Public Hearing for the COPA Index Advisory Group

Appointed By the Tennessee Department of Health

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Listening Session #3 - General Public

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Commissioner: John Dreyzehner, MD, MPH, FACOEM

Director: Jeff Ockerman, Division of Health Planning

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

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Public Speakers

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

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

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

So without further ado, well, one thing. I forgot to, first of all, thank Holston Cooperative for hosting us tonight. This is a beautiful facility, very nice, and they put all the arrangements together for us.
So thank any staff in this room. Thank you very much for hosting us. It's a very great, great facility, and so we're very appreciative on behalf of the Commissioner and the State and our Advisory Group.

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

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

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

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

So a Certificate of Public Advantage -- we call it a COPA -- and I apologize for those of
you who've heard this spiel before, but you're going to get to hear it again.

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

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

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

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

An interesting wrinkle part that we've included is a plan of separation. Should the COPA be granted, it would be reviewed at least annually to make sure that there is a continuing public
advantage. If there isn't, then the COPA would be revoked, and then the hospital systems, which had merged, would have to separate.

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

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

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

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

The application continues to be reviewed by the Department of Health staff, and we are
waiting to receive some additional information. It's financial information and some competitive information that the parties consider to be confidential, and so it will be a little while while we go through that process with them to get that information.

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

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

So the COPA Index, which is part of what we're really talking about tonight, is kind of like a report card. If the COPA is issued, the department has to assess the impact of that merger on the community, communities in the service area based on the terms included in the COPA, and this
index is one way that we would actually grade the proposed new health system.

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

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

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

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

So we're really interested in your thoughts and ideas, worries, concerns about
population health, access to health services, economic factors, that would -- that the merger would impact and anything else.

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

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

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

We could also ask for revisions to the application and to the COPA itself to determine if there's another way that we could work through this and figure out if there is, again, a continuing advantage. If the COPA is terminated, the merged system would then have to complete that plan of separation I talked about earlier.
And then here we have the COPA Index Advisory Group. They represent northeast Tennessee. They're appointed by our commissioner, Dr. John Dreyzehner.

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

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

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

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

So the legal counsel advises that any
discussions you all have about the index, about
the measures, should be held at these meetings and
at your working session meetings, not outside of
those meetings, and that way we'll make sure to
comply with the Open Meetings Act.

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

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

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

So again, we're looking for outcome
measurements, not process measurements. And the
health systems have had their chance to speak to
us through their application and their addenda,
and they're continuing to do that.
But this is the opportunity for you, the members of the community, to talk to the Advisory Group and express your concerns again about population health, access to health care services, economic factors and issues that you think the merger will have an impact on, and any other factors that you come up with.

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

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

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

And again, the goal: What measures should be included in an index? And what outcomes would matter to you if, in fact, the COPA is issued?
Here is the list of the meetings.
Again, we are April 5th here at Holston Electric Co-op. It's a community meeting.

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

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

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

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

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

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

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

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

Gary, back to you. Thank you.

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

First on the list is Beth Rhinehart. Beth, if you would clearly state your name and speak loudly so we can all hear you. Thank you.
Good evening. I'm Beth Rhinehart, and I'm proud to serve as the President and CEO for Bristol Chamber of Commerce, which actually serves both communities of Bristol, Virginia, and Bristol, Tennessee.

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

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

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

The people who work at Wellmont and also at Mountain States are very smart and talented individuals, and I have a lot of faith in their ability as they go and try to execute the strategic vision for the future that I believe
will benefit our community at large for a very long time. The creation of a new health system is consistent with the goals that I have in my role at the chamber, and let me explain what I mean by that.

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

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

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

The new health system plans to keep hundreds of millions of dollars in our region. Those dollars can be reinvested in initiatives that have the potential to improve the health of
our friends and our neighborhoods and preserve local jobs as well.

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

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

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

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

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

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

BETH RHINEHART: Thank you.

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

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

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

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

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

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

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

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

So I thank you all for your consideration, and I look forward to going forward
with what you want to do. Thank you.

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

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

RAVEN KRICKBAUM: Yes.

BRENDA WHITE WRIGHT: Thank you.

CHAIRMAN MAYES: Thank you very much.

Next we have Nancy Barker.

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

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

One of the things that they always ask,
what's the quality of your health care? What can we expect if we bring a business in here? What if we have a disaster, what can we do? You know, are you all able to handle that?

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

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

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

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

While many hospitals this size are struggling just to survive, ours is excelling, and Hawkins County is strong and rated among the best
in its class. This strong performance is an important selling point for our community.

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

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

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

I would like to see the index include a measure indicating whether the new health system is participating in expanding quality reporting so
the public can easily evaluate the performance of the system's most important responsibilities: providing excellent care to the people in our region.

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

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


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

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

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

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

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

CHAIRMAN MAYES: All right. Thank you.

NANCY BARKER: Thank you.

CHAIRMAN MAYES: All right. Next, I apologize. I can't make the name. So rather than making an attempt, I will say next on the list is the representative from G&C Industrial. Thank you. If you would, just state your name for the record. Thank you.
CORT FREEMAN: Good evening. My name is Cort Freeman, and I am with or the owner of G&C Industrial Supplies. I'm in Church Hill.

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

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

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

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

This challenge has caused many systems to shut down their services, and some communities have seen their doctors and their hospitals close.
or even leave town. As a resident of a small rural community, I hope that you will look for ways to measure the availability of services in a community of our size.

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

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

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

And I believe that we should track things like this number of times that these people
use the emergency room once a program is developed to reduce the cost of these practices. And I want to thank you once again for what you're doing, and I wish you success as you help to improve the health care system in my area.

Thank you very much.

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

CORT FREEMAN: Thank you.

CHAIRMAN MAYES: Next we have Tim Luttrell.

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

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

There are four main areas that I'd like to see on that index. We talk of medical care, mainly acute care, taking care of people with
chronic illnesses. I would like to see some index here that involves forwarding wellness care in our communities.

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

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

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

But access to medical care, and when I say access, I don't necessarily just mean having a provider or facility that is close by. I also
mean in terms of economic access as well.

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

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

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

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

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

We do have a bit of a problem here where the young people graduate from high school.
Perhaps they go to college here, maybe. But then they're looking at opportunities outside, and some of that has to do with money.

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

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

CHAIRMAN MAYES: 30 seconds. Thank you.

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

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

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

TIM LUTTRELL: The top four?

BRENDA WHITE WRIGHT: Uh-huh.

TIM LUTTRELL: The top four are, No. 1 wellness care. No. 2, access to medical care.

No. 3, training, improving, training opportunities
for people wanting to get into health care and advancements.

BRENDA WHITE WRIGHT: Right.

TIM LUTTRELL: And No. 4, employment opportunities.

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

TIM LUTTRELL: You got it.

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

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

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

In the beginning, as you know, healing was provided as a gift by individuals who had a
love for people and a love for knowledge. I see the power of bringing these two entities together. These health systems should pull together to eliminate waist and duplications brought about by competition and begin to balance what is needed and necessary to reach the people of this region.

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

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

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

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

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

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

Why would you do that? Well, because the mental, spiritual, and emotional well-being impacts our physical behavior, and we know that physical behavior is the cause of our patients coming into the hospitals.
Probably as high as 85 percent of the time it is because of the actions of the person coming in, so all we're doing is treating physical results with more physical stimuli and medications.

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

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

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

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

CHAIRMAN MAYES: 30 seconds.
GARY METCALF: Okay. Community organizations, civic organizations, United Way agencies, all of those can incorporate and be combined together. So you measure how do we partner with those?

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

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

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

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

Also training the team members, just as much as having a professional chaplain. So you have a professional chaplain who goes out and trains the team members to build that spiritual care with the patients, as well as with the team,
not only recognizing that team members also have
struggles that they have to go through as well.

JAN TILLMAN: Thank you.

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

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

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

BRENDA WHITE WRIGHT: Thank you.

GARY METCALF: In the training.

MINNIE MILLER: Expand just a little bit
more on what you mean by mental. Are you talking
about mental health services when you --

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

MINNIE MILLER: Okay.

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

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

As I share with you, community members should be on that board. I think team members should also a part of that board, along with physicians, and so you kind of measure up. You'll have to set up a data base of who's on what board and how do they report and make sure that there is a report going from let's
say from Sneedville in Hancock County and Hawkins County going up to the larger board.

Does that help?

BRANT KELCH: Yes, thank you.

BRENDA WHITE WRIGHT: Thank you.

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

GARY METCALF: You're welcome.

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

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

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

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

No doubt health care work force
readiness are two of the issues that companies look for when deciding to locate or expand their businesses here.

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

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

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

Healthy Kingsport has become so important to us. And by the way, I wanted to say thank you to Ms. Roberson for your support with Healthy Kingsport. Also to Mr. Belcher, who can
tell his own story about a success recently with Healthy Kingsport on pre-diabetes training.

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

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

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

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

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

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

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

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

I've also been told that the merger, we have learned that the merger will provide significant cost savings via cooperation, coordination, and avoiding duplication, so I suggest measuring those cost savings to health care and to the businesses that provide health care to their employees.
As a chamber of commerce, we are constantly looking at the impact of business decisions in our area, whether good or bad. If a business closes its doors or opens a new factory, it impacts every one of us.

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

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

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

CHAIRMAN MAYES: 30 seconds.

MILES BURDINE: As you continue your
work to develop the index, I'd like to offer the support and expertise of the Kingsport Chamber to your efforts if you so need them.

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

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

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

MILES BURDINE: Yes, sir.

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

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

MILES BURDINE: I think I mentioned
transparency, and this whole process has been unbelievably transparent. In fact, it's really a model that others should use.

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

CHAIRMAN MAYES: Okay, great. Thank you.

DR. TERESA KIDD: I have a question.

MILES BURDINE: Sure.

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

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

Each person who lives here is worth about $25,000 minimum in expenditures in our local
community, wherever they live. Family of four do
the math, worth a hundred grand, so we're excited
about this.

CHAIRMAN MAYES: Anything? All right.

Thank you, Miles.

MILES BURDINE: Thank you.

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

DIRECTOR OCKERMAN: That's it. No more.

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

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

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

Transcription for tonight will be
available on the internet, also on the same
website, the Tennessee Department of Health under COPA. And also, the YouTube links for the meetings will be included on the website as well.

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

So anything else, Jeff?

DIRECTOR OCKERMAN: I think that's it.

Thank you.

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

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

THEREUPON, the meeting was concluded at 6:27 p.m.
REPORTER'S CERTIFICATION

STATE OF TENNESSEE   )
COUNTY OF SULLIVAN   )

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

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

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

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

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