

**Local Advisory Council
Minutes
October 29, 2019 – 1:30 p.m.
Sullivan County Health Department
154 Blountville Byp, Blountville, TN 37617**

Members Present – in person: Dennis Phillips, Chair; Dr. Linda Latimer, Vice Chair; Rep. David Hawk; Dr. Jerry Miller; Gary Mayes; Dan Pohlgeers; and Dr. Karen Shelton

Members Present - by phone: Dr. Brenda White-Wright

Tennessee Department of Health (TDH) Staff Present: Jeff Ockerman, Director, Division of Health Planning; Judi Knecht, Population Health Program Manager, Division of Health Planning

Others Present: Kevin Meyer, Cooperative Agreement Analyst from the Virginia Department of Health; Gary Miller, COPA Compliance Officer; Marvin Eichorn, Chief Operations Officer for Ballad Health

CALL TO ORDER

The meeting was called to order by Chairman Phillips at 1:30 p.m.

DISCUSSION ON APPROVAL OF PRIOR MEETING MINUTES

Mr. Mayes made a motion to approve minutes from the prior meeting. Mr. Pohlgeers asked that the minutes from the October 29, 2019 meeting be amended to further explain the discussion on the April 16th meeting about an Ambulatory Surgery Treatment Center in Bristol. Upon the request of Chairman Phillips, Mr. Pohlgeers suggested the wording: “There was a question as to whether sales of assets fell under the COPA and TDH’s Jeff Ockerman explained that the Attorney General’s Office had decided that such information was proprietary and that the state would not be answering the question.”

The motion was made to accept the meeting minutes with the aforementioned change by Mr. Mayes. Mr. Pohlgeers seconded the motion. The vote was 8 ayes and 0 nays. The motion was approved.

COPA MONITOR REPORT

Mr. Ockerman explained that Mr. Fitzgerald, the COPA Monitor, was not able to attend this meeting but that Mr. Miller, the COPA Compliance Officer had agreed to give the COPA Monitor report in Mr. Fitzgerald’s absence.

The following updates from Mr. Fitzgerald were read to the LAC members:

Since the last LAC meeting Mr. Fitzgerald has met with individual Ballad Board Members; met with all members of management to discuss various aspects of the TOC; met with state of TN leadership on various emerging TOC topics; followed up on citizen complaints (with a focus on TOC violations not customer service problems); participated in the meetings to review the progress under the Ballad Health Plans for Behavior Health, Children's Services, Rural Health, and Population Health; began the process of reviewing Ballad's spending commitments in the TOC which were \$4m for year one; gathered information that will be in the COPA Monitor Annual

Report (which is due by March 8, 2020); reviewed and commented on Ballad Health's reporting of quality data.

Over the next few months, Mr. Fitzgerald intends to review and evaluate the proposed annual increase to charges; review the Ballad Health Annual Report; review and evaluate any and all new commercial insurance contracts to ensure the rate caps are not exceeded; continue to advise both Ballad and the State on the topic of employing doctors versus independent practice doctors; focus on the formal Score for Ballad according to the TOC; and continue to be on site at the Ballad Health corporate office monthly.

Mr. Miller related to the LAC that Mr. Fitzgerald is still in the process of researching a concern they had heard expressed by residents. The concern is that physicians are leaving the area due to changes at Ballad Health, as was recommended by the LAC in the 2019 LAC Annual Report. Mr. Fitzgerald, according to the statement he'd prepared for Mr. Miller to report, had not yet completed his research, but was committed to getting the LAC the answer to this question.

Mr. Miller asked if the LAC members had any questions. Dr. Miller asked if Mr. Fitzgerald had met with independent physicians. Mr. Miller answered in the affirmative. Dr. Miller expressed that he was very concerned about the area's long standing struggle to keep and recruit physicians. He related that he had recently received a phone call about four Kingsport doctors who were preparing to leave the area. Dr. Miller encourages physicians to start their own group in the area if they want something different.

Mr. Eichorn offer to speak on physician recruitment. He explained the process he was undertaking to get Mr. Fitzgerald the data he needed to complete his analysis. Mr. Eichorn also explained that in the data that has already been assembled, he noticed that the number of physicians who left in 2018 was 20% less than the prior year. He said the harder part was in drilling down to try to tease out why people may have left; however, he guesses that the #1 reason physicians leave is economic – because the area has a challenging payor mix and specialists, independent groups and surgical groups are not getting increases in their payor contracts.

Mr. Mayes asked when the Ballad Health Annual Report would be made available. Mr. Ockerman said it would be available after the state reviewed it for privileged information. Dr. Latimer asked if there was a way to streamline the report so that it was more consumable for the public. Mr. Ockerman said he would ask for an executive summary that could be posted for the public. Chairman Phillips expressed his support for an Executive Summary of Ballad Health Annual Report for the public.

POPULATION HEALTH PRESENTATION AND DISCUSSION

Ms. Knecht gave a presentation on the Population Health component of the state's evaluation of ongoing public advantage pursuant to the COPA's Terms of Certification. The presentation explained that 25 population health measures would be tracked and that the rate of change in all 25 measures prior to the merger would be compared to the rate of change in those measures post-merger beginning in year 4. The presentation included a graphic that cross-walked the 25 Tennessee measures with the 13 Virginia measures and Ms. Knecht noted that in Virginia, Ballad was only required to focus on one measure to change in any fiscal year. Within the presentation was a list of some of the reliability and validity issues the department had discovered with several of the data sources, including a note that for several measures a new data source had to be developed and so there would be no pre-merger trend data.

The Local Advisory Council was asked to provide comments and recommendations for the Commissioner to consider. Mr. Mayes suggested Population Health could be more of a long-term focus, while Access and Quality could be the short-term focus. Dr. Latimer stated it would make sense to better align with

Virginia and reduce the number of measures so that more money can be directed to a small number of issues to have a greater chance of making a significant impact. Chairman Phillips agreed with Dr. Latimer stating that spreading the money across too many things won't do a lot of good for any of them.

Dr. Miller stated that improving Population Health has been proven difficult for physicians to accomplish. He suggested the state should focus on access, quality, and costs. He agreed that it is important, but may not be achievable and suggested that the state not look at Population Health for at least the first 10 years.

Dr. Latimer stated that Ballard should partner with the ETSU College of Public Health so the health system is not reinventing the wheel. A discussion was held on the number of physicians ETSU has (Dr. Latimer answered that there were a little over 150) and Mr. Pohlgeers added that some of the 25 Population Health metrics in the COPA are things that physicians are currently working on because they are part of Accountable Care Organizations. He suggested that physicians could be leveraged to work on these issues, and that they already are engaged in these areas. Mr. Pohlgeers added that with 150 ETSU physicians, 500 Ballard physicians, and 1400 Highland Physician providers working on these metrics in this region, he believes progress could be made on many of the COPA measures.

Mr. Mayes noted that the reality of the physician's interaction with a patient is limited to 10-15 minutes per visit and that they don't have time to talk about population health because they are usually dealing with an acute issue that falls within a certain payor code. He explained that physicians are working in a payment system that requires them to see more patients and spend less time with them. Mr. Mayes then asked if we are talking about the Ballard population or the general population for these measures.

Mr. Pohlgeers stated that he had heard from physicians who were already working on these types of metrics that they confirmed they are already seeing healthier patients and better outcomes.

Dr. Latimer suggested that these issues might be better suited for public health experts, like those at ETSU's School of Public Health, instead of physicians. She further suggested that the Department ask ETSU's Dr. Randy Wycoff for his thoughts.

Dr. Shelton stated that 10-20% of health comes from providers and that she sees more possibility for improving the health of the region coming out of the work being undertaken by the region's Accountable Care Community, which now consists of over 250 organizations. The focus and effort will include the whole community.

Dr. Miller referred to the pillars of medicine (art, science, and business of medicine) along with an approach of connecting, educating, and collaborating as being the keys to achieving quality, access, and cost.

Mr. Ockerman stated that while the suggestions were wide ranging, this was a helpful discussion. He thanked the LAC and committed to request input from Dr. Wycoff.

Mr. Mayes noted that the biggest incentive to improve population health is with the payors, commercial and Centers for Medicare and Medicaid Services, by tying reimbursements to prevention, and that a bigger impact could be achieved if we could involve them in this experiment.

Mr. Ockerman explained that the Governor's Office is working on those issues as a statewide initiative.

Chairman Phillips asked the group for their opinion on whether 25 measures were too many.

Mr. Pohlgeers asked if there were a rule change if the public would have an opportunity for public comment – or if there is a change to the contract will there be an opportunity for public comment.

Mr. Ockerman answered that he believed the answer was no, but that he would confirm that with the Attorney General's Office.

Rep. Hawk suggested that three measures might be a more achievable number.

Dr. Latimer stated that it was important to keep in mind that Virginia only required Ballad to work on one measure at a time.

Chairman Phillips stated that with 25 we are asking for so many that we are destined to be ineffective.

Dr. Miller agreed that in his opinion, achievement of these measures was not possible.

WORKGROUP'S RECOMMENDATIONS

Dr. Shelton read the Public Input Subcommittee's recommendations. See Attachment 1 for list of recommendations.

Chairman Phillips asked the LAC members whether there were any recommendations that the members didn't agree with.

Mr. Mayes expressed his appreciation for the work of the Subcommittee and made a motion to approve their recommendations. Mr. Pohlgeers seconded the motion.

Dr. Shelton reminded the members that they needed to put a value in for recommendation #3; a time limit for comments during the Public Hearing.

Chairman Phillips suggested a per person time limit of 3 minutes and then a total time limit of one, one and a half, or two hours. Mr. Pohlgeers stated that he wasn't sure that there should be any time limit for the meeting. Chairman Phillips stated that time limit was important to avoid another meeting like the last, which went on too long due to repetitive comments and suggested that they limit the meeting to one hour. Mr. Ockerman suggested 90 minutes.

Chairman Phillips asked if the group wanted to discuss this topic more. Representative Hawk stated that he wondered how it would be explained to the public that certain types of comments are useful to bring forward at these Public Hearings, while others are not – and how it can be clarified to the public what this LAC is and is not.

Dr. Shelton added that the majority of complaints they hear are service related and that could be said to be due to healthcare quality, and therefore those comments do fall within the categories of concern for the LAC.

Chairman Phillips stated that he would encourage the State to write a letter to the press or an Op Ed explaining what the LAC's job is (and is not). Mr. Ockerman stated that he'd take that back to the State for consideration.

Dr. White-Write pointed to the subcommittee's recommendation #2 and stated that the public input subcommittee proposed adding "improved communication" as a 5th focus area. She suggested that the LAC would ideally work with the State on recommendations on how to improve communication to the public.

Chairman Phillips endorsed this recommendation and asked for a vote on the motion to approve the recommendations. The vote was 9 ayes and 0 nays. The motion was approved.

Dr. White-Wright thanked the subcommittee members for their time and for participating.

PROPOSED MEETING SCHEDULE

Chairman Phillips referred the group to the proposed meeting schedule for 2020 listed on the agenda. There was general agreement that the schedule was acceptable, but no formal vote was taken.

ANNOUNCEMENTS

Chairman Phillips mentioned that there was a protest that was ongoing in front of a Ballad Health hospital in Kingsport and stated he believed it hindered Ballad's ability to recruit to the area. The Chairman asked Mr. Eichorn, if he felt that doctors who were leaving the region were doing so evenly across the Ballad footprint, or did one city have less turn-over or more than others.

Mr. Eichorn stated that there wasn't a noticeable difference between Johnson City Medical Center and Kingsport's Holston Valley Medical Center and repeated to the group that the general direction of leaving was down. He added that there are a lot of positives about our community to sell and stated that they emphasize those, but agreed the protests have hurt recruitment overall and that the protests have come up in recruitment conversations. He concluded by stating that it is especially difficult to recruit specialists.

Dr. Miller shared that in his experience recruiting at HMG, he would tell prospects that this is a good area to practice medicine at but the real trick is to get the spouse.

Chairman Phillips expressed his concern for the impact on recruitment the protests have been having. He remembered as mayor, working with the Chambers of Commerce and interviewing dozens of doctors and spouses and being keenly aware that they had a choice to go to many different locations. The Chairman stated that he didn't see the upside for the protestors at this point but was only aware of the damage he believes protestors are having on the medical community.

Dr. Miller agreed that the region was experiencing difficulty in recruiting but recognized that there is a shortage country-wide.

MEETING ADJOURNMENT

The meeting adjourned at 3:00 p.m.

COPA LAC Public Input Subcommittee recommendations 10/29/19

Members: Dr. Brenda White-Wright, Rep. David Hawk, Dr. Linda Latimer, Dr. Karen Shelton, and Dan Pohlgeers

Report to the LAC:

The Subcommittee met on October 7th and October 21st. We asked for and received feedback from the Tennessee Department of Health (TDH) legal team and staff regarding the LAC role and guidelines for receiving public input during our meetings as outlined in the COPA. Their feedback regarding the need for transparency in all government proceedings guided the following recommendations from the Public Input Subcommittee to the LAC.

Recommendation #1 – Initiate Public Input during LAC Quarterly Meetings

· Communicate and allow for public input *limited to COPA Violations and Focus Areas adopted by the LAC or assigned by the TDH. (See Recommendation #2)*

- Public comments will be limited to no more than 3 minutes per person (up to 10) on a first-come; first-served basis. Written comments will also be accepted.
- The LAC Role, public input process and timeline will be clarified before the start of each meeting.

Recommendation #2 – During LAC meetings, maintain focus on the Public Advantage Focus Areas outlined in the COPA LAC 2019 Annual Report (pp. 14-15)

- 1 - Population Health
- 2 - Improving Access to Health Care Services
- 3 - Improve Health Care Quality
- 4 - Improving Financial Stability and Performance.

Consider adding a 5th Focus Area - *Improving Communication with the Public*

Recommendation #3 – Establish Annual Public Listening Meeting Limitations

- Communicate and allow for public input during the Annual Public Listening Session to be limited to *Ballad Health's Annual Report*.
- Public comments will be limited to no more than 3 minutes per person on a first-come, first-served basis, with a limit of (*insert value here – time or number of people*). Written comments will also be accepted.
- The LAC Role, public input process and timeline will be clarified before the start of each meeting.

Recommendation #4 – On an as-needed basis, the LAC Chair will initiate Called Executive Sessions between scheduled meetings.

Recommendation #5 – Add the following Standing Agenda Items for LAC quarterly meetings:

- A. *Population Health Initiatives Fund Report (Violations/Fines)* – Presented by TDH Rep
- B. *Year-to-date Account of Monetary Commitments* as defined by Exhibit B in the Terms of Certification (TOC) - Presented by the Compliance Officer
- C. *Report on TOC Appraisals, Waivers, and Modifications* – Presented by the Compliance Officer
- D. *COPA Monitor Quarterly Report* – Presented by the COPA Monitor