it has been certified by the Joint Commission as a perinatal center. The Tennessee Department of Health website states: 'The perinatal regionalization was established for the treatment of certain life-threatening conditions of pregnant women and newborn infants. The five regional perinatal centers across the state have made this specialized care available by providing a statewide mechanism to health care providers for consultation and referral of high risk patients; transfer of these patients, if necessary, personal skills in high risk perinatal care; post graduate education for physicians, nurses, and other medical personnel: and site visits to local hospitals.'

The BH proposal is to better utilize the formerly certified services at Niswonger by a broader group of the population being served. The documentation provided by BH states that currently patients are being transferred from HVMC to other high intensity perinatal centers such as Vanderbilt. The BH model of care will involve transferring these patients locally to Niswonger, and only a small number of patients will be transferred to a national center such as Vanderbilt or the University of Virginia.

Transferring a patient can have a detrimental impact on clinical outcomes. However, not having the depth of services available on site is a bigger detriment to clinical outcomes.

The Neonatologists at HVMC are provided by contract through MEDNAX, Inc, a publicly-listed corporation; however, they are only on site during the day and available after normal working hours by call. At Niswonger there will be 24/7 in-house coverages by a neonatologist, or one of six neonatal-trained nurse practitioners through the BH partnership with East Tennessee State University (ETSU). Niswonger also has available pediatric residents on site at all times. The broader professional coverage at Niswonger enhances both quality of care and patient access. At the same time, it enhances the academic aspects of care through the partnership with ETSU.

In my opinion, quality of care is enhanced by the BH proposal.

### Impact to employees of Balladhealth

BH has written that there will not be a reduction in force from the proposal. Some team members may be asked to shift to another facility, which in some instances, could cause a hardship for the impacted employee. The commitment of BH to the employees is the same commitment I have seen in other markets with similar facts and circumstances.

### Other Considerations

The terms of Certification requires that BH maintain in operation as full-service tertiary referral hospitals both HVMC and Bristol Regional Medical Center. One can argue that neonatal level III is a requirement for a tertiary referral hospital. There is no definitive definition in the literature 'of a tertiary referral hospital; therefore, I do not believe moving the service to Niswonger, and at the same time enhancing the quality of care at Niswonger for neonates, violates the Terms of Certification.

The overriding consideration in the big picture is the impact on quality of care. The BH proposal to move patients to a site that has superior depth and skill in the highly specialized medical area of perinatology and neonatology should have a positive impact on the quality of care in the location they are serving. The proposal is not without some unfortunate impacts such as longer commuting time to visit a patient as well as having to transfer a patient, but the positive impact on quality should override the unpleasant impacts. Therefore, I recommend that the Tennessee Department of Public Health approve the Ballad Health proposal.

Larry L. Fitzgerald

COPA Monitor