

## HIGHLANDS COMMUNITY MEETING TRANSCRIPT WEDNESDAY, JANUARY 29, 2020 REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

### Speaker 1 – Mayor Patrick Taylor:

Thank you and as the mayor of Highlands, I want to welcome the monitors here. Hope you're having a great time. I think that's very important. You know a monitor, you could just be sitting at a computer screen, collecting data and so forth, but your boots are on the ground and I'm very excited that you all are going to be meeting with all the different stakeholders throughout the whole service area of Mission and HCA.

So, I'm very optimistic. I've got a lot of notes. I'm going to go through them real quick, but I've read this and I've been involved in this whole process. The asset purchase agreements along with Barrett Health and Mayor Bob Scott that you'll meet later in Franklin. We actually went to the Attorney General's office when this was all happening, wanting more assurances about the hospitals, the longevity of how long they'll operate and we wanted a monitor. And we were really pleased with the Attorney General when he came back and put these stipulations in his approval of the asset purchase agreement.

I want to really give a shout out to Attorney General Stein. I think that this whole process where we have a monitor makes this a better situation for not only the community, but HCA, the health foundations, everyone will benefit from us having this process in place. So, again thank you for all the things that you will be doing to ensure quality healthcare here in western Carolina.

Let me just hit on some things. One of the things, the charity care promise that was made with the Attorney General's stipulation and that HCA embraced and also that community commitment. I think that is so important for us to continue to have a viable healthcare delivery system here in the Highlands and Cashiers Plateau. That 10 year commitment is very important and I want to emphasize that not only services are important, but the quality of service will be really critical and I'm sure that you'll be getting feedback and I understand that you won't be able to respond to everything tonight, but it's an ongoing process.

The charity case and community commitment I think in the long run is very positive. Not just for the community, but also for HCA. And I was very impressed that you pointed out that there is that \$750,000 a year that HCA will be putting into community services and community activities. I think that's a very positive thing that we can all benefit from.

One of the things I'd point out, we have... I'm just an idea person, but we have the Jane Woodruff Building which you've I'm sure seen, as part of the hospital campus. I view that possibly as a non-profit healthcare hub that could be in partnership with HCA. I know that we're already

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talking about trying to extend legal services to the underserved populations of the community and one of the people we're working with, Legal, they're specialists in helping people qualify for the Affordable Care Act and other programs that gives them some kind of health insurance. So when they do go to HCA for services there will be some level of compensation that the hospital will be getting, unlike now in many cases where people show up with no insurance, no financial support and it becomes a write-off. So I think that's an important thing.

A possibility maybe, I know you've probably heard last night about the doctors' desert here. That we need doctors. Maybe we could form a partnership with our foundation for health and wellness, the Dogwood community leadership in HCA where we bring in non-profit organizations that could address the issue of the doctors' shortage. And maybe that Jane Woodruff Building would be a great location for such an operation. I know Miss Woodruff would really be pleased since she donated the money to see that kind of service available to the community.

So, I just see this as a real great opportunity for us to advance through partnerships. Not just with HCA and Highlands, but with all the different stakeholders in all the different groups. And in the long run I think that if we can form these cooperative relationships it will be a positive outcome for not only HCA, but for the entire community.

So, I do have on specific question. That \$750,000, we started this whole process at the beginning of last year, was that money allocated for what has happened so far or will that start... [crosstalk]. Thank you.

### Speaker 2:

I do have a question. It's not going to be long and [inaudible 00:29:02] form, but... What's the ramifications of non-compliance by HCA?

### Speaker 3:

I have a question. What are the five things that you listed that they had to keep? Was one of them was surgery? And I think surgery has been taken off the table for some time at that hospital, unless I'm... Has it started back up, Patti? I mean [crosstalk 00:30:15].

[inaudible 00:30:15] information... Right, so how is that as one of the five things that they have to continue if it's not even in existence now? Colonoscopies. Okay, so that's not really what people are looking for, but... That's GI staff.

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#### Speaker 4:

I think one of the things... I'm a retired doctor... I retired after 50 years of practice and one of the things that I see as the economic engine is the providers and what he said, if we don't have the providers, you're not going to have the patients. The hospital cannot exist on the revenues from Medicare and Medicaid. They're going to have to have some kind of private pay and some commercial insurance. Unless they think about doing some cradle to grave and bringing people in. You know our economic engine here is kind of running on two cylinders. It's sputtering. And we've been had this house up here for 18 years and we've lived up here full time for two and we can only stress that we've lost the physicians in Cashiers. We've got one or two active physicians here in town, but if you don't offer the services it's going to be a self-fulfilling process that the hospital's going to die and dwindle. And if people start running to Gainesville for things and to Greenville for things they're going to say, "Hey, there's no providers there. Why should we support the hospital?" So, if they don't do something to bring in the providers to generate the revenue then there's no reason to even have a hospital, other than the emergency room. The emergency room is great. The hospital facilities are great, but it's a ghost town over there. It's really sad because it looks like the hospital has abandoned the community, not the community abandoned the hospital. So, I hope that they can do something and bring in some providers and certainly they're going to have to supplement the incomes. I know I'm from Charlotte and the hospitals for years have been losing 30, 40, 50,000 dollars per provider and now that the positions don't actually hospital them anymore, they don't have hospitals to go there. But something's going to have to take place in order for people to increase the support for the hospital. We love the hospital. We love Patti and she does a great job, but you can only expect so much from one provider.

#### Speaker 5:

Are they being paid properly? For education level...

#### Speaker 6:

I have a question about transparency as between HCA and the people of Highlands-Cashiers, the community. Do you have an understanding as to whether there is any transparency as to the operation of the hospital between HCA, the hospital here at Highlands-Cashiers and the people who would likely be its patients, and if so is it within your job to monitor that transparency? The way the hospital is operated. The plans the hospital may have. Anything that the community would need to know or might need to know, might want to know. Who is doing it? Providing the transparency.

#### Speaker 7 - Mayor Patrick Taylor:

And let me just weigh in. I think that I can kind of indirectly answer that. I know you've created a reporting system to where an employee or someone can call in and report concerns or good things. And it's anonymous and as an elected official I don't like the anonymous much, but that does open up a real door of transparency in many ways.

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#### Speaker 8 (same as speaker 4 – retired doctor):

Another thing I might mention is I'm not sure how well the triage system is working at the hospital right now. When you call it's very difficult for them to patch you through to one of the offices if you need to get your test results, whether it be from X-ray or radiology or any of the other areas, but if we're talking about the young physicians have not dealt with... Many, many young doctors and students over the years. And now it's all about quality of life. If we think we're going to recruit some old geezers like me to come in and work two to three years and then go, we're going to start the whole process over again.

So, if we can make, then... The quality of life here is absolutely wonderful, otherwise people wouldn't be spending \$2-\$3 million dollars on houses, but if we can't get younger people to come in and market the quality of life... And understand for years we're going to have to supplement their incomes until they get their patient base built up. That's the only way we're ever going to do anything. Patti can't see but so many after-hours visits, so when I was practicing, my group was actually a very large group, and we actually sold to Goldman Sachs here recently for \$2.7 billion. So, I'm not talking about a small potatoes organization, but you've got to realize you've got to give the services to people. You've got to have the staff happy. If the staff is happy the patients are going to be happy and the doctors are going to be happy.

The old saying is that a good staff can overcome a bad doctor, but a bad doctor can't always overcome a bad staff. So you've got to have good staffs out there and what I'm seeing is the staff that we have, have been denuded or diminished so that the people are either overworked so they can't get back to you with information that you need and if somebody's got some kind of a desperate situation...

And you know, people say, "Well, how did you not know to call the emergency room?" You know, not everybody knows what they need to do if they don't have the guidance from the triage to [inaudible 00:42:24] people. And I'm not sure that the answering service people that are taking the calls are trained well enough and that again, that's up for the hospital to do. To make sure these people are passing and checking on those people.

So, it's a big can of worms and you all should be able to work through it. But it's going to take m-o-n-e-y to do this. And what I'm seeing is, back in the old days there were more providers than there were bean counters. Now there's about one bean counter for every provider. So, the providers are not calling the shots anymore. It's the bean counters are calling the shots. But the patients are not bean counters. We're patients and that's what you're treating is patients. If it wasn't for the patients, you all would all be sitting around on your behinds doing nothing.