

MITCHELL & YANCEY COUNTIES MEETING TRANSCRIPT

THURSDAY, FEBRUARY 13, 2020

REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 1:

Thank you for your beginning this process with community forums. I appreciate that. And my concern has to do with the community involved with Blue Ridge Regional Hospital. I love the Mauzy-Phillips Center at the hospital and the way it has reached out and hosted various community events. Last year it hosted a home remedies series for alternatives to pain management other than opioids. And this year, when the organizer of that, Margo Rossi, who just won the Educator of the Year Award for that work, contacted Blue Ridge Regional Hospital, she called two or three times and received no response. And so, she's now holding that series at Toe River Arts. But that's the kind of community event that would be very beneficial, both for the hospital and for the community and I look forward to continued interrelationship and support from the hospital for such events, which are much needed. I'm a Tai Chi teacher, so I presented at that series.

Speaker 2 - Charlie Hofheimer:

Thank you. My name is Charlie Hofheimer and my question is: if HCA chooses to close a program at Blue Ridge and takes it to the local board, how is the community notified in advance of the suggested closure that might be recommended by HCA so that we don't find out after the fact, but rather find out so that we can actually talk to the advisory board and lobby them?

Speaker 3:

I would comment on your last answer that that is unquestionably one of the top 10 issues that should have been decided before the sale was made because essentially seen from Mission in the transaction, there was a lot of hidden discussions behind the scenes. My question essentially is, or my comment is, based - You indicated that the charity case procedures for Mission and for HCA are essentially the same. I submit to you that I'm aware of a several hundred-dollar bill from HCA which received a discount of \$5. Now traditionally hospitals have billed to the general public, which doesn't have insurance at a certain level, has billed to insurance companies at 20, 30%, 50% less than that, and frankly being offered a \$5 discount on the several hundred dollar bill is an insult. That is a fact. And so, when you say the two are equal, I don't believe that. I would just tell you from personal experience, having seen the takeover of one hospital by HCA, that community was severely damaged by HCA's policies. You're telling us to trust Mr. Stein, you're telling us to trust everything that's been done, and we're now experiencing a \$700,000 proposed increased in ambulance services for the County. Going up that much on a contract indicates a lack of faith in my mind, or an ulterior motive. That's it.

Speaker 4:

I don't even know where to begin. I'm a cancer patient at Mission, or what used to be Mission. I have lung cancer, stage 4, it's progressed, metastasized, to my brain and my bones. My sole income is my Social Security check. Retirement check. Medicare Part B pays 80% of my treatment, and Mission, when it was Mission, was giving me financial assistance on the other 20%. Since HCA took over, I can't get a straight

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answer from these people. There's nobody you can talk to because the Financial Assistance Department, you can't get the phone number. You can call the Billing Department. And by the way, HCA, the first thing they did at our hospital in Spruce Pine, was close the business office, and now all you can do to pay a bill is contact some outfit in Ohio. A third party. They send you paperwork if you call the Billing Department. They'll send you a form to fill out and you'll have to send them your 1099s, and your bank statements, and a letter from Medicaid saying that you're not eligible for Medicaid. And you send them all this and then you wait and you wait and you wait. And they told me, "Well, we never received it." So, the next time I had it faxed and mailed at the same time. Still haven't heard from them. So, this has been going on for months. I gave up treatment four months ago because I just couldn't deal with it anymore. I'm not afraid. I don't care. I'm not afraid to die. I'm a Christian. I'm not afraid to die. But I don't want to be driven nuts in the last few months that have left. I don't care.

If they don't want to offer financial assistance, don't claim you do. But if you claim that you're offering financial assistance, make it accessible. There's nobody to talk to. When it was Mission, there were financial advisors and you could speak to them. Now you can't deal with a physical person. And I could go on and on and on, but I'm not going to tie up the lines all night. But I don't expect anything to come of this. I really don't.

If you Google HCA Healthcare complaints, you'll see that this is going on all over the country. Civil and criminal complaints against HCA. They don't care. Mission was a community based nonprofit hospital that cared about their patients. HCA is just a medical conglomerate money machine.

I better stop now because I'm getting a little heated. That's all I wanted to say. I don't expect anything to come of this. I really don't. There's no communication with their so-called Financial Assistance Department. (Referred to Nancy Lindell of HCA) That's for billing, but what about all the other questions? HCA is like the Wizard of Oz. Where you're dealing with the man behind the screen. I can't take it anymore. I know where I'll be.

Speaker 5:

I also have a concern about the billing. I also have a concern about the billing and the communications, also. My wife had surgery back in September. Three days before her surgery, we got a call from a representative from HCA said, "Here's what you will owe. If you will pay your bill in full, we'll offer you a 20% discount." Being a finance guy, I said, "Sure." I said, "Could you give me that in writing?" They emailed a estimated patient financial obligation summary. So, on the date of surgery, three days later, we paid it in full. That was September 23rd. So, in October/November, we started getting bills from other providers and I'm thinking, well, that's just not worked its way through the system because we've already met our max out of pocket. After checking with Blue Cross Blue Shield, they say, "No, it's the order that the provider's bill is how we determine the deductibles and coinsurance." So, I turned around and had to pay the other providers their money. So, in

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December, the 2nd, I received a bill from Mission Hospital for 40 some thousand dollars and said, "We've not received any payment from Blue Cross, could you help us out?" Eight days later, on the 10th, we finally get the hospital EOB and their financial liability went down from about 3000 to a little under 1000. So here I had paid in full, September 23rd, and in December they finally get their money from Blue Cross. Well, on January the 8th I'm sitting there and still we've overpaid our liability evidently, and not received any money back. So on January the 8th, I call one of these 800 numbers and you talk to a customer service representative and they say, "Well, we'll send it over to the accounting department for a refund." I said, "That's fine, but I would also like the discount that we were offered." And they said, "Well, I can make a note and we'll just see what happens. And they should decide in about three days."

So that was on January the 8th. January the 22nd, we finally received a refund check from our overpayment. It did not include any discount whatsoever. So, on the 28th, six days later, or I'm sorry, on the 29th, I called back and talked to the 800 number and was saying, "Well, here's what's happened, but we didn't receive a discount. We think we're due that discount." And they said, "Well, based upon your financial liability, at that point, your discount, it would be smaller." And I'm saying, "Well, I've got it in writing what the discount was going to be." And they said, "Well, we'll make a note and send it over to accounting." This is my last page. So then on the 30th of January, I called back and I talked to... Wound up and talked to three different ones, and they were as helpful as they could be, but they said, "Well, all we can do is make a note and send it on to accounting." I said, "Well, I'd really like to talk to somebody who can have the authority to say, well, yeah, you're due a discount, or no, you're not due a discount." So the last one I talked to, who said she was a supervisor, said, "Well, no, you don't get a discount on something you don't owe." And I said, "Well, I'd like to talk to someone else. Is there someone else I can talk to?" To which she stated no, that was it. So, at that point they did refund me a smaller discount based upon what our total liability was at the time. So, my concern is, well, here they had my money for four months, and the only way I got it back is I had to call and request it. And the initial check didn't include any discount at all and I finally got a portion of the discount that was promised. So that's - that's my concern.

Speaker 6 - Karen Rolett:

Hello. My name is Karen Rolett, and I... First of all, thank you very much- for what you're doing and coming here to listen to us, and particularly for promising to look at all the information you hear to HCA, whether it is in the 15 points or not. I think that's really important. I also want to welcome the representatives of HCA in the back, and we hope we'll see you back many more times for continuing conversations.

I'm bringing a couple of concerns really from neighbors and friends. A neighbor in her late seventies had developed a very serious deterior, excuse me, deterioration of one of her hips, rendering her unable to walk or stand for any length of time. She was in excruciating pain for several weeks. When she finally got an appointment for an assessment in an HCA affiliated practice in Asheville, she was told that her surgery would be scheduled in six months. This is somebody who cannot stand, cannot walk, and has terrible pains, and lives in a house with a wood

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stove, and cannot load her wood stove. There might, of course, have been other surgeons in the particular practice you contacted who might've had a shorter waiting period. I don't know that. With some help from her primary provider, she got an appointment in a different practice, which I believe was a non-HCA affiliated practice. She was given to understand that it's very difficult to get a slot in the operating theater and that she may have to go to a different hospital for her surgery. No doubt, the situation has been at least partially caused by the closure of orthopedic surgery at all or most of the outlying hospitals. It is frightening to think about how overcrowded surgery suites and overstressed staff will affect the safety and quality of care. This, coupled with what we hear from so many other sources about the scarcity of nurses on the surgical and medical units where these patients will be cared for after surgery, further raises these concerns.

Another neighbor with a GI problem who was first cared for at Blue Ridge hospital, where she got kind and very competent care, was then transferred to Mission in Asheville. While there, she received the needed treatment, but was deeply disturbed by the lack of attention to cleanliness and comfort. She ended up having to empty several containers of urine left in her bathroom because she couldn't stand it any longer. Wastebasket and bathrooms were not cleaned and bed linens were not changed. It must be said that this is not to be taken as a criticism of individual staff who apparently are terribly overworked, rather it is a request to the IM to look into these kinds of issues, and a request to HCA to pay attention to and commit to improve the hospital experience.

Postscript. Our neighbor got an appointment for surgery in two weeks the second time around. Thank you.

Speaker 7 - Kevin Campbell:

I'm Kevin Campbell. We were fortunate to have from Mission financial assistance. Like this gentleman here, we were lucky enough to start off with a few thousand and worked all the way up to 70% discount on any bill. And if I remember correctly, it was a piece of cake to get it. You had to fill out a few papers, so forth, but it wasn't a big deal. But since HCA's taken it as a profit outfit, why would they make it easy for a person to get financial assistance when they can make it hard for them and they throw their hands up and say, "I'm just, I'm through." But like I said, we started off this [inaudible 00:05:21], wound up at 70%. I talked to Jill Hoggard Green and she assured me that HCA was going to keep financial assistance. Well, they kept it all right. They keep it in their pocket. It doesn't take a rocket scientist to figure out if they make it hard enough, the people aren't going to get it, and they'd make more money. Real simple. I'd rather die in peace. I understand. But I think it's a terrible, terrible thing. And my wife's been in and out of hospitals. Spruce Pine, Mission Hospital... Just out of curiosity, folks asked me, "Well, how do you have the answer to that question?" I say, "Because I ask questions." And so, it's fun to ask the people that are employed by Mission now, "Hey honey, how you like HCA? How's it doing for you?" And they roll their eyes back in the back of their head, and they won't tell me anything except they're not happy. I've yet to find anybody that sings HCA's praises. And I used to wave a flag for Mission, but now I've got to jump through seven hoops and wonder, "Am I going to be lucky or not?" Right. So that was about several weeks ago and I've not heard a word

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back. But my main thing is that from nothing to seven hoops to get financial assistance, it's criminal. It is, pardon my French, damn criminal. And I'll rest my case.

Speaker 8:

My doctor left because he he'd had it.

Speaker 9:

Yeah, I am. I have a question for the independent monitors. I'd like to know the difference between a commitment, if any, and a contractual obligation in regards to legality and enforcement. And then I have a quick follow-up if you have an answer. The difference between a commitment from a party in the sale and a contractual obligation, in regards to legality and enforcement of those commitments. Are they legally required? Contractually required? Does that mean there is enforcement if they do not reach these commitments?

My second question is: was there distress within the original Mission Hospital system in terms of financial stress, that they were not meeting their obligations, or lack of support from the community that they served? That they felt compelled, or that it felt that a better job could be done by a for-profit organization?

Okay, so a lot of these questions sound like they should have been dealt with before the sale rather than after the sale, because after the sale we're all sitting here wondering if it's going to get worse or how much worse it's going to get, and we seem to have no recourse whatsoever. And it leaves what would be considered a small community, but is a very large community to me, of people in a really bad way with no recourse. Having an independent monitor makes us feel like there's some support system and some place that we can address these issues. But if you don't have any enforcement capability, or if it has to be like he says, "Seven hoops until you find out whether there is enforcement or not," it makes everybody lose faith in the system, not gain faith.

Speaker 10:

So are they policing themselves or is there some- [crosstalk 00:44:16] Yeah, that's a good question. Are they policing themselves or is there some adequate recourse if they're not. You know, there's a difference between maintaining the facility - there's a difference between maintaining the facilities and maintaining the quality of care that we have seen with Mission. And what I'm seeing, I just had some recent health issues, and I went through the system, and I have nothing but the highest regard for the doctors, and nurses, and assistants that I

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dealt with. It seems that it's a death by a thousand cuts. It's not anything you can point at and say, "Oh, they knocked that building down," or "Oh, they fired those people." It's more seeing people resigning, seeing the morale just dipping slower and slower, and steeper and steeper curve. That is the lifeblood of this hospital system. You can have great facilities, and you have great machines, you have great people working for you, but if it's all about the profit, the profit margin, and the bottom line, and the morale of the people that are working for is terrible, it's not a healthy system. I'm not sure why they sold it in the first place. That's not for me to decide, and it is a private entity, even though it was a nonprofit. But I think it's pretty obvious that the new organization is looking to cut corners and make a profit. And in the short time that they've been doing it, we're already starting to see the results, and it's a downward slope, not an upward slope.

Speaker 11:

Hello. My mother-in-law had to go to Mission in November, transported by ambulance for pneumococcal pneumonia. She was in Mission for nine days. My husband went and saw her the morning that she was supposed to be transported to rehab. We went to visit her the next day when she was at rehab and she told us she hadn't had her medicines, she didn't have her nighttime medicines and she hadn't had her morning medicines. So, I went to see the nurse at the rehab, what's going on? She said, "Well, no medicine list came with her. We don't know what medicines that she takes. We can't get an answer from Mission to tell us what medicines that she's on. We don't know. I'm still trying."

Well, while the nurse was trying, I went back to my mother-in-law's room and I start unpacking her clothes because she said people come in her room just started throwing everything together and she was moved to a rehab facility. It wasn't by a Mission ambulance, it was by, as she called it, "Some other truck," and she said "and they just brought me here and I'm not really sure where I am," but we knew where she was going cause we chose the rehab.

So, I started unpacking her clothes and I find this paper down in with her clothes, and I said, "Well, wait a minute. Here's her medicine list." It says medications to continue taking that have changed, medications with no changes. So, I start down the hall to find the nurse at the rehab, and I look and at the top of this paper it says patient Rometta Buchanan Dean. Now my mother-in-law's name is Peggy Jean Harris. This lady right here is 86 years old, and if you count all the medicines... I've carried this for a while. I can't even get it open. There's front and back, this lady's on 23 medications. My mother-in-law is 78 years old and she takes 10 medications.

One of the first slides you had said continue high quality healthcare. Sir, I disagree. This is not the Mission that we have known our whole lives. My mother-in-law was a fall risk. While she was at Mission, she would press the button to help go to the bathroom. Nobody would come. They're so short staffed. She was directly outside of the nurse's desk. She had pneumococcal pneumonia and they put her on the floor for spine, not for lungs. They left her in the bathroom, when they did take her. She'd have to get back by herself.

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I called... That makes me cry. I called Mission in December to tell them what had happened. The lady I talked to, she said it was above her pay grade. She couldn't tell me what to do, it had to be higher up management, they would call me within two weeks. This has been in my purse and looks kind of rattled because I wanted to make sure I had it when they called me, if I was at work or wherever I was. They haven't called. But you know what they've started doing, they've started sending my mother-in-law letters in the mail wanting to know what her discharge date was because they lost her paperwork and they can't file her insurance. She told me yesterday, "I'm throwing those letters in the trash."

This is not high-quality health care. I know it's not your fault. This is not what we're used to. And we may be a rural mountain county, we may be thought of as rednecks or hillbillies, but we're people and we deserve better than this.

Speaker 12:

Okay. Got a lot of orthopedic issues, and my wife and I have both been in Mission Hospital before the sale and after the sale. I'm a retired Navy chaplain, worked in Navy hospitals. Judy's a retired nurse with over 40 years of service. We also worked for the VA at a hospital in Oklahoma for 10 years. So, we understand healthcare a little bit differently than the average person and we look at things a little bit differently.

First of all, I want to say that Blue Ridge, their ED department is outstanding and we've been... I've been there, Judy's been there a couple of times, and they have taken excellent care of us. And the thing that we're concerned about is living in a small community, what happens if that hospital closes? Do we have to go to Asheville to Mission Hospital?

I was in Mission Hospital to be put on some heart rhythm medication for three days, and this was after the sale. Most of the housekeeping staff had quit. The food service people had quit. They were serving meals to the patients in styrofoam boxes. No way to choose what kind of food you wanted because they didn't have enough staff. It wasn't the staff's fault, it was whoever made the decision to reduce the number of folks available. Same thing happened to me when I was there. Because I'm over 65, they had a bed alarm on. I would push the button because I had to go to the bathroom. 45 minutes later, many times. So, what I started doing is I just started making the bed alarm go off, and the nurses said they were just so understaffed they didn't have enough nursing assistants.

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My wife, who recently was in the hospital there, she was taken from here to Mission in an ambulance with a possible heart attack. When she got to the emergency department there, it was about 20 or 30 minutes before she was assessed. The people who ran the ambulance there, the EMTs, stayed by her side in case something happened. I don't know if that was that they were short staffed.

My wife has a disease called celiac. Some of you may know what that is. She cannot eat anything with gluten in it, it's a hereditary disease. When she was in the hospital there, she said, "I have to have a gluten free diet." The dietician said, "We can't do that." So, they went out and they bought one of these for her. She just bought these today. They bought one of these for her, and then they bought this brand of frozen dinner called Amy's. Well, if you look at Amy's, it says it's manufactured where they manufacture wheat products. It's not gluten free. She's going to have to have a knee redone for the fourth time, same knee, and she was talking to dietary about what she would need to, about her dietary requirements when she comes in for the knee. They told her, "We cannot provide you with a gluten free diet. You'll have to bring your own food to the hospital." I don't understand that. I've been in hospitals in Texas, I've been in hospitals in Oklahoma, and they could provide a gluten free diet. I don't know if it's because of the staffing.

The other issue that I've had is with billing. I had a hip replaced and some of my procedures were miscoded. So, Medicare did not pay for it, but TRICARE did. I have TRICARE for Life. I called the billing people and I said, "I got this bill for over \$8,000. Why is that?" and they said, "Because your insurance didn't pay," and I said, "But part of it did." "Well, you're going to have to pay that \$8,000," which is not true because they take Medicare and TRICARE, and they can only bill me for what the Medicare rate would have been, and they insisted, and they said, "If you don't pay it, we're going to put you in collection." And I said, "Make my day, put me in collection." Cause I know from past experience that if you get put in collection and they're trying to charge you more than the Medicare rate, then they get investigated.

These things didn't happen before HCA took over, and I don't know if it's... The other issue is have you ever tried to get your medical records from Mission? It used to be, you walk in and they would get them for you. You could go into one of the physician's offices and they would get your records in about an hour or so. Now they tell you it's going to take three to six weeks and it has to go to a place in Georgia.

Something horrible has happened with HCA taking over, and I'm hearing all of you talking about this. And we have wondered whether or not we made a mistake moving to the small community of Burnsville that we dearly love, and moving to this area, because really the only act in town for the doctors that we use is Mission. So, I don't know what kind of information you're going to take back, but there needs to be something that changes because the quality of care at Mission Hospital, the main campus, is substandard. That's the kind of care I've received. That's the kind of care my wife has received, and it's not necessarily the staff's fault. Sure, you're going to have a bad apple anywhere, but it's because they're undermanned. There's been some changes made in their policies. I was told that they have all these sub corporations

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that now take care of food service, and billing, and all these other things, and it just seems like it's created a real desperate situation for all of us who live in these communities. Thank you.

Speaker 13:

Just for you people that might have any curiosity, I don't know if you've done it or not, but when you go home tonight, Google "HCA health care complaints" and read what's going on all over the country, civil and criminal. You'll be on all evening.

Speaker 14 - Anita Blackwell:

Hi. My name is Anita Blackwell, and I'm here representing my husband, Kent Dotterman. I retired from medicine after 35 years as an OBGYN nurse practitioner, and I was a director of a medical assistant program in the 80s. In the late eighties, I had an opportunity to work for HCA at a small hospital in Sarasota, Florida, and nothing has changed, and that was before Rick Scott took over and also got indicted, I think, felony for Medicare fraud. So I'm just saying that right now. So, in November my husband had a stroke. He's 58 years old. He was taken, we went to Blue Ridge Hospital, and the emergency room was excellent. They put him in an ambulance and took him to Mission in Asheville. They couldn't get his blood pressure under control. He was there. He was admitted on a Saturday and he was there until Thursday. During that entire time, I never spoke with a medical doctor. I spoke maybe with the PA, which is okay with me, or the nurse practitioner. And they told me that because of his age they couldn't figure out why he had this stroke. It had affected the left side of his brain. He had some cognitive impairment and he had some aphasia. And confused, he didn't know his social security number or his phone number at that time. So, they said, "Well, with somebody young like this, we usually put an implant" And it's a cardiac monitor that they implant. They never asked for me to come down to sign for it. They took him down, and he said it was done under sterile conditions, and they said, "We got three boxes, this one, this one, this one. Which one do you want? This has a better battery for three years." He didn't know. I guess, put that in. So that was put in under sterile conditions.

So, he was discharged on a Thursday. I picked him up late in the day. I couldn't even find a parking spot there because the parking is absolutely horrible. Took me a half hour, and I had to go around to the emergency room to have them bring him down. They brought the box in for this monitor, put it on the bed and said make sure when you go to the device clinic, because they have all these clinic appointments set up, that you bring this box with you. Nobody gave us any instructions. We come home, we have the box, he's at home. Two weeks goes by and we had the appointment to go to the device clinic for this monitor. We go in there and the technician says, "Oh, have they been checking it for you?" and we said, "No, we came here because we thought you were supposed to." And she said, "Nobody gave him any instructions?" Now, I'm in medicine, except I was OB GYN, not the heart. So, I said "No." So, she said, "Well let me go ahead and check this." So, she put on this portable thing and she goes, "Oh my God," she said on Saturday night... The night he come, came home on Thursday. So that's Thursday night, Friday

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night, Saturday, he had four and a half hours of atrial fib, which probably caused his stroke. So, when I went to the cardiologist, Dr. Lim, L-I-M, Asheville Cardiology, and I said to him, "So, what's happening with these?" He said, "Well, I'm really sorry about this," he was on the neuro floor, and Dr. Lim said they used to have a private group come in that works with these monitors and they would instruct the patient and tell us how it works, but he said the hospital has let that go, and they depend on the nurses to do that. Well a neuro nurse didn't know how to do that.

So, then we come home, and we hook the thing up according to what they say. It's still not working. And when we call, they go, "Oh, well it's done by cell phone." I said, "Well you know, I live an hour north and cell phone is not that great up in Spruce Pine." "Oh, well we're going to have to get in touch with the company and then send out an attachment that you put on your computer so we can do it." And to this day it's still not working. That's number one, okay? And I haven't even got the bill for that yet. Okay? (speaker from audience – "maybe they lost your paperwork". Yeah, I'm sure. I'm sure they did. And I was going to tell you a number too now and I can't remember it. Darn it. Oh well, it's just really sad. I mean, I'm just appalled at what I'm hearing going on and... Oh, I know what it was. So, they said that he needs to go to the sleep clinic. So, I didn't get any call from anyone, and he's got the neurology clinic, the cardiology clinic, the other clinic. And I finally call, and they go, "Oh well, go ahead and call again." And when I did, they said, "Oh, well our phones aren't working. We have a private outside group that will be in touch with you." To this day, I've still not heard from them. So, I have a friend who's a physician in Sarasota that I worked with for years. He sent me a snap. It's a home study program. We had it sent to us. We found out that my husband has a mild apnea and we have a... and so we did all of this through a physician in Florida, and I've got him in a private respiratory hospital in Asheville that's going to be checking it out. Now, this should not be. This should not be. And so, yeah, it's really sad. And I haven't even got the bills yet and he did not have insurance when this happened, so I don't even, I can't even imagine what that's going to be. So-

Speaker 15 – Shell McCall:

My name is Shell McCall. I work in community health around here and I'm sharing this email on behalf of a friend who was just discharged from Mission Health. She had a hip replacement. Because we couldn't do it here at Blue Ridge because that's not available anymore, she had this in Asheville, and I'm just going to read her email:

I just spent four nights as an inpatient and agree with everything that has been said in concerns in the media so far. The nursing staff is competent and try their hardest to pay attention to their patients, but they are totally run ragged, sometimes not having time to grab lunch or dinner. Medication distribution often took much longer because of the low ratio of nurses to patients. They tried very hard to put on a brave face while doing their jobs, trying to put patients at ease.

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I was a fall risk patient and had to factor in approximately 40 extra minutes sometimes when I needed to use the bed pan. One time, I was left on the bed pan for over 30 minutes. Not the fault of the nurses, nursing assistants or any staff, just purely too few staff to manage, creating stressful situations, not only for them but for us patients, too. A combination of events which could result in serious mistakes or accidents.

We are not a third world country, although it sure felt like it, not the care that I did receive, but the lack of it. I think it's totally disgusting that for the sake of a dollar, patient care and hardworking, caring medical professionals are being sacrificed, which in my mind leads to compromised care and safety issues.

Another comment I have is that a poor staff member came in one day with an awful cold and was wearing a mask, that had to be there because there's no leeway for illness with HCA for staff. Illnesses are not considered important, and if staff take sick days, they are penalized with a poor record, and can lose pay or possibly be dismissed. I cannot confirm this actual policy, but this is what was related to me by the staff member.

Speaker 16 - Dr. Peverall:

Oh, it's recording, you didn't have to tell me that. Now I'm going to be nervous. Hi, I'm Dr. Elizabeth Peverall, I can't give patients stories because of a HIPAA violation. I do have one patient story that happened to my own husband. I'll be brief because, you've all already said these things. I've worked in an ER, I've had patients, I've admitted patients through an ER, I know how an ER should work. My husband went to Mission Hospital with a heart rate of 140 and didn't receive his medication for an hour, not because of the lack of excellent staff, not because of the lack of excellent nurses, but because those nurses were also being asked to transport people.

I was actually told by an administrator once who said when we're cutting, this is true, all these things that you're hearing are true, they've cut housekeeping staff, transport staff, respiratory therapy staff, CNA staff, food service staff. And then I have patients, I've come to see them, and they haven't had a bath in six days. They'd been in the hospital for six days without a bath. And, of course, the patient would be upset about that. Brought this up once and I was told, "Well, anyone can give a bath," there's not enough CNA's, "a nurse can give a bath." Okay well, if the nurse is giving a bath, when are they supposed to give the medications? So, on and so forth you've heard this already, but I just want to reiterate that that is true.

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The point I actually want to make is that this is all costing you, us, all the tax payers, not less money to get this level of care, we are paying a lot more money to get this level of care, and I have proof of that, too, and I meant to bring this to SEARCH, I'm sorry.

My husband just had a stress test. He has Medicare, thank goodness, thinking that his Medicare, \$5,500 for a stress test. That was not the case two years ago, three years ago, people who got a stress tests maybe, I don't have an exact rate, but it was probably about \$3,000, \$2,500, \$3,000. There was not a fancier machine, there was not extra staff, there was not a shorter waiting period, there was no increased quality of care for that extra cost. So, where did that money go? Everybody know where that money went? It went to somebody who already has a lot more money than any of us in this room, and that money really is bothering me the most about all of this, is that money is coming from, and again, that very nursing staff, that housekeeping staff, the truck drivers, the teachers, the doctors, everybody, everybody is paying for that out of their taxpayer dollars and this is considered to be legal. To me that's corruption.

I'm thanking everybody for saying about our excellent ER staff people, what the people are saying about having the staff is true. I tell people this actually when they're waiting to get their medicines or they're waiting to get something is I say, "I am really sorry this is happening to you, I just want you to know that your nurse is working really, really hard and she's going to be here as soon as she can", but why that's happening is because it's being cut.

And one last, Oh, sorry, this was the most important thing was about the charity care, and I'm not sure what oversight we're having on all of this. Okay does charity care exist? It does, I think, but I'll let you know what's happening now versus what happened in the past. I work at Community Health Partnership, we're a federally qualified health center, so we see people who are on a sliding scale. We see everybody, so we see people who have very little money, we see people who have a lot of money. We used to be able to work with Mission. I mean anything, you talk about a hospitalization that was tens of thousands of dollars to do a test that was a few hundred dollars and they would get a discount that would make it affordable, sometimes it would be basically free. I had a patient that very much needed a CT scan on recently, and fine, you get a discount, so the discounted rate, I have the paperwork, I don't have it with me, \$1,300 was going to be her portion of this discounted rate, 25% of a CT scan.

Now again, anyone who's been in medicine, a normal CT scan was not, I'm sorry, what's the math, \$5,000 before, that was not the normal cost of a CT scan before. And not only that, she was humiliated when she went to get it. Didn't they tell you that you were going to need to pay this? So, most people, myself included at times, are not going to be able to pull \$1,300 out of their bank account, especially somebody who's needing charity cares on a sliding scale. So, this charity care is not happening, and if that was a service they were promising, it's not effectively happening. And, also our money, our taxpayer dollars are going not to better care, but to decreased quality of care.

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Speaker 17 - Risa:

Hi, my name is Risa and I am part of the SEARCH Organization. SEARCH stands for Sustaining Essential and Rural Community Health Care, it's a Mitchell and Yancey County organization that put itself together when they closed labor and delivery here at Blue Ridge Regional Hospital a couple of years ago. And then, when we learned that the hospital was likely to be sold, we started working heavily with folks at Asheville, folks over in Franklin and we were told "oh my heavens, you'll never have any impact on that sale, you'll never see the sales agreement, you'll never have any impact there" and good Lord y'all, we did. I remember Dr. Arch Woodard saying, "You all have renewed my faith in community organizing" and so all I can say to everybody here these horrible stories, take advantage of Gibbins Advisors, take advantage of the option of having a portal and an email that you can let these stories be known. I do think we can make a difference, because we made a difference before.

Speaker 18:

My question is you've made several references and I have no personal, fortunately health experiences to relate from the CIS changes in the system and I am a healthcare provider, was for 40 years as a nurse. You made the comment a couple of times that the seller had to make the, you know... Whether they agreed in enforcement what is their actual motivation since the sale has occurred. And other agreements have been, in essence, finalized. So, what is their motivation to say, you're not complying and therefore you should do X, Y, or Z? I don't understand. I mean if, if I sell my car and you buy my car and our deal is done, you're not coming back to me for it, if I had an honest open sale in agreement, that's legal. So [inaudible 01:13:28] help me understand.

So, let me follow that up. Is our recourse that we should be directing being primarily to our attorney general rather than, even in a forum here, because I'm not getting, [crosstalk 01:14:29] I'm not getting answers to how something is going to remedy a situation that appears from all of your interactions with people here. What I've heard as private citizen that care is going down the tubes and that people are being cut. People, nurses, nurses tried to do. Doctors try to do, we try to do with what we're given, but if you're governed by HCA of 180 hospitals that is going and it's a for profit and everybody predicted this in the beginning that you, when you went from nonprofit to profit, it was going down the tubes. So how do we try as a community throughout Western North Carolina that is being negatively impacted and particularly, I mean our health department, when I was supervisor, we had a sliding fee scale. If it was zero, it was zero. You know there was no question we gave the care and it's very sad for me as a healthcare provider. To hear people and even what you went through, is unfortunate. Many people don't have the capability to persevere, and so what is the recourse for us? Do we direct all of this to the attorney general rather than here? Because if the seller doesn't say, "Oh, you're not complying" and what you're saying, I'm not getting, okay, "I'm monitoring", well I can monitor chart compliance too, but if I don't do something about the findings, then it's all for naught.

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Speaker 19:

Well, please. I'm a real loud mouth. I project pretty well. What I would like. What I would like to request is a copy of those slides that outline those 15 components. It is on your website so we can download it. Okay. To at least know, I don't have a hundred page agreement or whatever. It probably takes a good lawyer to read it, but I can fall a fifty point pretty clearly. Right. Which is a good thing, but I think everybody should know that, and I would like to suggest that you have that publicized in the local newspapers, so that other people who are unable to attend or didn't ask the question before; knowledge is power. What I also would comment to, is when you work in facility that is not, in other words, they're driven by the bottom line. And they've let go staff. I know of some people sitting in this room that after 30 years of good service that our local hospital is not working there. Okay. And, but maybe she can't speak because she got one of these really great non-disclosure things. So, people working in the environment are reluctant, I could give a rip if somebody says "that woman got up and said that." I don't work for anybody anymore except me and I, but I care about this community. I'm not from here. I worked overseas for 30 years and where I work, we're heading for a third world and I lived third world over 24 years and away from the federal government part. So, I think that people are scared to speak up. They have people that would be working there, would be concerned about retribution and revenge. I mean that's the truth. So, it's a sad state.

Speaker 20 - Victoria Hicks:

Thanks for that introduction. I'm Victoria Hicks. I'm also a member of the SEARCH organization, and this is Mr. Winters' meeting and so I certainly don't want to step on - I think he's in a very difficult position. But a couple of observations, the CEO of Dogwood Health Trust is a man named Anthony Chang. He came here from Spokane, Washington, where he headed a similar foundation which did sue the hospital, that had the hospital corporation that had taken over the local health system there, and the foundation that he was head of won that lawsuit. And does anybody remember off the top of your head whether it was at \$150 million, a lot of money, a lot of money. So now that doesn't mean that it will happen here, but he knows how it goes.

There is discussion that the death of a thousand cuts analogy. There's a lot of discussion going on regionally that that is the real nut of this. And I think that, I would say do talk to the attorney general, talk to everybody you can find including the attorney general and they do have a complaint form on their website. It's on their homepage, ncdoj.gov, and because to some degree he owns this thing, he approved it and he didn't want to see it go south. I would venture to say that HCA reputedly wanted this system as a beachhead in North Carolina so that they could expand and if they were to want to buy any other nonprofits systems, they would have to go through the attorney general again. So there is some leverage there that is political rather than strictly legal, so it's not hopeless and anyone who's interested, please join us in SEARCH and I will be happy to get you on our mailing list and be a part of this fight. Thanks.

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Speaker 21 - Jim Carroll:

Hi Jim Carroll. I work in Bakersville in Spruce Pine with family doctor here. Been around too long here, but I think it's great that you're coming out and getting the community input. I would echo what we just heard, I think, the folks on the board of Dogwood Trust, they've got a lot of money, but they don't want to squander it. And if HCA is not living up to their agreements, then somebody's going to have to pay for the trauma that results from that. So, they're looking at the whole community and I think as they go through this transition and take over that oversight role, we certainly will have the opportunity to fill them in on what's really going on. So, I'm also part of the SEARCH group, not, not a very faithful attendee, but I think we've got a great local group, too, that's helping with that. A couple things that I'm aware of.

I just wanted to mention the question about why was Mission Hospital sold? I think the, you know, it's always about money. So, I think in this case with North Carolina not taking the Medicaid expansion that just put all hospitals under a huge amount of stress and Mission was seeing their profit margin dwindling rapidly and starting to disappear. And the thought was, if we don't sell now, we'll sell later in a worst position. I think that's the long and short of it.

As far as staff shortages, I think that is a huge problem. Some of it is about firing people, but a lot of it is about how you treat people. If you don't pay people well, cut their salaries, take away their benefits, just make the job environment more difficult, they're just not going to stay. I can't swear that this is true, but I was told was something like 40% of the anesthesia department at Mission quit or was fired, and you can't run into my operating room without anesthesia people. So that has been the source of a lot of the crunch in the OR. I think there's probably other reasons too. But thanks.

Speaker 22 - Susan Larson:

I'm Susan Larson with SEARCH. I think it's telling that the two doctors who've spoken already are not with Mission and that we have not heard from Mission employees tonight and why would that be? Could they be afraid of losing their jobs if they spoke up I, and so I would, I hear things and I would like to reflect on a couple of things that I have heard from doctors and professionals, medical professionals throughout the system, not only at Blue Ridge but also in Asheville. One is that staffing is dangerously thin as you have heard that they have to send people or rather that HCA has required that nurses be sent home mid-shift. If there aren't enough patients to warrant that, but then guess what? The patients appear in the emergency room and then there are no nurses, and then they call for the nurses to come and maybe they're able to come and maybe they're not. So, it's a catch twenty-two, how are we going to maintain our valuable hospital, if we're not able to have patients in it, because the nurses have been sent home. Okay, that's one. Another is a new policy that requires that if a patient comes to the emergency department and has to be transferred or rather has to be admitted to the hospital, my understanding is that if they're being admitted to Asheville, they're immediately sent to Asheville to the emergency department there, which is already overwhelmed. And the patient

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then is charged for the emergency room work in Blue Ridge and in Asheville. So, it's double the cost. Well, I don't know it doubled but more costly. And a quote direct: there's a feeling that our work is not valued. Our rights and safety are not protected and positive growth for the community is not occurring. That is from one of the medical professionals whose name I will not share.

Speaker 23:

So, I am afraid of getting in trouble from, I work at Mission now in the behavioral health unit and I have, sorry, I sound real loud on my own ears. Okay. So, I work in the behavioral health unit over there in Mission and just in the time that I've worked there, they have cut staff drastically. The first thing they did when they took over is I got rid of the HUCS and they told behavioral health techs you got to do that job too, it's a unit secretary of our unit. And then, see, as behavioral health tech I'm not a CNA. Now they have behavioral health techs do CNA work and quite frankly it's terrifying that I'm afraid that I'm going to hurt somebody, whether it's in the Geri department or on my unit because we have medical patients on my floor.

They don't train us, and if we say, "I don't know how to do that," I get yelled at. That is a really scary position. I tell my patients, "I'm not a CNA but I'll help you, can you tell me what I need to do?" That makes them feel real confident, telling you right now. And, additionally in my unit, they don't even supply enough stuff for what we have to do. In one week, the entire laundry department quit and there was no one. And now we have to go find our own linens and bring it up to the unit. So now we deliver our linens, we do the HUCS duties or CNAs, and they gave us more patient load and they're short on staff cause everybody's leaving. I don't know what's going to, what it's going to take to make changes for the positive, because I've went up my chain of command all the way to HR about this and when I put in [inaudible 01:31:49] the RL solutions, I was told by my NUS that I shouldn't have done that, that I should have kept it in-house.

And that's supposed to be reported, so that patients are safe. Something is really wrong here. It's really wrong. I mean I hope I don't get fired for saying something, but at the same time, the patients I take care of are some of the most vulnerable population, whether it be because they're, they're mentally ill, they are suffering with an addiction, they're old. And it's like, "all right, they're not going to say anything or nobody's going to believe them anyhow, so take it right on out the door." So anyways, I don't know if you can do anything about that, but please pass it along to somebody that can.

Speaker 24:

Well I know we've had two turns, but after that I have to say something. After 40 years as a nurse and all these hospitals and I've worked at Mission, and I was so proud and now I'm embarrassed and it saddens me to hear all of these stories. When people find out you're a nurse, those of you that are nurses, the nurses talk to you different, and they share lots of things with you. We did not have one nurse tell us that they enjoyed working at the hospital anymore. They said they were trying to get on at the VA. They were getting out as fast as they could find

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another job there. Lot of them are going to lose benefits. Their benefits are being cut. The people in housekeeping had to reapply for their jobs and they had to and they were cut as we were told, they would just pull up a chair and sit down and talk to us. When they found out he was a chaplain, I was a nurse and they were sharing all these stories of anguish and the nurses are oftentimes, or the aids, now are pulled down to the emergency room to take care of the psych patients that come in and the nurses are having to do the aid work. So that's leaving less nurses to take care of the patients. And thank you for listening. I just had to say that and corroborate what's already been said.

Speaker 25 - Dr. Peverall:

I know you already spoke at time. I'm speaking on behalf of Dr. Mitchell. Philip Mitchell's the chief of staff of Blue Ridge regional hospital and he is on call tonight, admitting a patient to the hospital. So, he really wanted to be here but could not and I'm going to be positive like he is. What he wanted to say he wants, he really wanted to hear what everybody was saying. So, he will be listening to the transcript.

I'm not sure I'm translating this exactly the way he would have said it, but he wants to also work locally with Tonia Hale, our new CEO, to try as much any of these things that we can solve. And I'm not sure any of these things that we can solve. He wants to try to work on locally. So that's another avenue to come to is through the medical staff at the hospital and through Tonia Hale, our new CEO. If there's something we have in our power, if they're the tools that we have, then we're going to try to do it. So that's, this is Dr. Mitchell saying this and I just wanted to relay that cause that's what he wanted to say.

Speaker 26:

Reaching back in the closet and getting an old saying about Mission Hospital, HCA. They need to do some damn soul searching. I'm sitting here thinking as a participant in the hospitals and like the first to say how nice it was to have a hospital that we were glad to go to. We were taken care of like we should be and [inaudible 00:00:36]. This room is filled with negativism. Is that a word? Okay. I skipped school when they had taught that word, but I just think it's a shame that we're all in here for one reason and that's because we're not being treated like we ought to be. I guess that's it in a nutshell, but I sure, sure do hope that they will do some soul searching. I hate to say it, but I just can't help it. I doubt it'll do any good. I wasn't trying to slap you in the face. We put the ball in your court so that you can do for us. Thank y'all.

Speaker 27 - Barbara Juliet:

Hi, I'm Barbara Juliet. My husband and I lived here now for six months. I dealt with the HCA, HCA down in Florida and they've done a lot of the same things over the years, both on the East coast and the West coast of Florida. HCA, one of the ways I think that they're getting rid of certain things they've done by the city. So Spruce Pine, just HCA, well Mission, just lost the ambulance service by putting in the highest bid. So, how can they tell that across the board? They're not going to do that to get rid of services by saying, well the community didn't want it.

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Speaker 28 - Susan Larson:

I would like to clarify that HCA, yes, did lose the bid. It was the highest bid among the three in both counties. However, Mission in their favor and in the original agreement had agreed to give one year of service of ambulance service and that was it. And so, they had to go to a bid system. It's a little, the ambulance service is different from the hospital in the sense that we are guaranteed 10 years. We're not guaranteed the one year in the asset purchase agreement. We're supposed to have 10 years. So, if we can, as Kay and others have said, work together with Dr. Hale and make this the best hospital in the whole region and a model for others, then we can keep this hospital.

Speaker 29:

I don't add to the negativism in the evening and I, didn't want to give you the impression that I'm holding any of this against you or that you're not doing your job or anything like that. It's important that there is a monitor period. From what I, if I understand you correctly, you said you report to the HCA? Okay. Cause that. So, at the end, at the end of the line, if there are some complaints, if there is some noncompliance, it goes to the attorney general. The attorney general can sue the hospital. They may win millions of dollars. Then what? They're not going to force the hospital to restaff. They're not going to force the hospital to bring back the people that retired or resigned. They're not going to force the hospital to get the equipment that they're dumping or bring back the programs that they're cutting.

There has to be some kind of accountability for this. It's doing a huge disservice to the entire community. Or, they will be fined and they'll just add it as a line item in the sale that's already happened and say, Oh, it's going to cost us a little bit more for this project. That's very cynical way of looking at it. But since in the day and age we're living in now, the only metric per value is a dollar, not the health of people, the community, the service that's being provided. They will suck up that dollar, pay that fine, and continue on. So, I think it's really important there's a monitor, but if there's no teeth in, like she said, the sale's been done.

If I was, it's a terrible metaphor, but if I was selling somebody, a dog, and I said, I will sell you this dog. Are you going to feed it? Oh yeah, I'm going to feed it. Are you going to let it be outside? Of course, I'm going to let it be outside and I, they buy that dog. They may feed it, they may let it outside. I have no recourse in that situation. I can have a monitor that goes to that person's house and say they're not feeding it. They're not letting it outside, but it's, it's not solving the problem. It's not ameliorating the problem. It's not bringing the level of care back to the community and it's very, very distressing. And the fact that our legislature would not do the right thing. The simple thing that we all have already paid our taxes into and now our tax money is going to another state that is expanding Medicaid. It's unconscionable. I think the hospital should have a moral obligation to the community that it serves, and I don't think HCA has put that into the equation.

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I think it's all about the dollars and when the hospital is not viable anymore, they'll move on and it's a really sad state of affairs. I'm not, I'd like to stay positive about it, but if there were teeth, if there was some way to force them to bring back the things that they're cutting away, I'd have a lot more optimism about it. Okay and I just stop you right. Worst case scenario, worst case scenario, they've broken all of their commitments. What's next? What's next? [crosstalk 01:44:32] Do they rehire people? Aren't you supposed to monitor these things and then report it to somebody? You're not reporting it, you're not reporters. Whether it's through government or...

Speaker 30 - Charlie:

Am I on? I kind of want to take a different tack. I'm Charlie, and I'm also on the leadership team of Search and I see a room full of very competent and capable people and I refuse to accept the idea that it's they alone. We can take control of Blue Ridge in many, many ways. We can impact the care that we get at Blue Ridge. We can impact the advisory board of Blue Ridge, but we have to work to do it. And that's what Search primarily is engaged in is trying to bring all the disparate groups in our community. All of you here sitting here tonight and we're saying join us so that we can have not just improvement at Blue Ridge but the whole health of our community is based on what we as citizens do and it's fine. You know that what we're dealing with, we're dealing with HCA. They're not going to come in here and make you individually happy. Okay. They're going to do the least they can do for the most that they can get, but that's just the way it is and it's no use pointing at them. It's rather better that we organize and make things happen here. We can force them to do labor and delivery if we raise enough cane and actually move to work on that, as a community. Now you are up to the monitor and by the way, I believe the contract is on the search website and that website is Searchwnc.org. You can read the whole contract. There are a number of us in this room that have read it and it's a tough contract. It was negotiated. Search changed the terms with others. I give Search all the credit, that's us. But in all honesty of group of communities got together to make those changes in the contract. Now, I happened to see by your name that you are a fiduciary. I'm assuming you are a fiduciary for the benefit of the trust. Is that true? So, you're not a fiduciary to them? Just the advisor. Right. Okay. And only thing I would say is, and Dogwood is the ultimate, you used the word seller entity. You'd really be better for this group to call it Dogwood cause that's how we know it. So, as a fiduciary or as the seller rep, I'm sorry, it seems to me that what you will report back as part of the failure of service does fit within one of your boxes. If you want to put the original boxes back up.

Somebody better help back me up on this if my wrong. And it's the retain services in hospitals and it's how you interpret that as to whether you interpret it as all of the services that were provided at the time of the sale or is it the cutback services? I know the cancer, the gentleman here who has cancer, I happened to go to the cancer ward that was in the hospital and they were telling us that they were leaving the hospital and I believe they went over to the other location. And so, do you interpret that is a loss of the cancer services at Blue Ridge? The fact that the group that was under contract with HCA left them and went independent. Is that a loss of services to you? Acute medicine service - and would that include cancer care to you? And I appreciate your position. Sort of. But I better let other people speak.

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Speaker 31:

I'm just going to make this quick. I'm disappointed. Totally. From my understanding. This is the seventh meeting of its kind. And many, many questions. People have honest, honest tragedies that they're trying to deal with. Where do we go to get the answers? You keep saying, and it's not you, but you keep saying, I don't know. I don't know. I don't know. Where do we go to someone who does know the answers to his questions, the answers to his questions? Where do we go? You give us an email. Okay? To voice, to you, or to whoever's on the other end of that email. Right. Do we get response from that? It must be frustrating for you? It has to be. God bless you.

Speaker 32:

No, that doesn't, you get no answer. You've heard from many people here. They've asked questions. I'll get back to you two weeks. He's waiting months for answers, months.

Speaker 33:

My biggest problem is, I've lived too long.

Speaker 34:

And all the answers. Where do you go? Where do you go to get? Okay, I can help you with that. He got a bill. There was an 800 number to call for customer assistance. He called that number. Oh, we can't help you give us whatever you want. The financial department to know. We'll email them and they'll get back to you. Three times. No response. I'd like to know why can't we have an HCA representative? I understand. They have no defense as far as I'm concerned, they have none. It's beyond billing. It's, you know. You heard here it's way beyond billing and I think the people here that work hard every day of their life are entitled to some kind of an answer for the questions that they have. That's all.

Speaker 35:

I'll just quickly share one thing that was shared at the meeting in Buncombe County and I hope I wrote this down right. The North Carolina Department of Health Service Regulation and they have a hotline if anybody wants to write down this number. (800) 624-3004. That's (800) 624-3004 the North Carolina Department of Health Service Regulation. It was suggested that, that might be an appropriate place to route some of these kinds of complaints. I can't vouch for that, but I'm just sharing the info. Also, someone told me that it would be right for the medical examiners and I met on the line already and there's a form there and you can submit it. Apparently, they're getting a lot of submissions.

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Speaker 36:

Sorry. Along those lines, sorry, I missed the beginning of the meeting and I didn't. I missed the beginning of the meeting. I didn't catch your name. Ron Winters, So Ron, I didn't want to pre, I understand, she said, I mean understand the frustrations. I appreciate though that, that what the purpose of this meeting is. I really do. I understand. It's really frustrating to not have answers, but I'm very, very happy that we're, that you're here to listen and I'm understanding. I understand that. I'm so glad that there isn't anyone from HCA. I don't want them here listening to, but maybe there is, there probably are people here listening, but at any rate you're, what I'm understanding, is you're a moderator, right? Or a listener, but there are, wait ma'am, I'm sorry. Before you go, I was going to give her another way that she can speak. Ma'am? The one who's leaving. I was going to give you one more recourse. One more place to talk to is back to the attorney general, but we aren't going to be apologized to anyone who is here from HCA, but I don't think they're going to be responding to our questions and that's why we're here tonight. But I think the Search Committee is one place, the attorney general needs to hear these things that are happening so that we can make, start making changes. But Mr. Winters, I think his job is to listen and I'm very happy that we're having this opportunity to speak up. So, thank you.

Speaker 37:

Based on the last comment, are you going to be sending yourselves as an organization? Will you'd be sending a copy of the transcript to the attorney general so that they can hear what transpired at this meeting and the other community meetings you've held?

Speaker 38 – Colleen Hanisch:

Hi, my name is Colleen Hanisch. I've worked for Mission Hospitals for eight years at Mission, at Blue Ridge, and now at Mauzi-Phillips Center. I'm a behavioral health specialist. I've always been very proud of the charity care program that Mission provided. It was amazing. People in the ICU going home with no insurance and not having their lives taken away from them for the bills. It covered so many people. Practically I was being covered as a behavioral health person under charity care for many of my patients. When HCA took over, I was really worried that was going to go away and it has. I am covered. They will get a 20% discount on \$150 bill if they see me. And these are people who are uninsured, fall in that gap of the Medicaid expansion and have no insurance and then they end up in Copestone inpatient if they're not getting care. And so, I just want to say that I have seen that change and I have also seen providers stressed. I know a clinic that has one medical provider. We're not taking care of people and it's wearing on us trying to maintain quality care for our patients. I've been reading articles about moral injuries and that's what's happening is people who are out trying to take care of people haven't got the ability to do it. So, they're leaving, and they're not being replaced and I've watched our team break up into half of what it was when I started at Mauzi three years ago. So, it just breaks my heart.

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Speaker 39:

I guess the red neck comes out in me. Too bad we can't boycott this place. We want all could be healthy and we can break them down. [inaudible].

Speaker 40:

Another question of course. What HCA is going to be bound by as the contract. For instance, with Blue Ridge Regional Hospital, as long as they're checking those three boxes and keep the hospital open for 10 years, your obligation is going to be, well yeah, I'm sure they're meeting their, they're meeting their commandment because they're checking three boxes and they're still open. So, it all gets back. Well, what's the recourse? Doesn't matter how good or poor they're doing those services, as long as they're providing those three services, they're in compliance. Is there any recourse besides that? As long as they're checking those boxes? Let me restate that as long as they keep the emergency services open and there was nothing in the contract about staffing levels. So, no matter how much they cut the staffing as far as compliance, they'd be in compliance. And one final question. When you say you're sending a transcript to HCA who in HCA or are you sending it to? No, I'm not implying that. I'm just saying is it going to be a decision maker at HCA.