

MACON COUNTY MEETING TRANSCRIPT
THURSDAY, JANUARY 30, 2020
REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY

Speaker 1:

I'll be the first one to break the ice. I have a question concerning the hospital. What will happen after 10 years if it's not profitable? Does it go back to Macon County? Goes back to the original people that built the building, supplied the building, took care of the building? Nine more years.

I have one more question, and I don't know if you can help me with it, but- Okay. All right. I had a kidney transplant, so I was going to Angel Hospital every other day to have blood work, and every other day that I went, I had to supply, in order to get some assistance, copy of my W-2 and a copy of papers proving that I needed assistance. And I did that for about six months. And they sold and I wasn't aware, and I went to go to the billing department, and they were closed. So I tried to reach out, I thought it was Mission, and they said they weren't in charge, that I had to call this other number and I spent, no exaggeration, at least 15 phone calls trying to straighten bills out that I had. And I couldn't get a response. I finally did reach out to somebody. They told me they wanted me to send a copy of my 100% compliance that I was eligible for assistance. Well since then I hadn't heard anything, then all of the sudden I start getting bills that they're putting me in collection.

And I had been in contact with them. I have dates, people I've spoken to and everything. Nobody ever responds. And I finally reached another girl, which was probably about a week and a half ago, and I sent three times, faxed three times, a copy of my W-2 and all the information. And then I get another letter saying I'm going into collections. How do I resolve that since nobody responds? Yeah, because I've been calling. I mean, I have every person, all the bills, everything. I have lists of names and everything and I haven't been able to get anywhere. I'm trying to keep on top of it, but I don't want to be put in collections because of some bills and stuff. And they said, "Oh, it's in the system. Don't worry, don't worry. Disregard that." So, I disregard it, never get anything in the mail and then I get another letter that I'm in collections. So that's my concern - And I'm sure a lot of people that have gone to the hospital must have the same issues with the billing because you can't get anybody to respond to you. And I know that you can't, but I need a number or someone for the CEO so I can voice my concerns about all the bills that I have. These are only just some of them. And this is only for the last four or five months.

I mean the people that I've spoken to have been very nice, but I'm not getting nowhere. It's just constant calls, but I write everything down, so I have every person I spoke to, every date, everything. I have not been able to get anywhere with it.

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Speaker 2 – Mayor Scott:

Appreciate very much y'all being here today and I'm sitting back here with a couple of guys that we were remembering 1971 when this community came together to buy that hospital. Since then, we never would've dreamed, or I never would've dreamed, that we would see rural health become for profit rather than community service. Where we are right now, and you can take this back, I think there has been a disconnect between HCA and the community. I do not think the disconnect was because of any people that work at Angel, they have gone overboard, but there has been a disconnect. As the mayor, I have yet to talk to any very high ranking HCA folks. I would be more than happy to take them around, let them get to know our community and try to express to them the kinship that this community has had to that when it was Angel Community Hospital. It's completely changed now.

I feel like a lot of feel like HCA is something somewhere out there, maybe in cyberspace, we don't know where. But this is the main thing we've got. The other big question in the community is what's going to happen to the old hospital? I don't think that's been adequately answered. I know they're going to build a new one and I understand the latest figures are somewhere in the neighborhood of 68 million dollars. The question I would have for HCA is if you've got that kind of money, why have we not renovated the existing facility? Thank you sir.

Speaker 3:

My name is Jennifer Turner Lynne and I'm the assistant director at REACH of Macon County. We provide services for victims and survivors of domestic violence, sexual assault and human trafficking. So wearing my agency hat, we actually have three very specific questions. The first is that until the mergers happened, we actually never had an issue with obtaining forensic nurses to provide forensic rape kits and forensic examinations for strangulation victims at Angel Medical Center. Since the merger, I would say that 99% of the time we are responsible for transporting victims who have been violently sexually assaulted, trafficked sexually, or who have been strangled and physically assaulted all the way to Asheville to have an examination, which is unconscionable and inhumane. In addition to that, if Angel does the transport, for example, the amount of time that the victim must wait to receive the medical transport by ambulance, again, is unconscionable.

The last rape kit that I did, where I took a victim to Mission, we were there for 13 hours. That is only one of many examples. In addition, prior to the merger, we never had an issue with rape victims being charged for the use of the emergency room. We now are being billed, victims are being billed for the use of the emergency room at Mission. Again, that is unconscionable. In Asheville. That is unconscionable. The last victim that I took over received a bill for \$1,000s. The only services that she received in the emergency room was to have the rape kit performed. When we try to reach out to, again, resolve these issues, I will go back to what Mayor Scott said, the ability to access because it is this entity that's just out there somewhere, to resolve those issues is impossible. When the services were localized, the ability to reach

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someone to actually resolve if there was a billing issue or billing question was much easier. And so those two, and I would also say that there seems to be a very large lack of communication. The flow of information between Angel to Mission when somebody's transported. So for example, when we were told to go to Mission not too long ago with a rape victim we went through the emergency room process, we had a sealed envelope to make it as discrete as possible and the person there at the desk actually asked us "Why are you here?"

And so, we tried to very discretely say, "Well we're here because this person needs to have a rape kit done." And she goes, "No, I understand what you need to have done, but I don't understand why you came to this hospital." There's a big disconnect between the fact that we are having to go to Asheville to receive services because those forensic services are not being made available at Angel. My second specific issue is related to the fact that the transportation of individuals, and I don't know how many folks in this room know this, so this actually impacts a lot of people in Macon County, we only became aware of it because we had a situation with a victim. We had a victim who was in our shelter who actually had an emergency situation. They had a stroke. Our paramedic services picked them up, transported them to Angel. Because their situation was serious, they were then transported to Mission.

Upon their release, the individual was not returning to our shelter because they needed additional care that our shelter was not able to provide, they were going to be with a family member. Mission contacted us to tell us that either we had to pay \$300 to have this victim transported back to Macon County when she never said that she needed to go to Mission, they transported her to Mission, and the policy had always been that if you were transported there, that they would be transported back to their county of origin. That apparently has changed. And so now if you're somebody who is poor, doesn't have a vehicle, doesn't have a family support system with vehicle and you're transported for services to Mission, they're not willing to transport you back. They're not willing to pay to have you transported back. You, yourself, will have to find a way to get back to Macon County and you have to pay for it if you want them to arrange the transportation.

Those are all significant issues that impact our rural community residents, and again, are unconscionable that we would place individuals who are homeless or poor in those positions where they have no resources or no way to get back to their county of origin is really just unthinkable. Thank you very much.

Speaker 4:

Thank you for doing this. My name is Jesse Urban and I just wanted to speak of there's obviously some kind of rough speed bumps during this transition and one that I became aware of at Mission Health Center Highlands, because I thought there'd be less of a waiting time there. But it appears that there's a major disconnect during the transition where after a lot of research and talking to different customer service representatives that at that particular facility and it sounds like based on the complaints they're getting at other facilities as well that are

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based on the campus of the hospital, they sometime in July or August of last year changed their general place of service code, which is a really important code from code 11, which is more for primary care office practice of the physicians at a facility like that to code 22, which is just an outpatient type hospital setting, and it's amazing difference in terms of insurance and whatnot the cost of a 20 dollar copay to, in my case for just a simple office visit, getting a 600 dollar bill subsequently a month of two afterwards.

And that's fine if they want to operate that way, but the amazing thing is that they've basically almost done this change for the service code in secret. My insurance Blue Cross and Blue Shield is not aware of it, and I'm still trying to get them to update their website information that says that a visit to this location will use your primary care services with a doctor there. And also the actual doctors that are practicing at that location are basically unaware of it. The office manager is getting a tremendous number of complaints about this but the talking to the doctor and her assistant, specifically Dr. Wheeler, that they are still under the impression they're providing primary care service, and the patients are under that impression. But in reality of billing, which is quite important, it's not the case at all anymore since last July or August.

It's just this amazing disconnect that they admit that on the phone, customer service for Mission Health, that this is no longer a primary care facility, it's just an outpatient facility, but they're still essentially, at that location, the doctors still think they're providing that service and it's just amazing disconnect or dropping of the ball. And I just also want to mention I did contact finally HCA corporate. They do have on their website a phone number you can call and there's a complaint line. So supposedly they're looking into this and I would suggest other people... And they said they've never gotten any complaint about this, so I'm thinking most people don't know about looking up the actual HCA healthcare website to get their phone number because Mission Health, several customer service representatives were just reading through all the complaints they were getting about this issue.

So, I think people need to reach out more to actually HCA at their corporate website and phone number for any complaints they have. But I guess my last kind of question is, if it would be appropriate for you guys as the independent monitor to kind of receive and compile complaints that this is quite serious in my understanding. I know that HCA has even recently been indicted in lawsuits of kind of fraudulent billing practices as a kind of class action lawsuit. So unfortunately, I'm afraid another kind of class action lawsuit for this kind of fraudulent billing issue might be the only thing that resolves it. Hopefully they do resolve it, but they're making a lot more money, unfortunately, because of the way they're made this change and still operating as a primary care facility. And I'm afraid this is occurring elsewhere as well and impacting a lot of people.

So, I don't know if it would be appropriate for you guys to receive complaints about this that could eventually be compiled or used for a class action type lawsuit because I know you're independent of HCA, which would be... I can't really think of who else could kind of compile these complaints for something like that. Okay. I appreciate hearing people's comments today.

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Speaker 5:

My name is Ronnie Beale. I'm Vice Chairman of the Macon County Board of County Commissioners. First of all, thank you for being here. As you can see, a lot of our residents have not had much contact when it comes to the transition of the hospital. And we wanted to impress on you how important the hospital is to this community. Without the hospital we're in real trouble. But I have a few questions concerning Gibbins. We're meeting with the Attorney General tonight. He's coming to this neck of the woods. Number one, let's do the math on the new hospital. We're already a year in, correct? In a 10-year deal to build a new hospital, correct? And if it takes four more years- I believe it's 10, if you'll look. [crosstalk 00:43:44]. They have a five-year clause, I'm pretty sure. I lost my [crosstalk 00:43:50]. Okay. But let's do the math. The plans have not been submitted to the state. It's my understanding the architect is not finished with the plans. So if we're on the 10 year plan, if we're on the five year plan, then we're already way behind if you know how the state works approving a hospital. So I've asked that Gibbins look into that. I think that comes under your watch? Okay. And another thing, if Gibbins does find a default in any of the agreements with the contract between HCA and the Attorney General. So, if you do find fault, would you mind telling the folks what the process is, as far as Gibbins is concerned... According to that contract?

And I have one last comment on the existing hospital. We've had the conversation, we'll have it again this evening, about I think the community, the county could [inaudible 00:46:49] it by itself, but we went to Washington. We met with the senators about we have so many options for that building. The VA, behavioral health. The behavioral health beds in Asheville are wonderful. They also have some in Waynesville we don't get to occupy. So, it's a big behavioral health, and with that building with the combination of folks and with the state involvement, and the county involvement, we still think it's a very viable building for our community. And we just don't want a hole in the ground there to tell you the truth. We want to make use of it. And so, I know that's out of your wheelhouse-

We think it'd be a very nice gesture for them. We'd offer them a dollar, write it down. And we think it'd be a very nice gesture for them, for the community, because we are going to have to be partners. I mean, we may not like everything, but that was out of our realm. But now we want to be partners, we want to be good partners because it only does to help the community. So we appreciate what you do and we ask that, and I'm sure you'll be dealing in your job and we appreciate you listening to the citizens. This is what matters, is what's in the room. So we appreciate you being here.

Speaker 6:

One other comment, if you would, from myself. While we're talking about things to take back to HCA there is a perception in the community that this new hospital will be a transfer site to send you on to Memorial Mission. Right now I hear more about that from the community than anything. Just what services will this new hospital render and will it be short of services that we have become accustomed to? So that's one

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of the main things that I think you need to get back to it and plus emphasize that we're in the middle of four counties that really are getting pretty short changed on rural healthcare right now. And thanks again. I'll echo what my partner over there, Ronnie said, we really need to move on what's going to happen on that hospital. The physical plan.

Speaker 7:

Similar to Mr. Urban's issues, I have two providers here, one at Mission Women's Health and the other one at Angel Orthopedics. If you call their office, they tell you they are a network for United Healthcare and Aetna, if you call United Healthcare and Aetna they are out of network. So, you're receiving bills that are kicked out of system, pay in full or go to collections. Same thing. I've been calling the billing department at Mission for nine months over two bills from May 23rd. My insurance companies have called them too and told them that they know what the problem is, they're using the wrong billing address. It's different than the one the insurance companies have on file, so it kicks it out. All they have to do is correct the address. I had to drive to Asheville yesterday to see a doctor I could drive a mile to, just to get it covered by insurance.

Speaker 8:

She's upset because she thinks she's in network here. So that needs to be corrected. Also, I'm wondering with under what you're overseeing, their commitment to leave the hospital open. I'm wondering are they committed to leaving doctors in it, because they're running them all out of town? And a realtor I spoke to yesterday said that there are new people coming to town who are looking for rentals because their contracts are for only six to twelve months. They're not planning on hanging around here if they're only giving them a contract for six months.

Speaker 9:

And I will say the same thing, the people in the billing office are very nice. I think they're stuck in the middle. There's never a supervisor available to speak to. I can't speak to accounting. They keep telling my insurance companies they'll resubmit the claims, but they don't ever do that. So, I think they're stuck. I think they're being told what not to do, what not to say.

Speaker 10:

Hi. My name is Pat Thomas. Last year I had a friend who had a very unfortunate situation with appendicitis. Which I've always thought was not a terribly difficult situation, but anyway, he went to Angel and they said, "Yes, you have appendicitis, but we don't have a surgeon. So, we're going to have to ship you to Mission to Asheville." 11 hours later, they got him over there to Asheville and the doctors there said, "Well, there's a lot of people ahead of you, unfortunately. Hopefully your appendix doesn't rupture." Well it did rupture, and he was in the hospital for much longer than he would have been for an appendectomy, a normal appendectomy. So anyway, it was a very, very bad situation. He waited a total of 23 hours from the time he got to Angel until he had the surgery in Asheville. And I was very concerned about this, so I emailed

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HCA at their office in Tennessee. And I got a very quick and told them the whole situation. Got a very rapid response from them, fortunately. And the person said, "Well we're going to forward this to the authorities in Franklin."

She didn't say there's nothing we can do about it, but we'll forward it. So, about a week later, I get an email from Karen Gorby, who was the CEO of, I don't know if it's Angel or Mission, but anyway, basically she said, "Well those things happen. Sometimes we don't have specialists at Angel that can take care of this." And I was totally ticked off about that. So, I wrote her back and I said, "You missed the entire point of my email." So, when you say to contact HCA, lots of luck. When they tell you to contact Karen Gorby here, who is way over her head, in my opinion, to be running a hospital system like she's running here. It's horrible. And I've heard so many stories, so many people who have never received a bill from Mission for care, but they were turned over to a collection agency before they ever got a bill. I'm waiting on a bill from Mission. I haven't gotten one yet, and they better not turn me over to a collection agency. But anyway, I know there's nothing you can do about this, but you did say all this information that you're collecting today will be forwarded, and HCA needs to know that their interests are not being taken care of here in Franklin, North Carolina. Thank you.

Speaker 11:

One positive thing that I know that they are interviewing for new doctors. Of course we don't know the process, but we know that that is happening and that is a positive for us because and our EMS director Mr. Warren Cabe is here today and I think he will tell you that we average an already five to six trips per day from Macon County to Memorial Mission. And a lot of these are on Macon County taxpayer time. If Medicaid won't pay, and what Medicaid does pay for that service, as Warren will certainly tell you, does not cover the cost. So, as far as a transition hospital, we're there. And that being said, a county in North Carolina, their hospital just filed bankruptcy for 165,000 people in that county. They're buying 24 new ambulances and hiring all these people to transfer people now. So, could it be worse? Yes, but we're worried about Macon County.

So as far as it being a transition hospital, of course we don't know that. That was not spelled out for the services, but I think it requires to have an emergency department and some other things that our population... HCA needs to understand our population in this county and where it's going. The people 65 and older are the populations doing this. Which means more than likely, and statistics prove that healthcare is more and more important. And availability of healthcare. It don't seem like from here to Asheville's no big deal, it is a huge deal for a lot of these folks. And to get it there and Mr. Cabe will tell you that we have become a transportation service. Which is fine, that's what if the people here need it and Mr. Cabe knows if he needs more adjustments on that budget, but HCA needs to realize they own a lot of hospitals. And that's fine. We're worried about this one. And if you would stress that through Gibbins. And I think that will be done. I think Gibbins will do that. But we are interviewing for new doctors, which is a huge... And hopefully they'll come. So that's a positive note.

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Speaker 12:

A few months ago, we were in a emergency situation. We are with Mission program, have been for about seven years now. And we ended up in emergency room with a urology problem. It was said to us that it was a life problem. We stayed there for 10 hours. They said, "You will be contacted by our urologist tomorrow." Okay. We were not. Well I went back to the emergency room, I said, "Okay, we haven't heard from them, what do I do? Is he running a temperature?" "Yes, he is." "Then you need to bring him back to emergency room." I don't make mistakes twice. I put him in the car, I took him to Duke LifePoint. Within about three hours our problem was answered. It was answers that we had looked for about six months, were given to us. And I am furious because when HCA bought Angel, they set up services for urology and they said that they would be there twice a month. This is a PA, it's not a urologist. He had two appointments. On the third one, on the day before it was due, which was about four days before this happened, they called to cancel the appointment because the urologist PA was not going to be here. And they remade the appointment for the day before this happened. We go to the appointment to be told, "Oh, that appointment's in Asheville. You need to drive to Asheville." Not in a situation at that point where we could drive to Asheville. So, HCA is not maintaining the services that they had when they took over the hospital. The urologist only comes once a month now, and for the number of patients that she's covering, that is not close to being adequate.

Speaker 13:

So, I got into a car wreck when I was 34 weeks pregnant here in Franklin. I couldn't get treated here in Franklin in a car wreck when I was 34 weeks pregnancy because they have nobody on staff to deal with that. We ended up going to Mission. My son was actually born in Harris, since it was closer, and then Mission picked him up. I didn't get to hold him or see him after he was born, and he had to go to Mission because he wasn't breathing on his own. We spent two weeks in the NICU in Mission. While we were still in the NICU in Mission with our son, I got a call from collections from his birth, from being treated. The first bills that Mission got had already been sent to collections while I was still in Mission with our son in the NICU. So, we were only there for 14 days. I don't remember what day that hit, if it was the 10th day or how long it was, but we got our first call from collections while we were still being treated by Mission in the hospital, that I had to go to Mission to have my son.

Had I been able to deliver him here, that wouldn't have even been a problem and they could've helped him here, but his birth was delayed so much because we had to go to Mission because we couldn't deliver in Franklin. And then when Mission picked him up, I didn't get to hold him, I didn't get to see him. I got to see him in a box wheeled to an ambulance that I couldn't ride with him in. I couldn't get there because Mission didn't have a room for me to come and join my son until the very next day, so I had to stay in a hospital away from him and was away from him for the first 15 hours of his life before Mission... And Mission couldn't even send an ambulance because they didn't have one to come and pick me up from Harris to go see my son. So I got discharged six hours after a C-section in Harris, and my husband drove us to Mission because that's the only way we could be with our son that we'd never even got to hold because Mission couldn't take me when they

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took him, and didn't have a room for me until the very next day, even though they took him. On top of getting calls from collection while still in the NICU in Mission. So, I know that's not under your purview, at this point don't really know what's under your purview, but it's not... That just is so not acceptable and what a mother needs to be worried about when she's watching her son hooked up to every tube that could possibly be hooked up to. Knowing that everything that led up to her having to be there was because of the lack of rural healthcare in western North Carolina.

Speaker 14:

I just want to second the need for the maternity ward because I think my son was one of the last born at Angel and it's been three years. That's a lot of driving over Cowee Mountain, and especially in the state that it's in right now. Thank you.

Speaker 15:

Do you have a phone number? Besides an email? Because I'm sure some people don't use email. Can take it with you so you don't have to write it down. I should've said that at the beginning, sorry.

Speaker 16:

I just wanted to say thank you for coming and while we understand that your scope doesn't always apply to everything that we brought to the forefront here, in retaining and judging whether our services have been retained, I think you're hearing a lot of emotion, upset, anger, disgust. A lot of questions. And so I think a broad interpretation of retaining means not to diminish and not to lose those services that we've been accustomed to.

Speaker 17:

Who makes up the advisory committee for Angel? Earlier in your presentation you addressed the advisory.

Speaker 18:

I would like to have further clarification on what will happen to the current campus at the end of 10 years. This is a follow-up to a question up here and behind me and over here. Who exactly makes the decision? You mentioned several people, several boards would be involved in deciding, who exactly does decide at the end of 10 years - who owns the current campus?

Speaker 19:

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I kind of have a question. I think in your scope there you said that they're supposed to provide surgical services? You or a CEO or whatever doesn't an appendectomy come under that? I mean you - So you shouldn't have to be shipped to Asheville to have it done, right? If you're supposed [crosstalk 01:08:14] to have a surgeon here and they don't have it. Isn't it one of the easier ones? I mean, supposedly.

Speaker 20:

You keep mentioning about the points in the agreement that, apparently, it's quite complicated. I tried looking for it online to see if it's public information and the only site I found it on was one that you have to subscribe to.

Speaker 21:

[inaudible 01:10:06] follow it but I don't [inaudible 01:10:08]. There are several other pages after that that follow [inaudible 01:10:14], I only glanced at it. It probably is. The agreement that I found online is blurred, so you have to pay to get to it, and it's 160 pages. Yeah. Well it is if you pay for it.

Speaker 22:

I know I don't have a microphone. Now I do. I've had a lot of people respond to me last night. We weren't aware that you were even going to be here. I had requested to find out some information because I had heard that you were going to be here and somebody was nice enough to email me and tell me, but a lot of people were upset that it was done so early in the day that they couldn't attend. Those that work a regular job and stuff. Are they going to have it again?

No, you didn't. I'm in a position in this community, I found out about this yesterday. [inaudible 01:12:45]. I didn't get an email, I didn't get any calls, phone calls, texts, nothing. You should fire your public relations because I found out about this yesterday. I'm just saying that there'd be a lot more if this was more notice and more [inaudible 01:13:23].

Speaker 23:

I think, and I don't want to speak for the question up front, but what was the rationale for choosing it during the middle of the day during the middle of the work week? I mean, I guess I'm having a little bit of trouble understanding the rationale for the time. Fortunately I work at an amazingly supportive agency who said, "Yes, we would like for you to come and represent our concerns," but the vast... Even if you are looking at maybe an elder population in consideration, overall the better time to have had this, especially in the largest community I find it interesting that in Highlands and Cashiers, both of the meetings were offered in the late afternoon and evening hours, but here in the largest of the three

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communities, it was offered in the middle of the day and I was wondering can you speak to what was the rationale for choosing that time period as opposed to choosing a time period where folks weren't working necessarily?

Speaker 24:

Besides the newspapers, did you make it a point to contact all of the medical community in each community?

Speaker 25:

Just a comment. Well attended meetings here, you don't put in this building. You put in a much larger building because I've been in community meetings in this county where we had over 300 people. I've been in one where we had over 500 people. This is a small community meeting. Franklin is very involved in affairs. Everyone is concerned about our community, our hospital, our schools. Those of us can attend most of those meetings and I'm angry and I'm trying not to be because natural impulse is, okay, this is the problem. Now how are we going to attack it? Well evidently not through you, because your purview is so narrow. And I'm beginning to understand what your purview is. Attacking it through Angel Hospital, have tried that now, ever since they took it over. Had the same kinds of problems, including double billing, which was reported to the insurance company and we proved it in three instances. There's a lot more going on and I think at this point as citizens, some of us are going to have to do some thinking because something needs to be done.

Speaker 26:

We are not being served in this community. If someone had explained to us what a transfer station was when this purchase was put up, I will guarantee you there would have been an uproar. I don't know what the current median age is in Macon County, but I will guarantee you it's somewhere around 70. A lot of those people cannot travel to Asheville. So they're left sitting here in Macon County with no medical care. And it's a large percentage.

Speaker 27:

I'm a solution focused person, tend to be a solution focused person. So, if I might make a suggestion - If you all choose to hold another forum here, I might recommend that your PR folks, for example, maybe spend a little time looking at how are folks in rural communities actually access information and where they access that information, because unfortunately I think a lot of times folks think, "Well that's how they access it in Buncombe County, that's how they access it in Asheville, when really a lot of the ways we access our information here maybe looks very different than... So, I hear what you're saying. I don't fault the fact, I do believe that you believe that obviously that information was

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communicated with the community, but clearly I think we hear folks around the room saying it was not and so I wonder if it's because the delivery of that information is different in rural communities than maybe it is in larger, urban centers. And so again, I'm solution focused. I want everybody in our community to be here.

On that note, I looked at the list of the meetings and I think out of the whole list, most of them are at 5:30 in the evening, so you could have people that were working and people that were retired there. There were two places here, and I believe the other one was possibly Blue Ridge. It was Blue Ridge or [inaudible 01:20:35], one of the other rural hospitals, and they were this middle of the day, which is very difficult for most of us that work full-time to get to. And a lot of the folks that are supportive of Angel and HCA and things like that, I think. So I don't know, I know all you need's another meeting, but I'm thinking you might look ahead to the other ones that's at middle of the days in another community or see if we could possibly have one at 5:30 here to include more community members.

Speaker 28:

I have a general comment for the audience. And that is that some of the things that we are experiencing in the community as far as hospital services are concerned, and physician services are very common to rural areas throughout the country, and especially where Medicaid expansion did not take place. And that's true in North Carolina in general, but western North Carolina in particular. So, some of the things that we're experiencing aren't due to the HCA acquisition of Mission and Angel. Having said that, I think it, from listening to what the comments have been, there are several things that are concerning us. One is obviously the access to services, and everybody in this audience I know knows that [inaudible 01:23:08] services and surgical services no longer are available in general at Mission. And that the new quote unquote "Mission"... Sorry. "Angel", and that the new Angel Hospital is just a glorified, and rather curtailed in some aspects, emergency room.

Speaker 29:

It's concerning to me that we're not going to see it for possibly another eight or nine years by the time they get it built, when the present facility seems to be rapidly becoming out of date and understaffed as far as physicians are concerned. So, my concern to Mission is that they should be looking at their rural providers and making sure that their physician recruitment is appropriate. As [Laura 01:24:24] said, putting people here on a six to twelve month contract, that ain't going to cut it as far as delivery of services is concerned. It just is not. And my other thing that I know about and have picked up from you guys is this question of transportation, and that the lag time from admission here at Angel to services in Mission is untenable. Absolutely cannot be continued. We can't have people waiting essentially a day for what should be minor surgical services. That is not acceptable. Absolutely not. And again, we have to look at the fact that rural areas, especially where we have Medicaid expansion are having great difficulty in maintaining medical services. And so I urge you not to blame HCA for everything, however I urge to keep on at them to make sure that they what our concerns are in this community. And meanwhile, all I can say is we do have an alternative but you have to go over the mountain. Thank you.

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Speaker 30:

I think most of the comments today have been HCA comments, not Gibbins, since your role is to simply do - right? Thank god, right? Compliance. And if I think you can take back to HCA that they should be in... A representative from HCA corporate should be in this community every 30 to 60 days with a publicized meeting date and time so that these concerns go directly to an HCA person, that they hear the concerns of the community, not having to depend on you to send it to them. I think they should be here on a routine basis until we grow into this.

Speaker 31:

Please keep in mind that we only have two newspapers in town now. One is published on Wednesday and the other is published on Thursday and so notification needs to have a lead time.

Speaker 32:

Also, web service is skimp or none and a lot of us are elderly. I happen to be computer literate, but a lot of folks are not.

Speaker 33:

Does the agreement with the Dogwood Trust fall under your control or input? The Dogwood Trust that was going to disperse so many millions of dollars to each community.

Speaker 34:

I think I already know the answer to my question, but I'll ask it anyway. Are the transcripts of any of these meetings with the questions and answers, will they be made available on your website or any way-

Speaker 35:

So, I have a quick question. Community partners with the hospital, is that fall under this? Because as community partners, the agencies that I work for, I'm confused. We have worked with Angel Medical Center and had great... I mean, in the past, has never been a problem. Now, getting contracts done with HCA, Angel, impossible. We don't get it done. We can't get our clients scheduled. Our clients, they try twice to schedule them, cancel them, we don't know who to call. When we call, we have to call the x-ray department or ultrasound department, radiology, ask for people. We have people that are not high up helping us solve problems. We have clients who we are trying to do things for.

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Our patients are getting told mixed messages. We pay part of a bill for a patient from some of our programs. When we pay for those programs, our patients are now being billed the remainder of the cost and so we're frustrated as a community partner.

Speaker 36:

We don't know who to talk to or how to get things done. We need... I don't have a contact. I don't know who's the person I call at the place. We used to know who those contacts were. We don't hear who those contacts are. We don't know who to go to, how do we fix things? We want to be a community partner. We loved Angel. We love the hospital. We love the people that work there, and we have worked hand-in-hand with them and we don't feel that hand-in-hand anymore. We feel like it's, "Well you're just an outside agency," and we don't feel that community spirit anymore.