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INDEPENDENT MONITOR — MISSION HEALTH —

Transcript of Community Comments

Please note the transcript of the Independent Monitor presentation component of the meeting is provided in a separate document.

This document is the transcript of the audience member's comments and questions only. Responses to questions provided by the Independent Monitor are provided in a separate, summarized document of Questions and Answers.

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TRANSYLVANIA COUNTY MEETING
TUESDAY, OCTOBER 17, 2023, 5:30pm Eastern
TRANSCRIPT OF COMMUNITY COMMENTS

Speaker 1: Hi, I'm {*audio distorted 20:53*} and I've been in Transylvania County for the last 25 years. In the time since, we are in the worst situation we have ever been in in that time. Since the Trenton Clinic closed in 2002, we have increased duty and decreasing services. We believe, like in the other community hospitals, the Transylvania Regional Hospital is speaking to the attorney general's office and the independent monitor. But we believe the hospital has a role, particularly in higher level care, acute outpatient care, hospitalization, to provide detox services, but we believe there is an important focus for community wide mental health services that deal with a range of ability to pay, private pay, Medicaid, and Medicare and so on. And to work with other partners such as Blue Ridge, Meridian, to provide more mental health services that we so desperately need in the county. I actually see some other members of the audience here that are also on the board, of the Haven, a shelter here in town. So, I think we need an active role by our very important community hospital in expanded mental health services.

Speaker 2: My question is, according to the commitments for Transylvania, it includes emergency services and surgical which I don't believe is fully covered at this point on the surgical side. But looking in more detail, the agreement I actually think says in those cases

where it isn't available, HCA actually has the option to move patients to member facilities. And what the engagement group who work for the community found was what is actually happening is, on a very regular basis, with not good outcomes, somebody is an emergency room needing surgical services. They wait hours in emergency situations and are transported to Boone, to Hickory, to Georgia, to Marion when they could easily be moved to Pardee or Advent and that's not being done. That's putting people's lives at risk and can cause an additional medical situation. Do you not see that as a part of their commitment, to transfer patients in a more timely way? In the agreement, it says that HCA would move them to member facilities for emergency surgical services?

Speaker 2: We all know what goes on in this community day to day. People show up and they wait hours, sometimes days for the care and they are not getting it here. Onto my last question. How much does Gibbins receive from the contract through the foundation?

Speaker 3: I'm wondering of the 232 million that HCA was required to invest in the 5 years that they did in 4, is there a breakdown that would show how much went to Transylvania?

Speaker 4: My question, Ron, we've got 5 different areas which TRH is required to have. I know when you evaluate those specific areas, like you know, general surgery or acute care, and there also was the requirement to continue charity care, is it possible to get information to show whether or not there has been a decrease, overall, in the number of these services performed at our regional hospital. How many charity care cases are now being handled at TRH versus before HCA acquisition? How many surgeries are being performed TRH? Claim up surgeries? Because this would give us a real indication of the {*distorted audio 27:26*} hospital. And we have found, I know as a local government elected leader, I have found it very hard. Statistics that would show me, if there's an uptrend, is it level? or is it going down? What is actually happening in a comparative sense for all those required services under the Asset Purchase Agreement?

Speaker 5: Hi, I'm from Brevard and have been very involved in the community for a number of years. And it's very difficult because of the quality is the main issue and that's something that everybody is skating around with these 15 issues. However, to get around the quality of care. I'm going to talk about the reduction in care and that fits into number 2. Quality of care had been provided in Asheville since 1990. Very important care was brought out into the region and Brevard is one of those places where we have an office and have been given care for years. The problem is that HCA has made it difficult for us to get the same level of care that we've given for years. So it's not a quality issue directly, but it's a decrease their commitment to care for the people of western North Carolina. So you're in the office here on Thursday, where I'm from, but I think it needs to be brought up here because the

people here have relied on us for years to give care to their patients. So it is a decrease in care and I think it impacts commitment number 2 very much.

Speaker 5: It's a regional issue. Not just an Asheville issue. We have been a regional care center for over 35 years. Patients came to Asheville instead of going to university hospitals. Unfortunately, people don't understand the issue. Mission never had a monopoly on oncology. Oncology was provided by 2 groups in that time. So, I've tried to get the department of justice to understand this. We have been giving care to this region for years. Now we're having trouble doing that. You can't get people in hospital. And we're not being able to do the quality of care that we used to at all. But this is still an effect on the service that we've had for years.

Speaker 6: I'm going to have to add that oncology and more specifically endocrinology is almost unavailable in the entire region. There are I think 3 endocrinology services now and 2 of them are no longer accepting new patients. And neurology I think is having a really dramatic low now also. I think there is no questions that the quality of medical care that is available to us has diminished greatly since HCA took over mission. My question, and I'm pretty new to this part of it, but what happens in 10 years when this is all well actually not 10 years but 6 more years now and there's no more Medicare or Medicaid programs? What happens to an ageing population here in Transylvania County and in the entire region?

Speaker 7: Thank you. My question is about in the list of services that have to be provided for I think all of the hospitals, there is acute care or acute services. Can you just talk a little more about what constitutes acute services or acute care?

Speaker 8: When you talk about whether or not services being provided that must be provided, does it talk about how much of that service? As the mayor said, we don't have information as to a number of solutions, numbers of surgeons, or numbers of days of coverage and powers. On this hypothetical, if they're supposed to provide surgical services of some sort, does it matter if it's one doctor once a week here or if its 5 doctors with 6 day coverage? I mean, I saw nothing in the purchase agreement about that. It seems like it's "check the box yes or no".

Speaker 8: I think that's a problem here in Transylvania.

Speaker 9: Thank you. You know, I think one of the real key issues brought up that so much of this is regional because we rely on Mission for a lot. And one of the things that really concerns me is, you know we are supposed to have emergency services here and I think about what I mentioned before with the long wait times to get transport. You know, a long backup of wait times when you get to the ER in Mission. The stakes are that there are very few ambulances and EMS groups, out of county, so that we have limited

emergency coverage here. You can see how so many of these things are tied together in their impact where if there is a weakness in regional support and with mission, it reverberates back here with additional impact. So yes, we have an emergency room that's open, but the system of how that emergency room transports people needs to be looked at to see if it is effectively providing emergency services that are within the reasonable discretion of what is required under the asset purchase agreement.

Speaker 10: I just want to make a comment that I think a lot of us agree on that the asset purchase agreement is inadequate from our perspective with what we are hearing. And what I want to say is to the degree that people are very angry and frustrated at our attorney general about that. I would encourage you to come and talk to me about that. There are extraordinary limitations there and I just don't want people walking out of this room thinking that the state of North Carolina did not do what it could, as much as it could, because it did and I'm happy to talk about that.

Speaker 11: I think you have already answered my questions, but I guess I'll ask it anyway as it relates to required services and in emergency. I'll ask the question by relating the experience of a friend that I recently became aware of, just in the last couple of days. I can't give you his name and I haven't been able to talk to him directly and I don't have all the details. I'll only repeat those when I'm quite sure. This individual went to the local emergency room late one evening after he had gone swimming. He was feeling acute {*distorted audio 43:56*}. He sat in the emergency room for over 2 hours without ever being seen by any medical personnel; nurse, doctor, or anything in-between.

Ronald Winters: Here in Transylvania?

Speaker 11: Yes. After this period, he was told they would not be able to see him and that evening he went home. The following morning, he went to a hospital in South Carolina, and this has probably been 10 days ago. He is still in that hospital quite likely with sepsis and he had never been seen by any medical personnel at the hospital. Once I talk to him directly, I'll be happy, if he permits me to give more information.

Speaker 12: {*distorted audio 45:30-45:57*} [the following is paraphrased from written notes due to audio issues]. What services can be added to the commitments?

Speaker 13: I'm grateful for the doctors who are who are very supportive and have become available but, nonetheless, people with severe mental health problems and the system through the ED have, I think, limited resources. Does that not address what's found within those 15 commitments? Within behavioral health, particularly emergent behavioral health?

Ron Winter: I'm going to need you to clarify there. I'm not sure I understand your question.

Speaker 13: So, each week, maybe today, people in severe mental health stress are brought to or enter the emergency department here. From what I understand, they do the best they can do but the services available are limited in the ED. I think they have gotten better since the hospital has opened in Asheville. So, in-patient care is now easier, but I am wondering that's not an opportunity to begin to look at the kinds of services which could be provided for severe mental health problems because they've often been limited here in the ED. So is that, is that an opportunity for them to get a range of services that are provided here?

Speaker 14: It seems that we are not able to get to the issues that a lot of the people in the community want to have addressed so if it deals with levels of care, availability of care, and quality of care, none of that is in the checklist that we can address through the independent monitor. So, I'm sure you are going to refer us to others because it doesn't work going through the independent monitor to address these questions. Different questions? Sure. But with these questions, we've got to go somewhere else, and you'll refer us to various places that I see are written down here which are a little more laborious for us to look over.
It's not your fault.

Speaker 15: Good evening, I'm the CEO of TRH. There's a lot of questions that can't be answered. But I do want to encourage people to come and meet with me. I have business cards here. I will take people's names. I am interested in hearing what you will have to and fixing the concerns and the issues. So I do just want to extend that invitation.

Speaker 16: I'm a retired physician. It's been a good ride. It's been a wonderful hospital. It still is a wonderful hospital. It's rare that someone goes out there and doesn't come back and say "golly gee this has been good". I got to say that. Number 2, there are a lot of people that are upset about things that have happened since HCA bought us. Some of those things started happening when Mission bought us. And it continues to be a problem. I'm on the board. I stay on the board because I think it might give me the chance to make a difference. It is really frustrating to be on the board which doesn't make decisions. We have different responsibilities and interaction with the hospital than we did when were independent and it changed when Mission was here. So, we don't have the ability to make the changes for what y'all are talking about all of which are reasonable. Our community has expectations and expectations are not being met. And we can't change that. I'm speaking as a community. We can't change that. TRH probably can't change it either. But the mothership could change it if they chose to do so. And it doesn't come down to me as a board member or as a member of the medical staff. Exactly what HCA has in mind, what's the vision, where are we trying to go, and why are expectations not being met? So, one's in our communication and that's a big issue. They can come to us and say, "how can I

help?" We live in a world today where two people sit down to resolve a problem and the first thing the person says is here's what you need to do. No one sits down and asks, "how can I help?" or "how can I contribute?". Politicians used to come together, make compromises, make things happen. So, I would highly recommend that HCA reach out and try to sit down with folks in a forum where they can say to us "how can we help?" We need to be able to say, "how can you help our hospital, not HCA but our hospital".