

CASHIERS MEETING TRANSCRIPT
TUESDAY, JANUARY 28, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 1:

This isn't on this but just informing us of the meeting time and place. Most of us heard by word of mouth. There wasn't anything in the paper. There wasn't anything on any of our major bulletin boards like the post office and the library. So, you're missing a good portion of the community because they didn't hear about it.

Speaker 2:

The services at the hospital have been cut back. They don't have anybody full time most of the time. They've cut hours on nurses and on technicians. Some of them don't get enough hours. A lot of us are going other places. I'm going to Greenville tomorrow. A lot of us in this room are going to other places [crosstalk 00:21:54] Yeah because the services have been cut back over there so much and HCA has done this since they took over. So, this bit that there's maintaining services, they might have it once a week. My husband needed an MRI. They didn't have anybody there. He had to drive to Franklin four days later because they don't keep anybody there. So, the services are not all there all the time.

Speaker 3:

I think [inaudible 00:23:24] into this in a very simplistic manner. It is to look at what we had prior to HCA and what we have now and there is a vast difference. We are in the middle of flu season. We do not have a doctor here. We had a doctor who left September 13th of his own volition, a little question mark there. Could something have been negotiated? Another question mark there but when you know that you are new boy on the block and you're coming into something and you want to ingratiate yourself into a community, don't take away, add to or keep the status quo. That was not done here. Our doctor was removed. His replacement was a doctor who was here two days per week who has traveled from Atlanta. We thank him for that, however, now that's been reduced to two days every other week. So, what we have, in essence, is a doctor every other week for two days. So we have a doctor four days a month. However, we have two veterinarians that are here full time. Now, I don't think I should have to make an appointment to see a veterinarian in order to get healthcare. So again, under the heading of services, this service has been removed. The most simplistic service is a doctor. Most people, when they feel they would like to see a doctor, and HCA, they are provisioning healthcare. They are basically the medical parent. It's a parent's responsibility to feed, clothe, care, love. HCA, they're our medical parent and I don't see them doing a good job of any parenting whatsoever. None.

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Speaker 4:

I had two questions just based on what I've heard so far. One, when and how will we receive our feedback off the questions that you're not answering or can't answer? How will we get that and how long will that take to get it back? Do we have to just monitor your website all the time? I'm not quite sure. I'd love to understand that. And then secondly, I mean this lady up here was very right. It's serious in this area and it's an older community, so it's very serious and saying all that, I forgot my second question but I'll think of it in just a minute. Will that be monthly? Weekly? Semi-annually? Yeah, I thought of my second question. What happens if they violate or continue to violate? Does anybody take any action against them? Is it a kind of civil suit? What goes on if they violate what you're supposed to be monitoring? And that would be the form of a civil suit or you're not sure? For the record, I'm very proud I'm not a lawyer either.

Speaker 5:

Will you be establishing some sort of portal that hospital staff and/or patients could give feedback about what's going on in terms of services?

Speaker 6:

You said that you're going to be providing reports. Those reports, will that be information available to the public on your website or is that just between- So that won't be available to the public? I would be? On the website?

Speaker 7:

I was wondering if we could hear from the new CEO of the hospital. I read his bio in the Highlands paper and it sounds like he's had a lot of expertise in recruiting new doctors and I wondered if he's planning to do some of that for us here, which we desperately need.

Tom Neal:

Well, thank you for the question and just quickly, my name's Tom Neal. I've been here since December and I definitely have heard from you all here tonight as well as the rest of the communities. I've been out in the community engaging with folks about the need for primary care and while it's outside the scope and I certainly won't step into the role of the monitor or the role of the asset purchase agreement, from a business side in a hospital industry, access to primary care is really critical. So, it's one of our primary objectives.

I have several board members here and I will tell you that we understand the need to get primary care. It's one of our primary roles in this community is making sure you have access to care. It's also critical to us as far as our success. I will share that I can take no credit but HCA has recruited a primary care physician that will be joining us in May and I will tell you, for a community like this, and I've served in rural

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communities before, it's a challenge. I mean it is a challenge in rural communities anyway because we're talking about small populations spread out by great distance. So bringing somebody into a community like this where housing is very expensive, where some of the services that they might be looking for, keep in mind, many physicians bring a spouse and they may be looking for things that may not be here.

So, that they've already recruited a doctor, I think, speaks volumes to HCA's commitment to this community and to what the future holds. So, to answer your question, are we recruiting doctors? Yes, we're recruiting doctors. We have one coming in May and we continue to recruit to add more. I will share this as well, you cannot bring too many doctors in quickly as you would like sometimes as well. So we do definitely have to be thoughtful about that because if you bring a doctor in, many folks here may want to go to see him but we need to make sure he's successful and give them a chance to get new patients established with that practice. So, I don't know if that answers your question but the short answer is yes, we're recruiting physicians.

Speaker:

Is it for Highland [crosstalk 00:32:59]

Tom Neal:

Well, the physician I'm referring to is for Cashiers, okay, and I think I can put the name out there, Dr. Todd Detar is the physician recruited. He's coming from Charleston, South Carolina, great experience. I think he's a perfect fit for this community. He's excited to be coming here. He will be in our Cashiers clinic full-time.

Tom Neal:

Family medicine, so-

Speaker:

He's an osteopath, right?

Tom Neal:

I'm not sure on that one actually. Yes, to answer the question, Dr. Detar will be here full-time.

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Speaker:

Where did he go to medical school?

Tom Neal:

I'll get back to you on that one. I can certainly get some information back.

Speaker:

We'll be making a formal announcement [inaudible 00:33:47]

Tom Neal:

Yeah.

Speaker:

[inaudible 00:33:48] practice for a while.

Tom Neal:

Yeah.

Speaker 8:

It seems to me that if it takes a long time to find a doctor that comes to what y'all call us as rural that you could have kept Dr. Duncan until you found somebody [crosstalk 00:34:20] honor his contract.

Tom Neal:

Well, I can't really speak to what happened with Dr. Duncan because I wasn't here. My understanding is he retired. I know there's always more to the story but regardless, I can't really speak to what happened with Dr. Duncan. I'm sure that he served his community for a long time, was very well thought of and he's a loss to the community.

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Speaker 9:

How often are you going to be doing types of sessions like this and the reason I'm asking the question is ... Is this on? The reason I'm asking the question is we're a very seasonal community, so while there are certainly full-time residents here at this time of the year, you're missing a large portion of our summer population.

Speaker 10:

I don't have a lot of exposure but I have enough and I want to pose this as a question for something that you might explore. There seems to be people leaving the Mission system and going into group practices and to get a handle on that right now, that's a big change because Mission, you've got the empty building here, what is HCA's role? I mean it's great for the attorney general to make them be responsive but when you see the stuff's that's going on right now and you've lost your doctor, which everybody in here has complained about, this would be a great topic to start with and to find out what is HCA ... What role are they willing to commit to for all of these communities? Like this is a more affluent area compared to some of the more rural areas. What are they going to do? Are they just going to be mainly a hospital system? No, no, I'm just saying as you're- Well, to kind of pose it a different way is are they really committed to being just a ... If they were 80% or let's say they were 75% hospital and a quarter the rest, if it's going down to 10%, that has a huge impact and it's going to really screw over the people that are the furthest away from the ones that they think would be profitable.

Speaker 11:

I wonder if since we do ... We have a lot of people in the summer and we have much smaller group in the winter. We all need to have service. Have they considered when they speak to doctors that might come if they had a supplemental ... If they were given a supplemental during the winter that would make up ... Even it out because they're going to have plenty of work to do in the summer, they're fine. They can make money but they need to have some kind of a supplement and there's no reason, in this area, why that can't be done.

Speaker 12:

Is your contract as independent monitor for one year or is it for the full 10 years? What's your arrangement? I'm just wondering whether it's going to be a revolving door and there's not going to be any consistency.

Speaker 13:

I'd like to say something please. When I ... Back to your starting of your presentation and point number one regarding the sale of Mission to HCA. When I hear anybody say, generally speaking about something, it raises my interest. I think we all know that there's a 10-year agreement not to sell our hospital up here. The concern that many of us have, certainly I have, is that even before HCA bought that hospital, our services

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were very limited. That hospital hasn't made a profit in no telling how many years. HCA is a for-profit corporation. Even though they have agreed under the guise of the attorney general to keep that hospital open, I would assume, I don't know and I certainly haven't seen the contract, I don't know how detailed it is with regard to not eliminating any services. I don't know where the line was drawn. Was the line drawn of what the hospital had 10 years ago in terms of doctors and physicians and staff or was it drawn the day they closed the deal but that is a concern of when you say "generally speaking" I don't know how bad it has to get for them losing money before they close the doors and want out of the agreement. That's the concern.

Speaker 14:

I'm just interested in what kind of a lens Gibbins looks through to determine equity as far as the way the new system will be working and I'm speaking of equity in terms of all the ways, rural and town and race and all of that, class, socioeconomic status, how do you look at what's happening to determine if equity is being observed?

Speaker 15:

There's a feeling among a lot of folks out in this area of the state that people in power don't believe that anyone exists west of the intersection of I-40 and I-26 and we just want to be sure that they remember we're here.

Speaker 16:

You said that they are supposed to keep acute services. I know of several instances this summer where somebody tripped, somebody fell, somebody this or that and the ambulance took them there. They didn't have anybody to take pictures, to do what they needed and they went up to Silva, and then some of them went to Asheville. What constitutes that they have to provide acute services? What is that? Or emergency, what is it?

Speaker 17:

People [inaudible 00:46:59] broken bones and went there because they took them there and there was nobody to take care of them or to input them or whatever and they were taken up to Silva or they were going to Asheville. That's happened several times because there was not somebody there maybe for the x-ray, I don't know what but several issues. I mean so what's acute and emergency? If somebody breaks a leg or an arm and there's nobody there?

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Speaker 18:

They're not always there. Three people from my country club, different instances over the summer that were trucked there and then they were trucked up to Silva. [inaudible 00:48:04] I bet you would like to hear- I would also like to say something just because a lot of the people in the room I recognize and we've got very active this summer trying to save our doctor and trying to keep him here and the actions of HCA, I believe that most of this community do not feel that they kept their faith with us. They did not make any great attempt to work with Dr. Duncan. I also know specifically that Dr. Lindsey, who was coming back from after the death of his wife, was a doctor here for years, had volunteered his services to come back and he was told no, we have it covered. So, we wound up with nobody because HCA, for whatever their reasons, I don't care what they are, we wound up with nobody and they broke their faith. Most of the people in this room have been to all the meetings we've had and they're all angry at HCA, and it's going to take a lot to ever get it back.

Speaker 19:

And that's justifiable because if you look at the performance of HCA, from the inception, which is a year, a year ago, we had two doctors and currently, we have no doctors. So if we're speaking of good faith and this gentleman just commented that they have engaged a doctor to come here in May, it's taken one year and four months to acquire one doctor? In the interim, we have been doctor-less. We're also [inaudible 00:49:42]-less and we have to wait another year and a half, a year and four months in order to obtain what's needed here? And I realize you folks here are in a position of in my opinion, you're listeners now. You're listening to what we have to say.

Speaker 20:

I don't know if what we're saying is being reported or it's being written down. It would be very difficult to [inaudible 00:50:09] what we're saying if it's not documented somewhere as to what we said. So, to go back to an office and review what has transpired in this meeting tonight, not having everything that has been said and then you're making an evaluation, unless you have a fantastic memory, I don't know where that's going but we, the people, we don't know the commitment that was made and Josh Stein, the attorney general, I've spoken to his office many times and they've been very kind to call me back and to give me input as to what has transpired, input relative to who should be doing what and is not doing it. We, the people, here, what we see is a lessening of services since HCA has been onboard and there is no way that anyone can deny that, not that anyone is but when you do not see forging ahead and you're just seeing backtracking, retraction, it's very difficult to have faith.

Speaker 21:

Our faith is not based upon what HCA can do for us, it's based upon this is my life. Other people who live in different communities have access to care. We do not. It's simple. That's where we are. You're not from here. You're here to do a good job. You're objective. Normally, a group

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such as you, they work more underground. They're not as visible as what you're doing. I've never seen this before, which is great. That's an asset, and I quite surely appreciate it.

Speaker 22:

I'm wondering what your plan is. What your organization's plan is for getting the information? I know the simple answer is we're doing this, we're having these meetings and that's critically important, I believe. That's a good idea but I wonder, are you going to be proactive and go into the hospitals and into Mission HCA, whatever we're calling it these days, and talk to the people that are there to see what they're thinking, what their input is to make sure we're in compliance and that we're getting things done? If not, I think you're woefully not going to be able to do very much.

Secondly, I would also recommend that when you have these kinds of meetings, which I think are very good, and I know you're independent, I get that, that's important but I think to have the big brass here for us, Tom in the back, the chair, the CEO, president, whatever his title is, I think that's important. We're asking a lot of questions and I believe you're getting a lot of input, which is what you're here for but we're getting no answers either and I guess the point, truthfully, is everybody in this room had to take an hour, hour and a half, two hours to come here to sit here and we'd like to leave with a little input also. So I would strongly recommend that you have guys like Tom come to these and let him speak to the ... As you're saying, well, I can't answer that. I don't know. One, that'd be very good input for you and two, it'd be excellent information for us.

Speaker 23:

Well, are you going to interview ... Go out and actively interview people? Doctors, MPRs, all the medical people, the people involved in the system also? You know they're not going to come to the meeting, with the board here and the boss man here and give you honest input. They'd be foolish to do that. So I'm asking, are you- I didn't ask for each one, are you going to go in and take a ... Let me tell you this, over the last three weeks, I've talked to three employees and they're not here because I don't want them ... You're the boss man, I don't want them getting in trouble but they all three to a T, just over conversations, said I think the biggest problem we have right now is communication between HCA, Mission and us, the people. I think that's good input. I didn't have that input because I don't know that. They did. That's why I'm suggesting you go in and start with not 12,000 people, who would do that but to go into each facility and try to do one person, that's not going to hurt you. I can tell you this, I interviewed people for a living for 40 years and the best information I ever got was from face-to-face talking [inaudible 00:57:37]

Speaker 24:

Just sort of we've said this in many ways already tonight but do you ... How will you determine that fine line between you can't take services away and yet they've been reduced to the point that they basically aren't there? So many different ways. One quick example, a relative of mine

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works in obstetrics and she says the translators have been cut. None at night. Not as many in the day for women in labor. They still have some but is that enough? How will you determine what the cutbacks are no longer providing the services even though they still appear to be there?

Speaker 25:

Hi, my name is Brandy [Wetson 00:59:23]. I'm a pharmacist here in town and my question is, can you guys take the requirements that AG Stein put into that 40-minute video and boil those down to some plain English bullet points for the community to see so we can know what our expectations should be and if so, set up a way for us to report when they're not being met? Is that available? What website?

Speaker 26:

I've got a couple points, sir, questions. The biggest thing you can do for us in the community is and what you're charged with is to make sure they live up to their obligations, that HCA meets their commitment to the community, the hospital over in Highlands, is critical, it's very critical and we have one of the finest hospitals and emergency rooms around, no doubt about it. We got a great advisory board and a new CEO. What we don't have is all the qualified physicians that we need to treat the people in the wonderful facility that we have. We have a clinic over here on White Owl Road. We have a Jane Woodruff building that's 5,000, 6,000, 7,000, 10,000, 30,000 square feet and there are certain spelled out services that the attorney general put in the APA that clearly say what services are. The original APA did not have that in it. It was very vague. So there are specific services that have to be performed and you can't do those services unless you have the physicians and I know everybody's working to get physicians and it's a very, very difficult thing to do. I'm glad we got one but one doctor in Cashiers and one doctor in Highlands is not adequate for this community. So whatever you can do to maintain and hold their feet to the ground that they will provide the services that are necessary within that APA agreement is the best thing you can do for us in the community.

Speaker 27:

He's the president of the hospital board, advisory [inaudible 01:02:03] you know that.

Speaker 28:

No, Jimmy's [inaudible 01:02:05]

Speaker 29:

No, but he's ... Of the foundation, excuse me.

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Speaker 30:

It's my understanding that the agreement that HCA [inaudible 01:02:18] says that they would make a good faith effort to attract physicians. Also, my understanding that HCA says we are doing that. We're making a good faith effort and that's all we have to do. Now, with HCA being one of the largest providers of healthcare services in the area, excuse me, the United States, I would think if they wanted to, they could have a physician here in 30 days. Maybe [inaudible 01:02:50] but they could do that for six months until they recruit ... If they wanted to recruit a doctor here, I think they could do it immediately.

Tom Neal:

The first part of the question spoke to the APA requirement, so I'm not going to speak to that as far as the requirement to good faith recruit physicians or bring physicians to the community. As far as HCA's ability to bring physicians into the community, there are lots of resources to do that and I think that that's something that we do monitor. We look at ... I was talking with some of the board earlier about how long does it take to get an appointment with a physician and right now, our season ... The population isn't as high as it is in the peak season. If you wanted to see a doctor, you could see a doctor within one to two weeks in the community. Is that a threshold to bring in [inaudible 01:04:04] provider?

That's a good question and I think that's something that we certainly could do if we needed to do and I'm certainly listening to what's going on here too and I'll certainly be engaging back with the community to talk about how we do that but I just ... I'll re-express, the commitment of HCA, when I was recruited here, was the need to recruit physicians to this community. So speaking to Dr. Detar, just I'll respond to a comment, why does it take so long? Well, I think that Dr. Detar needed to get a physician's license and I think the State of North Carolina has good steps in place to make sure that they do not let physicians practice who aren't qualified and that does take some time. So, even if we recruited a doctor today, I cannot make him ... Present him with a North Carolina license without going through the State of North Carolina, so there is some time involved with that, so you can't just always say hey, here's a doctor. Let me put him into Cashiers. There are steps you have to follow.

Speaker 31:

I'd like to respond to your question before. We spoke to this Greg Lowe, who's the head of the whole region for HCA. We made a concerted effort, a group of us and we've spoken to him numerous times. He told me several months ago that they had five recruiters trying to recruit and two or three of them had quit. Now, what I believe happened is because nobody wants to work for HCA. They can't get people to come here and I think that is part of the problem because they don't want to work for HCA. We have family doctors across the country that are in

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our family. HCA does not have a great rep. So here we have HCA that's here. Their own recruiters quit because they could not hire people. That's the problem.

Speaker 32:

That leaves us as a community to be happy we have a physician assistant and a nurse practitioner. We no longer [inaudible 01:05:59] a while [inaudible 01:06:03] almost 20 years but we still want to have a doctor and we don't want to have to wait two weeks to see one when we need to see a doctor, so help us.

Speaker 33:

I think that there needs to be a sorting out the short-term problems versus the long-term problems, okay? So I'll just use my wife and myself, she had prescriptions that Dr. Duncan had given to her and then she ran out of her prescriptions. What in the hell is she going to do? Seriously? Who's going to sign off on it? She's got real serious problems, I don't but I happen to be up on Goat Knob the other day and I got vertigo. I hadn't had vertigo in 10 years. What am I going to do? I don't have a doctor.

Speaker 34:

Those are short term things and then on a totally other thing we haven't talked about, I mean we're here with people who have got connections, have background, education, how about all the people that are out in the rural areas that don't have services to begin with, what in god's name are they going to do? Once the hospital, HCA, has control of it and it's looking now like they're dumping a lot of the stuff that was the outreach services there, then that's going to be a devil of a mess and the legislature in Raleigh does not put money into reaching those people that are poor and it's inexcusable. I worked 40 years. I was the state budget director for a couple of years in South Carolina.

Speaker 35:

Well, I'll tell you another [inaudible 01:08:08] with regard to needs from HCA, I've lived up here for 14 years and when you have to go to the hospital, you'd like to be able to go to the hospital that's closest to you and be taken care of, not shipped off 80 miles away or 50 miles away. It causes just a whole lot of stress and anxiety on the family, okay? If my wife goes to the hospital and I get up in the middle of the night or call EMS and I take her to Highlands-Cashiers and at midnight, they decide she's got to get on [inaudible 01:08:51] and be flown to Asheville, this is ... We need the services of a full-fledged hospital. I'm sorry it costs a lot of money and I'm sorry it takes a lot of physicians but that's the business they're in, okay? So, somebody ought to accommodate the citizens up here.

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And we used to have it. [inaudible 01:09:14] they just cut it, cut it, cut it. Is everyone aware of the fact that we had, at one point, a full operating hospital here? Yeah. Yeah, and I think before many of us may have purchased here, we did our research relative to what type of medical care we have in the community. I, for one, would never have purchased the property I did with the medical care that we have now, and I'm one of the people, along with Mary Jane Bills, that went to see Greg Lowe and we sat for some time with him. I've had many conversations with him and basically, we were afforded, would you say an hour, Mary Jane?

And as he listened well, nothing has ever come out of any of this. We are left with nothing here and our population keeps growing and our medical community of doctors, whatever, it diminishes. That doesn't seem to work and I feel as though what you folks are trying to do is basically be a good listener and take back what you hear and try to repair or implement what we need but we can't wait another year.

Speaker 36:

We don't know what you can do or can't.

Speaker 37:

So, the seller is basically the Dogwood Trust now?

Speaker 38:

[inaudible 01:11:54] Asheville and [inaudible 01:11:57]- Are you speaking with-

Speaker 39:

I want you to know that we went to the head of HCA. They went up to Asheville to talk and we had several health forums here. We also sent in folks to the president in Nashville. We have made attempts. We have asked. We have done and we haven't seen squat back and we have gone through the system asking, begging, doing and as I said, people here are not happy and I don't ... I think they've just ruined the trust that's ever going to happen with HCA.

Speaker 40:

They've already heard it. Doesn't do anything.

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Speaker 41:

You made a point about the ANC- The [inaudible 01:12:53] Mission company and you made a comment that mid-year, are you absolutely sure that's going to happen then?

Speaker 42:

Well, that timing, whenever it happens, is a pretty important issue locally to a lot of people, so-

Speaker 43:

I know Dogwood would be very interesting when that time comes themselves because then they have to take over all those responsibilities.

Speaker 44:

[inaudible 01:14:21] what you are gathering so that we can have some comment on that also, so that would be very important. If we could hear back from you, not individually but on your website or something so we know what's being brought up. If anything, how it affects you guys and what you do and how it affects the hospitals here and in our area.

Speaker 45:

[inaudible 01:15:21] it's inadequate healthcare. That's it.

Speaker 46:

We are leaving this community. We're forced to leave this community to find healthcare. I go to Greenville. I go to Atlanta for healthcare because it's not here, and I'm a big believer in supporting our community. So I started here with [inaudible 01:15:43] and after chasing my tail for one month trying to get answers, my husband finally said we are going to Atlanta. Called, got an appointment, got in, got the tests done, got the results. Shouldn't have to do that.