

**MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY**

Speaker 1:

Can you hear me? I just had a quick question. Who is the ultimate enforcer of the HCA requirements and what is your relationship with Attorney General?

Speaker 2:

So, Dogwood Trust would be the entity going to court henceforth?

Speaker 3:

In regards to facility services, there's a viewpoint from the hospital I would love to hear. Over a year ago, they started working on a disaster plan, hazard plan. That was placed on the back burner with the merger with HCA. These items to my knowledge has still not been purchased. We have a very unique situation here with Interstate 40, Mountain, Spruce Pine, and the independent railroad crossing of two different companies. These things have not been purchased. These things hopefully will never be used. But in a time of need, the equipment is not there. Another situation is now required if you are admitted from McDowell Emergency Room to Mission Hospital in the past, you can be directly admitted to the floor through the hospital. Now it's our policy that you have to be seen at McDowell Hospital, transferred to Mission Hospital, be reevaluated in that emergency room and then admitted.

The staffing has been cut if someone be able to disagree with me. Two years ago, a shift change on weekend nights, let's say, you'd have four nurses, two techs and a HUC coming in for the shift. At times you can have three nurses and a tech and a HUC who is like a secretary and no techs. The staffing has been majorly addressed or drastically reduced.

On night shift, there is no pharmacist in McDowell Hospital. Medications such as TPA, thrombolytics, oppressors for blood pressure control are mixed by nurses. They have excellent nurses, please don't get me wrong. But they have a hard time keeping team leaders in charge nurses at night. I could be corrected but I do not believe they actually have a permanent full-time position covered as a charge nurse or team leader at night at McDowell Hospital emergency room. The people are having to fill in, have supervisors being pulled and stuff like that. Can you address any of those things? So, the disaster equipment should fall under this [inaudible 00:29:45]. So, can advise me if anything I've said was wrong? Thanks very much.

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
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Speaker 4:

Husband: My wife and I own a small business. We're homeowners, we're not chronic deadbeats, we simply were priced out of the healthcare market in 2010. So, we had to turn to Mission and the charity care they were providing. Now, they said nothing was going to change and that is not our experience. My wife is the first one to encounter what is going on here. So, I want to sit down and let her explain.

Wife: I had gone to the doctor, she wanted me to go over to the hospital to have a test. The scheduler called me up and asked me for \$200 upfront that I had to pay right then, which I did not have. I explained to her we had been on charity care and she said that was no longer an option. I had to come up with \$200. Then she looked and said okay since you don't have insurance, I could cut it down to around \$100. Same problem, I don't have \$100 and I can't do charity care. I had to go around for three months with the people, the caseworkers to help me out. I was told they no longer have charity care to help me up with. So now it's been six months, I didn't have that test taken, so I guess I'm out of luck. What am I going to do? If there's something wrong, I don't know about it. It seems to be nowhere else for me to turn on it. (Charity care) I was before HCA took it over. When HCA took it over, everything changed. The caseworkers told me there's no charity care. The people, the scheduler for Mission said that there was no charity care. That's the message they gave me. So, I do not know where to turn to. I guess at the moment I'm out of luck. If there's something wrong, I don't know about it and it's been six months. Then she needs to get a hold of the case managers and let them know that as well.

Speaker 5:

Gibbins is compensated by the so-called Golden Parachute, otherwise known as the Dogwood Foundation. They are to assume your responsibilities down the road as I understand you correctly? But you're compensated by Dogwood? How much longer do you see your services to them? So, you'll be here for 10 years? That could be other agencies or entities other than yourselves? The only other thing I wanted to was: I don't know how long or what an acceptable length of time it is to schedule an MRI. But I think a week is outrageous.

Speaker 6:

Hi. I wanted to speak to a community need that we've been in dialogue since at least 2016. McDowell County has a significant population of senior or older adults and we currently have no adult daycare center. We have been in dialogue, well, actually we presented to the county commissioners and to the city council in 2016 to look at the option of a PACE program for all-inclusive care for the elderly, which is a Medicare/Medicaid waiver. It has been implemented by the Mission Healthcare through Care Partners PACE for, I think at least 2010 was when it began. Both county commissioners and the City Council supported our proposal, which was given to the hospital and a letter of recommendation that they would... It's required that a PACE be affiliated with a healthcare facility. So, it's a Medicare medical care waiver, so

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
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it's federal and state entity funded. At that time, there was transitions going on. We dialogue with the Care Partners, PACE and we dialogue... They were interested in expanding. They have since expanded to Transylvania County. But we still recognize the need in McDowell County for like I said, we still do not have an adult daycare center. Other than [unclear], which is for cognitively impaired and [inaudible 00:38:20]. We saw the need continues to exist and we would like to see that. There's been expressed interest that the Care Partners PACE would be expanded to McDowell County and there are opportunities. We understand that opposed to creating a new one, the expansion is more reasonable and easy to do. So, we would like to make sure that happens in the near future. All right. But I think that if you look at community needs and I'm not sure, I didn't get all your 15 items. But I think it could go in one of them, that's my advice. It's not black and white I agree.

Speaker 7:

I wasn't going to come to this meeting this morning because reading your 15 items, none of them seem to me, address patient care. Quality of getting care to a patient. I was, unfortunately, a patient in Mission Hospital system for two months through six emergency room visits, three hospitalizations. I had no complaints about the staff that was providing me with care. I felt so sorry for them. Most of them were in fear of their jobs for complaining about anything, so they didn't. But it showed, I was in the hospital in Mission twice and came to almost the point of calling 911 to get care in a hospital. It is ridiculous. I was in the McDowell Hospital emergency room for five hours one time, on one of my visits. Sitting on a gurney bed because no doctor could see me. Finally, I took steps myself and was able to resolve my temporary problem but ultimately, I wound up having surgery. All these visits with the emergency room and I echoed this gentleman's concerns about how you go to McDowell and then you get to emergency room admission. That's double-billing for me, it seems totally inefficient, but I have good insurance. Hey, I'm okay and then I got sick. I didn't get any recommendations from doctors about what I should do in the future it was more or less I filled them in. The emergency room we meet people who didn't even have time to go through my records to determine where I had been before. My doctors at Mission, finally I refused to leave unless they do something. Then, they finally did discharge me after my surgery and I had gained 20-30 pounds of water weight, couldn't even walk, I had bed sores. The night staff... Not the night staff, all the staff in the hospital. One of the nurse told me under HCA, the ratio of nurses to patient, one nurse for four patients under the old nonprofit. Now one nurse for seven patients under HCA. That result in patients don't get the care they need. Mission cut off the funding for the hospitality house there at Asheville where my family stays. They paid for zip once they HCA took over. I'm sorry, I'm taking up too much time. I'm an American citizen and this is the best I can get with a good insurance so I thought.

Speaker 8:

Hi. I retired from Mission in 2016 and I thoroughly enjoyed my job there. We worked, we felt safe. The concerns that I've been hearing regarding the security and homeless people having ways of getting in the building is very concerning. Nurses being concerned about their safety as well. I would like to hear that things will be improved. My daughter is a former employee, and her husband, of the Mission emergency room. They

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

have staff, friends that still work there that say that Mission is not safe, their patients are not safe. There's a genuine concern. I would love to see this addressed and the community to have better information and know and feel confident that HCA is going to improve those situations. It's just such a difference from what I'm hearing and from what I experienced. That I would just [inaudible 00:44:17] very gratifying for everyone here to know that patient ratio would be improved, that they would get better support. Just overall and help the community see what's happening. Thank you, I appreciate you listening.

Speaker 9:

So, I just want to echo what I think I've heard a couple people talk about when they're talking about scheduling issues. I'm speaking on behalf of my father-in-law, he's 86, recently experienced a bout of pneumonia and we were able to get him healthy. Our problem was trying to get him in with his doctor who is in a facility that is owned by now HCA Mission. When we first tried to get an appointment, it was going to be a week and a half before we could have him see him. 86 years old with pneumonia, you don't have a week and a half. We got him in with a family friend that's with another healthcare provider. She was able to get some pretty high-powered antibiotics in and we got him better. Called for a follow-up with his doctor who was owned by HCA.

When we talked to the person, I said, "I'm just going to go ahead and throw this out to you. You're not in Marion, I know you're not in Marion." She said, "No, ma'am." I said, "I'm going to hope you're in Asheville. But I'm pretty sure you probably aren't even in Asheville." So, our concern is trying to even get to be able to talk to our healthcare providers that our insurance pays for when we have to go through a firewall to even get to speak to our physicians. That, as this gentleman said, in America, with good healthcare, good insurance, I shouldn't have to go through a firewall with people to try to talk to my doctor. Period. They told us when we called that if we didn't hear back in 48 hours just to give them a callback. Again, he's 86. We're thankful for every hour that we have with him. Don't tell me to touch base in two days if we hadn't heard back from somebody. I think that's what the concern is. Is just the quality of care that we are now not receiving. When Mission has purchased up just about every small hospital in the western part of the state, they purchased every physician's office pretty much in the western part of the state. This is what people have. We'll make sure that my husband's parents are taken care of, we're taking care of... We have the financial ability to do that. My concern is for people that don't. So, I hope within those 15 points you made somewhere in there's the quality of care that an 86-year-old United States Navy veteran shouldn't have to wait 48 hours for somebody to call him back with pneumonia.

Speaker 10:

Hello, everyone. I don't want to tell you my name, but I happened to be deaf. I have gone to the emergency room here in McDowell County before HCA purchased the hospital. I was provided an onsite interpreter while I was in the hospital having issues and that was great. After

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

HCA took over, I was not given an onsite interpreter. They brought what's called video remote interpreting device, which is a screen, quite small. It's very hard to see the interpreter. I was laying down in bed I couldn't see, I was feeling very frustrated and a lot of pain in the emergency room. Actually required a lot of time because the doctor had to come in and talk to the person on that video screen and make notes. Then he could start talking to me. When the doctor left, the video screen was turned off and the nurse came in. They had to restart the whole video screen, go through it with a new interpreter on the screen then they could talk to me. It's quite time-consuming. So, with the video remote interpreting called the VRI, the technology freezes.

So, understand, I use my eyes to communicate, I can't see the sign language, it's frozen again and again. So, I'm missing a lot of information. Thank goodness, my husband was with me. He happens to be not deaf and he could catch that's not what my wife said, that's not what my wife said. The person on that video screen is making up information and won't admit that their technology is freezing. They also didn't ask me to repeat what I was saying. So, there were just not clear communication happening.

I also went to the emergency room one morning. I had a kidney stone with this experience. So, we struggled with the video remote interpreting machine again. I made the request for a live onsite interpreter to come. Then the nurse said, "We've made calls that we can do it." So, my husband was stuck interpreting for me because we couldn't get the video remote interpreting screen to work. By law, a family member is not supposed to be interpreting for another family member under the Americans with Disabilities Act. So, he was just there to provide me emotional support is the idea, not interpreting. So, my husband's getting emotional, he's misunderstanding information. The nurse's assuring us someone's coming. So meanwhile, we're texting people on the interpreting community because we know, and we asked if anyone has been contacted. All these interpreters said no one's called me.

So, essentially, the hospital has lied to me about having communication. So, it's a terrible emotional struggle I've been going through. My husband happens to be a licensed and certified interpreter. He's not supposed to be interpreting. Again, it's an emotional situation, he's seeing his wife in pain. So, we need communication access 100%. So, when you're there at the hospital, you really have limited time with the interpreter. Perhaps they show up and we're waiting for the doctor to come and maybe there's two hours. The interpreter was called at 10:00, they're just scheduled for two hours but the doctor is not there. So, the interpreter left after waiting two hours and then the doctor comes. So, we had to write notes back and forth and English is not my first language. I speak American Sign Language, so I can't use my second language with all this emotional things happening. I have a college degree but it's really hard to just think clearly and write clearly about what's going on. This is against the Americans with Disabilities Act and I'm really just feeling great anger against HCA and hateful about that.

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 11:

Okay. Now last year, my son was in a [inaudible 00:51:27]. He was at Mission and it was a terrible time. On top of that, one night he had a stroke. The doctors woke me up in the middle of the night to tell me he had a stroke. I was thinking you're not more compassionate for what's going on and my son is about to die to waking me with this [inaudible 00:51:57] stuff. We go on and they tell me that my son is going to be paralyzed from the neck down. He's locked-in state that we need to start thinking about. His kidneys are shutting down that we need to start thinking about where we're going to put him because he's going to live for a couple of months.

Then he started feeling and we meet with the doctors again and they say that's not... He's still going to be paralyzed even though he can feel that, he will not move. They take us into the room with the palliative team and they show us the MRI of his brain and they say this is what he's going to be. Next, he starts feeling. We request an MRI, just not for us but for them to understand that you showed us this picture what his brain looks like. They tell us, we could cut his skull open in the back and we relieve the pressure. This all this misinformation that they gave us to say that he was not going to be with us anymore.

My son now, he had his left leg amputated. He had a stroke on the right side and he's still doing okay. We were at Mission System for 80 days. So, he is at my house now. When I got to Care Partners with him, there was a mother who'd seen me. She said, "Your son was in pretty bad shape." She said, "But he's here now." I said, "Yeah." She said, "Well, they told me that my son would not leave Mission, that he would die there. He was at Care Partners and we have two." So, I say all this to say that they had me all ready to give up hope of my son, saying that they will not be no quality of life. Not even when he started moving, the neurologists wouldn't even come into the room and speak to me for a week to say anything different. They were putting on their paperwork that they were checking on him every day, but they weren't.

One other thing, just as you're at the hospital, you meet a lot of people. There was a man and his partner had an issue. Had a something on his stomach where he started coughing up. He was intense right there. The nurse didn't know the number to call to get him help. Then someone finally came, the woman told him, "This is above my pay grade, I don't know what to do." So, these are the incidences I've seen at Mission in Asheville. Even now since we've been home, Care Partners was supposed to start outpatient therapy with my son right before Christmas. He had his first follow up January 22nd. So, he is still, this Monday was the first time he sat in physical therapy since the middle of December.

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 12:

I would like to tell you all about an experience that we had on January the 27th with my son with the hospitals. Both of them, Marion and Asheville. A tree hurt his leg, we took him to the emergency room sometime between 3:30PM and 4:30PM. We arrived to find nobody in the emergency room. There was one lady was sitting there when we got there. I went back and knocked on the double doors and a security guard had to go get some somebody to come and give him service and get him out of my truck. I brought him in a truck because we're in a rural location. I don't think that's a good thing when a security guard has to hunt somebody from the emergency room. We stayed out there for several hours and they did give him pain medicine and put some penicillin on. The transport service from Asheville never did come to take him to Asheville because they couldn't treat him in Marion. Finally, the EMS had to take him to the Memorial Mission in Asheville. Just like the other people said, he had to go through their emergency room again. It's around 12:40AM when he got in a room that night with nothing to eat because they were going to do surgery that morning. It got postponed. After around 10:30AM, they postponed it to 4:30PM in the evening. Took him down to the pre-op, never went into operating room until 8:00 PM that night. The pre-op nurse also threw a load of blankets on his broken leg, both bones broke. I don't think that's care. I think you can get better care out here at the animal hospital. That's my opinion of it.

Speaker 13:

Well, I'm a retired nurse and so I'm always interested in the medical care for people that I know. Worked with our Good Samaritan Clinic here as their director. I was working with uninsured or underinsured and it's no longer in service now. A lot of the patients that we had there depended on the charity care offered for the local hospital. I have seen some of them in sensitizing the thing and they're not giving their services. I know someone who needed some care and was told there was a possibility of... She had an abnormal mammogram and was told that there was no funds so we cannot help her now. If there's a charity care, I don't see improvement.

I have a personal instance of a family member who was part of a local program we have called the Match Program. That offers medical assistance for people that are underinsured or are not insured at all. This person had medical care as his name was in the system. Has now gotten bills for about \$500-\$600, has been turned into a collection agency. The Match Program is not at fault, they are working to get this resolved. But it's due to the billing practices of the local hospital. I'm told now the billing is coming from Virginia. Well, they don't know what Match means, that's a local program. So, this person's credit is adversely affected by being turned into a collection agency. So, if there's improvement in the charity care, I'd like to know where the improvement is. There now have you had to pay, they do give you a discount if you go. But as people have said if you don't have \$100, you don't have it, so you don't get the care. There was care that you could go to any of the offices that were owned by Mission Hospital and you could get free care, that's not there anymore. So, my concern is for these people that do not have insurance and they're not getting the care just like this lady said. What's going to happen to them? You can wait a month but wait a

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

month is sometimes too late. So, I think the charity care needs to be evaluated. It's one of these system components that they're supposed to be up to date now.

Speaker 14:

I have two more quick comments. One, I do believe you may be able to address. Number one, It is not just nursing staff that's been cut, they've cut HUCs which is like a secretary on the floors. Those were eliminated at Mission, so the shift manager had to do that job on top of their job. But one thing you may be able to address is that this is just the first hospital system that they're acquiring in the state. They are planning to acquire multiple hospital systems throughout the state. This is step one of a major investment in the state of North Carolina of multiple services. Is that not correct to your knowledge? Trust me, I'm a previous employee who's dealt with the issues. So, HCA this is just the first system that they are planning on taking. To verify that, the supplier at Ridgefield is quite adequate to cover Mission. But they've stated for their growth, they will be doing greater expansion. It'll be a hub for their other facilities that they are getting in North Carolina. So, this is just the first of multiple services that they plan on acquiring.

Speaker 15:

Hello. I'm a retired hospital pharmacist. I've got 35 years of experience and once a director of pharmacy at Mission hospital for a long time. What I'm surprised about is that I still have friends there and I'm not hearing about Joint Commission, CMS or North Carolina DHHS showing up. When I was there, it was probably every six months. So, what's going on? So, I just want to give you the number to call about complaints because I don't know if the information is not getting out or if the reporting is not going as it should with HCA. I'm not sure. But anyway, you can call one 1-800-624-3004. That's North Carolina DHHS. You can also contact CMS Joint Commission. I don't have those numbers, but it seems odd to me that I'm not hearing about lots of audits. I don't know what's going on. But maybe you know? HCA, do you guys know, not having many audits? Maybe care's better than we're hearing but it doesn't sound like it. Well, anyway.

Speaker 16:

I don't need a microphone, I'm going to stand up to speak. I'm thrilled. So, I just want to say that I'm thrilled about the hospital, the service that I've received here. I'm a 22-year veteran of the United States Army. Got PTSD, all kinds of issues. I utilize the great VA hospital up in Asheville but I have my hometown hospital that I'm able to utilize. Brought my wife from a neighboring county who was irregular mammogram. Brought her back home to this hospital because I was able to receive the immediate care and treatment that we were able to get here at home in our hospital. So, I'm sorry the folks are having issues but just know that there are people that are happy with the services that we're getting and thankful for that. I'm thankful that we do have a rural hospital in our rural community. So that's all I have to say. Thank you.

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 17:

I had medical emergency of intense pain on August 27th of last year. Went to the emergency room about 9:30 at night. In fact, I was the only one there, so it was not crowded. The doctor saw me for maybe 30 seconds, literally. That bill was \$578. My emergency room visit was \$1,168.

Speaker 18:

I had several stays at Mission Hospital for orthopedic problems. Then I had a stay for a lung cancer problem, and they did surgery on me. Everything went well and then the day after surgery at about eight o'clock, I asked the nurse. I said, "Don't you have pain medication for me this evening?" It was a pretty traumatic surgery. She said, "No, there's nothing scheduled for you. I thought well, that's pretty strange. Usually, they have something. So, I said, "Well, I'm going to need pain medication tonight." She said, "Well, there's nothing written up for you." I said, "Well, you're going to have to get some for me." So, she said, "Well, I'll talk to the floor nurse." All in all, between talking to the floor nurse and sending an order to the pharmacy and getting it back from the pharmacy. It was six hours before I got pain medication. It set me back quite a bit. Then, I did recover from that and then several nights later, they decided they wanted to do an X-ray on me at three o'clock in the morning. They came in and rolled me over, sat me [inaudible 01:06:37] and set me up. Shoved a plate behind me while I was half asleep. When they were done, they left, they laid me back down. Rolled the bed back down and I was immediately in pain again from being jostled around and all that. I'd planned to go home the next day, I was in no shape to go home. They just seem to be in a big fat hurry care and they don't seem to have the staff to take care of people. I had stayed at Mission before with a knee replacement and a hip replacement and that was no problem. But HCA was nowhere in sight then. I've stayed at Mission in Marion for observation and they were very nice. I didn't have any particular needs, they were just rolling me in and out of places checking me. But it was a nice day anyway. So I was happy with that but I would not be looking forward to going into Mission in Asheville again. That's all I have.

Speaker 19 – Marion City Manager Bob Boyer:

Hello, I'm Bob Boyer, city manager at City of Marion. When the city and some of our partner agencies heard probably about two years ago that Mission Health would be... There was a proposal to sell Mission Health to HCA, of course, we were nervous, change is hard. We didn't know how things would go. We probably felt the same way 15 years ago when it was determined McDowell Hospital would no longer be an independent hospital and will become part of the Mission Health Network. With the proposal for Mission Health to be acquired by HCA. We quickly learned that there were absolutely zero protections for keeping essential services here and the rural hospital under Mission Health.

MCDOWELL COUNTY MEETING TRANSCRIPT

WEDNESDAY, FEBRUARY 12, 2020

REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

The purchase agreement under HCA provided protections, which were outlined earlier in the meeting, 10 years. I personally wouldn't want to live in a community without a rural hospital. If we could picture that scenario and that's happening all over the country. It's happening in North Carolina. A small town near my hometown lost its hospital and people are having to go 30 miles to the emergency room. That's a real scenario. Obviously, as Steve with the chamber said, HCA is not perfect. I could relate stories from my childhood with an independent hospital under Mission Health that were not ideal. When you have a big organization, there's going to be problems. All we know is that HCA staff that we work with and encounter at all levels are willing to listen and to do their best. There's a lot of great professionals working at McDowell Hospital. Can't speak as much about Asheville, I don't hang out there.

But we're thankful to have our rural hospital here and we want to continue to challenge them to work better, of course. But we're thrilled that HCA owns the hospital, they're great corporate citizen. The biggest private employer in the city. I'd have to say communication with organization has actually improved since they've taken over. So not to mention the Dogwood Trust and the investment that it's making in western North Carolina. So, we hope to see improvements, but we're thrilled with the way things are going so far.

Speaker 20:

I had a phone call about 3:15 one afternoon and my neighbor says, "My sugar level is 520, I need to go to urgent care." I said, "I'll be right there." I took her and we got there about 3:30 and about 6:30 or 7:00, they rolled her out and said we're taking her to emergency room. Her sugar level had not dropped. So I followed the nurse, we took her to emergency room. I said, "Please, get her a blanket, she's freezing." They signed her in, I went, followed the nurse back to get my car at the other end of hospital and take it down to the emergency room so I wouldn't freeze her when we got out. Well, the next shock was coming when I started to go to find her room, she was behind a gentleman in the first bed. There was a man there and then a curtain and then she was back behind and they were trying to get her hooked up and everything. I asked the doctor, "Is she likely to go home tonight?" Probably not. That sugar level was still really high. So, I stayed with her until she got calmed down and was resting and I said "Okay, I'm going to go home. You call me in the morning, I'll come back to get you." I go home in at 10:30 the phone rings. The nurse says, "She wants you to come get her." I said, "I can't do that right now, I'll get her in the morning." She said, "Well, she needs to go home now, we'll send her home in a cab and we'll pay for it." I said, "You got to be kidding, she can't walk. Who's going to take her in?" She said, "We'll take care of it." The next morning, I waited to about nine o'clock and called, she didn't answer the phone. Scared me half to death and I got dressed real fast and went around, she was in an apartment beside me. They had called her daughter and they had just gotten her home. She said the daughter had said that they were thinking about sending her to Asheville the night before when they were trying to get me to get her and send her home in a cab. Said they were out of beds. I'm thinking well if they need another bed, why disconnect her, instead of sending the guy that's waiting if you had to send somebody to Asheville? So anyway, it's been a nightmare experience for her and I will never forget it. It was scary, especially the cab part. Thank you.

**MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY**

Speaker 21:

Thank you. I just want to get some talking points on record, some observations. I work with community residents. Work specifically with a lot of lower-income residents that don't have access to insurance or are underinsured. Okay. So, I just want to make sure that these get on record. This is what we have observed for our residents that are having trouble with access to care. Any debt that is less than \$1500 is ineligible for charity care for emergent services, except in extenuating circumstances. So how does HCA define extenuating circumstances and what is the process for determining that the \$1500 fee be waived based on extenuating circumstances? How does the patient or the hospital determine what constitutes emergent care? Some elective services may actually be critical preventative care that prevents a major life-altering expensive emergent episode. Such scheduled hospital services received a deep discount. That patients must come up with half of their share upfront or procedures are canceled. Payment arrangements are not applied consistently across settings. What is the escalation policy or chain of command for how decisions are made about what is elective care? When can things be scheduled with the fee waived? The process is unknown to community and even vague to those working at the hospital.

Requirement to apply on a visit by visit, service by service, bill by bill basis creates process barriers and impedes continuity of care. Outstanding balances can impact if future appointments are scheduled. There is not always consistency in the process of applying the 20% physician services discount for outpatient care. Some offices require upfront payment of 80% cost. Some will bill for services provided. Requiring payment upfront can delay and decrease access to physician-recommended preventative or specialty care. Lastly, routine lab work and screenings based on evidence-based recommendations become inaccessible to patients who cannot afford the upfront costs, even with a discount. We've heard that a couple different times today. Providers are ordering necessary screenings like labs, mammograms, imaging, colonoscopy, et cetera. Because of the new Charity Care Policy, low income, uninsured patients have limited or no access to the services.

Speaker 22 - Katie Wilson:

Thank you. My name is Katie Wilson and I'm a former executive. Some of the work that I had to do was compliance. I think if you look at the 15 points and the compliance area. If you just look at "are we doing it - yes and no", the answer is yes, but how that compliance is detailed, that's where things get really complicated. We were going through a compliance study, are we compliant, are we not? We have to look at the details. Whether it's on a rating scale or whatever. I'm just saying that... I'm just saying that compliance if we were today to look at the care that we're getting and the requirements of this acquisition, those are two different things. I would suggest that we think about each of the 15 points and on a rating scale, how well are we performing against each of those 15. The biggest area right now is in the charity area. We have

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

a lot of folks that need that help. We need healthcare, we're an aging population, et cetera, et cetera. So, my point is probably if you're on a yes and no scale yeah, you're compliant. But I would say it's not adequate compliance.

Speaker 23:

I just wanted to speak up. I was an employee of McDowell Hospital in the early '90s as a physical therapist. At that time, we had only one orthopedic surgeon. This is to address some of the needs at that time. That was before the Silver Tsunami, which was when what, 65000 Americans, turned 65 or greater every day. But we were serving at that time over 1000 hip fractures in the hospital and taking care of them. We had one orthopedic surgeon who would do their recovery. So, we had three physical therapists...Anyway, today, there's acute care and emergency, but there's no orthopedic. There hasn't been since Mission let it go. But there's a huge need because the local people who live here, now when their loved ones fall and fracture their hip, they have to go to Asheville, they have to get to Morganton, they have to go to Rutherfordton in order to receive their care and that means the family has to travel with them. It's a travesty that we no longer have that orthopedic care at McDowell Mission Hospital. That's just a personal opinion because we saw that data at that time. Today, the data would be more like 2000 or more annually when you think about the Silver Tsunami. Then, it doesn't follow in yours because I don't think that the requirement of orthopedics was one of the standards. I don't know if emergency care and hip fractures fall into that category or one of the criteria but it's a huge issue. Thank you.

Speaker 24:

I would like to ask a question about something you said earlier on the 15 points that are being monitored. I thought you said that there was oversight from two four-person boards. One was the HCA board and the other was the locals. That the boards could change the 15 points at any time. I assume that would be with a simple majority if the HCA board could get agreement from one member of the local board, then they could change anything they want during the next 10 years?

Speaker 25 - Monroe Gilmore:

Thank you. I'm Monroe Gilmore, I live in Black Mountain. I'm with the Western North Carolina Health Equity Coalition. We've been involved from the beginning with trying to make that asset purchase agreement, the agreement better than it was. No, it was five years, not 10 years and several other things. So anyway, I want to thank you all for coming up with the idea to have these community meetings. I am chagrin that HCA didn't do this. I talked with one of our legislators who said she had reached out to HCA twice and they've never gotten back to her. So, I hope that HCA will have regular community meetings to listen to us. I was at the Asheville one on Monday, same thing, same sad stories. We

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

all know people who work there and they're wonderful and they're trying their best. I hope everybody will see today's Asheville Citizen about this very brave nurse who spoke up in tears about how she is trying to do her job and she can't.

So, if they could get an ombudsman to help channel concerns and experiences, that would be helpful. Something else today, it's come something that a neighbor of ours who works at Mission and has connections with the charity care. It's coming into focus because she told my wife, "You know they're talking the line of better charity care. The reality is they're doing everything they can to deny everyone who asks." One thing I think the maybe charity is the upfront payment. If you've got upfront payment because the [inaudible 01:25:49] is better [inaudible 01:25:51]. The reason they're saying is better, it used to be I think 200% of the poverty level. Now it's 400%. Well, that is better but it's not if you don't have the hundred dollars or whatever you need to do it, it's nonexistent. So, I hope that that does come under the compliance and that you all can look at how they're doing the charity care. Thank you. I just think in the future they should set up a process for an ombudsman.

Speaker 26:

Just a follow-up question, to resolve this gentleman's question about the voting process. You said earlier there's a representative of HCA here. Are there any representatives of the local advisory board, the other half of that board? Here. HCA is here but is the other half here. Really? There's one. Be nice to know who that person is so we could perhaps talk to them. That's my question, thank you.

Speaker 27:

I read in the McDowell News yesterday that people are being sent bills for a hospital fee if they go see a Mission-affiliated doctor. Is that something new because they reported two different people who had the same experience? It seems \$100 hospital fee for just seeing your GP when you didn't even set foot in the hospital because it's miles away would be kind of extreme. Well, it was on the front page of McDowell News yesterday.

Speaker 28:

Hello again. So, I think last year after HCA took over, I did good to see my doctor. Several other appointments that I did have a live interpreter, onsite interpreter set up. Now, all of a sudden, the interpreters are not there, I'm going to be given the VRI machine. So, I've been asking people interpreting community what's going on. Now, interpreters are required to pay \$225 onboarding fee each and that has not happened before. So now we have less access to interpreting services in the hospital. I'm just asking why that's happening.

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 29 Cliff Johnson:

Cliff Johnson, I'm with the State Employees Association, represent the state employees and retirees from state government. Going along with what this lady said, I talked to a cancer patient yesterday who was getting treatment through Mission. He was charged \$100 outpatient fee for seeing his cancer doctor, never set foot in the hospital. He was charged an additional \$100 for clinical from HCA, never set foot in the hospital. So, he was charged two outpatient charges for his cancer treatment, never having set foot in the hospital. So, it is happening, outpatient fees are being charged, according to this gentleman by HCA. When you never set foot in the hospital. So just thank you.

Speaker 30 - Theresa Abernathy:

Well, I'm just going to be the guinea pig. I am the employee. My name is Theresa Abernathy. I've lived in McDowell Marion for 33 years. I'm a retired civil engineer after 25 years, went back to nursing school. I have worked up here at the local hospital for eight years. We work so hard you all, people can't even imagine what we do every day. We have a fantastic community here. Great surgeons, great nurses, great EMS. We are very proud of our local hospital and we definitely could not do without it. I know everybody has their gripes, everybody has their complaints but change is inevitable. It's changing in every business all over the world. It changes faster in healthcare every single day. So, I think part of the problem is we need to look around at ourselves, in our own communities. Obesity and diabetes is rampant. I was here, of course, eight years and now it's so different on the floor now. We used to have pneumonia patients, we had broken hips, we had easy stuff. Now, it's the drug abusers. It's just amazing. You get scratched, you get kicked, you have to put people on restraints. The opioid abuse everywhere is amazing.

So, I'm very proud of where I work, we work very hard. We've lost a lot of people over the last eight years. Basically, nurses, they're emotionally drained and physically can't do the job anymore. I have recently gone down to part-time from three days a week to two days a week because I'm walking seven miles a day and I'm 57 years old. So, I just want to let everybody know that I'm proud of this community and whether it's HCA or whoever. Thank you for backing us.

Speaker 31:

On behalf of people who depend on using a wheelchair for their day to day lives, I don't feel like HCA has looked out for them. I'm hoping the person is here that can answer my question today. That the Care Partners wheelchair and seating clinic was closed by HCA. Those wheelchair users now we'll have to get to either Greenville, South Carolina or Charlotte in order to find a comparable seating clinic. This is not a wheelchair store. This is a highly specialized seating clinic to serve the individual needs. The sizes, the shapes, the curvatures of people who use their wheelchairs. These people range from toddlers to older adults. They're important and they were not told the clinic was going to be closing. It

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

just happened and they got a letter in the mail. These are people who can't get themselves to Charlotte or to Greenville, South Carolina, what are they to do? Is that compliant? Is that in compliance? I hurt for them. They're in a panic situation. They feel like they've been left behind. They're the most vulnerable, physically and emotionally, members of our society, our community. I would like to know if HCA has made any definitive decision about how this clinic is going to stay open. Survey, this clinic serves 26 counties in this state and beyond. It has had patients from Tennessee, from Virginia, it's that highly specialized and adored. Thank you. If you object you can go to change.org and find the petition HCA to close Care Partners Wheelchair and Seating Clinic. Thanks.

Speaker 32:

I got here late this afternoon. I had other obligations this morning. I've got experience with HCA through a hospital that was used to take care of the city I used to work for. Retired firefighter EMT out of Florida and the hospital that was there was a publicly-funded hospital at the time, was purchased by HCA. It's about 10 years or five years after they purchased the hospital, County Hospital System came and purchased the hospital, leased the hospital back from HCA. Eventually took over the hospital and the level of care that they provided to the patients we brought in there under HCA's care was substandard in my opinion, as well as everybody else's opinion. It got so bad we wouldn't take patients to the hospital unless the patient absolutely asked us to do it. That being said, now that they're in Mission, I've already moved three of my physicians to Blue Ridge Health. I've moved one to Pardee. I've moved to an orthopedic surgeon at Pardee as opposed to being at Mission System. We got our first bill for Mission that my wife had to go to a quick care here at Mission McDowell. The service there was great, but then the bill came. I've got great insurance for my retirees' insurance. The bill came, they gave it to us three days before the bill payment was due. Then they put a note down at the bottom that if the bill is not paid in full will be sent to collections. I've got an 811 credit score. They didn't give me a chance to pay the bill right away. There's almost like they're a collection agency, is almost like a strong-arm group of people that is out to stash money from people. Luckily, I could afford it.

I know there's a lot of people here when they get the deductibles and they're deductibles are \$1000, \$2000. You can't afford to drop that much money. But then when you get a letter that says they're going to be sent to collections and you get it three days before it's due, that's absolutely ridiculous. I sent a letter to Josh Stein whenever I saw this program when I saw Mission going to HCA warning him about my experiences with HCA in South Florida. Every time something came on the news, started probably about nine months ago when the first report came out or six months ago, I sat there and told my wife I told her I said, "I told you this was going to happen."

Everything I predicted with HCA has come true. Shutting down facilities, cutting personnel within the hospital, cut the services to the community. I've literally pulled everything I had and every physician I've had and been with Mission. I've pulled everyone, I've pulled the change

MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

of doctors to outline hospitals. Just hospital systems instead of going to Mission anymore. They're a bad cookie. The state attorneys got to do something about them. I don't know what he's going to do, I don't know if anything will be done but they're not a good program. That's all I got.

Speaker 33:

When this was all being discussed and Josh Stein got involved, I listened to all of his updates, read everything that I could. I didn't see anything about possibly eliminating Medicare or Medicaid after 10 years. That's one of the 15 points, isn't that correct? But they might in 10 years.

I would think so too, especially with the Silver Tsunami that you've mentioned. Asheville also has a lot of retirees. I'm on Medicare now, so that scares me a little bit also. How can Dogwood, yourself, have this goal of still providing and sustaining high-quality care, maybe can't even provide Medicare? Would you even take care of Medicare people when we have all these retired people? So that number 15, I'm worried that one of those, the one that addresses Medicare, one of those points just doesn't-

Speaker 34 - Susan Larson:

My name is Susan Larson and I'm with SEARCH, which is Sustaining Essential and Rural Community Healthcare. We brought these issues to the attention of the Attorney General. I think through some of our efforts and some of Health Equity Coalition, we were able to make it a better agreement. That said, I would encourage you to look at our website. If you're interested in following up with me, I have cards. I don't claim to know the answers to any of the questions about healthcare, per se, but I will say that we are watching how this unfolds every day.

Speaker 35 - Larry:

Well, first I'd like to pat the hospital on the back because I've been a patient a couple of times and I've received really good care. I was a patient up in Spruce Pine, I received excellent care, even though I was one of eight people in the hospital. Maybe that's why I got good care because there was nobody else there that needed help. My mother was taken to the emergency room here in McDowell last March where she died after having a stroke. She received excellent care and as her only family member who is alive was there also. We received excellent input from the emergency room doctor and the nurses who were on staff there that night. So, I can't complain about the hospital system at all. This doesn't have anything to do with the hospital, but I've got some new walkers and a wheelchair that I would like to give to somebody that needs them. I don't want them to go to what's it called? Goodwill or Salvation Army or any of these places that will take them and sell them and make money off of them. I want them to go into the hands of somebody that can use them. My name is Larry. If you'll give me a

**MCDOWELL COUNTY MEETING TRANSCRIPT
WEDNESDAY, FEBRUARY 12, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY**

name and a telephone number, I'll call anybody that needs one. If I can make arrangements to get them to him. Thank you for letting me say that. So, I've got the microphone and you can very well tell me not to say it.