New Hampshire Department of Justice

Charitable Trusts Unit

Transcript of May 18, 2023, public hearing regarding the proposed transaction between Valley Regional Hospital and Dartmouth-Hitchcock Health

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Good afternoon and welcome to the public. Hearing on the proposed transaction between Valley Regional Hospital in Dartmouth, Hitchcock, Health my name is Diane Quinlan.

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I am the director of Charitable Trusts, and I'm joined here today by Michael Haley.

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He's the assistant Director of Charitable Trust, with the Attorney General's office, and Lindy Gerard is a paralegal in our office.

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I want to start this afternoon's program by talking a little bit about the role of the Charitable Trust unit.

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In reviewing this proposed transaction, and the reason for this public here so New Hampshire law requires that before a health care, charitable trust, like Valley Regional Hospital enters into a change of control, transaction, the Board of Directors must determine that the transaction, meets 7 separate criteria one of those

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7. Criteria is that the Board exercised due diligence.

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Among other things, selecting the acquirer, negotiating the terms and conditions of the transaction, and determining that the agreement that the transaction is in the best interests.

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Of valley, regional hospital, and the community it serves New Hampshire's change of control statute also provides that after the board votes to approve a transaction the Healthcare Charity Trust Valley Regional Hospital needs to submit a notice to our Office and after receiving the notice our office

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has 180 days to determine whether or not the parties have complied with the terms of the Stat.

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The change in control st statute provides that in conducting our review we must seek public comment, and we may hold a public hearing.

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This is, that public hearing at this public hearing you're going to hear from the hospital representatives.

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You're also here a presentation by Katherine London.

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She's the principal for health, law, and policy, that for health consulting at Umass Chan Medical School, our office retained Miss London and her team to compile data relevant to our review of the potential impact of the transaction on Valley Regional Hospital and on the communities it serves miss London

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will present certain relevant data and a summary of her analysis in reaching our decision on the transaction, we will, of course, take into consideration the data, the information that Miss London has provided to our office.

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We'll also consider our own analysis as well as input from the parties from the Department of Health and Human Services, from the New Hampshire Department of Insurance from all other healthcare policy

experts from community stakeholders and of course from the public this afternoon after the presentations we look forward to hearing

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your comments about this transaction, in order to inform your opinions about the transaction, you will have an opportunity to ask representatives of the hospital's questions at this time.

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I'd like to turn over the microphone to Scott spraddling, who will serve as our moderator for today's hearing.

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Good afternoon. Nice of all of you to be here. Thank you so much as Diane said.

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We'll have a couple of presentations, and then we'll open it up.

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I won't get too deep into the details just yet of how we'll structure it.

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But essentially what I'll do is I'll call a couple of names up at a time that have signed up so far.

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We'll bring a microphone right to the center front aisle that way.

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We don't have a long line of folks. You can stay relaxed and come.

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I can call you a couple at a time it'll be about 2 min per statement.

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So if you can keep it short and sweet, and just so that you're forewarned ahead of time.

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What I'll try to do is gently just warn you by a yellow flash card that you have 30 s, and red means.

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Obviously, please, stop or wrap it up so that's how I'll try to handle the conversational parts of this afternoon after the after the presentations have been made.

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But let me just also remind you, in case you came in and sort of missed the opportunity.

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The sign-in sheets that we have that are out front at the desk.

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Have a little box there for you to be able to mark whether or not you would like to speak so if you somehow missed it.

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Go on ahead, backup because they'll bring those sheets to me.

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So I do have some, and if you are not interested in performing this afternoon, but you still want to add a voice to the conversation.

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There are these comment cards that are also out front. So I invite you at any time to be able to send those in and fill them out.

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Please feel free to grab one, either now or after the presentation is over.

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So why don't we move now? First to the hospital presentation?

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We'll feature Katherine. London separately. So it's my pleasure to introduce our presentation of the Valley Regional Hospital.

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Transaction plan. The team to my left to your right, Patricia Putnam, board chair of Valley Regional Hospital, Dr.

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Jocelyn Capel, President CEO of Valley Regional Hospital, Joanne Conroy, President and CEO Dartmouth, Hitchcock, Health and Joseph Paris, President CEO and Cmo.

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Of Mount Escutney Hospital and Health Center ladies and gentlemen, I will now turn it over to you for your presentation.

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Thank you for your time.

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Thank you.

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Oh!

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We are really excited to be here. It has been a long time, and we have all been working really hard and have looked forward to this day for a long time.

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The Board has spent many hours to get to this point, and we are thrilled to have the opportunity to share our vision for the future of Valley and the community.

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We serve. We're gonna start off. Start off first with Joslin, who's going to talk about the state of the hospital currently?

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Good afternoon. Valley has a long and proud heritage. It was formed in 1893 by the ladies.

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Union, Aide Society as cottage Hospital, and was the third hospital in the State.

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The Ladies Union Aid Society disbanded after 125 years, having provided hundreds of thousands of dollars of support and thousands of hours of volunteer support.

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Valley is licensed for 25 beds.

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But we're currently operating 21 following closure of 4 maternity beds in 2012, we're governed by a board of trustees who are, and those are selected by the Assembly of overseers, which is a Broader group of community numbers our mission is to improve community

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health, patient experience and value. We use information from the community. Health needs assessment which is done every 3 years to help inform where to focus our efforts.

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We're extremely proud of the huge strides we've done in the last 2 years integrating behavioral health into our practices and into the emergency realm.

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And that was a need that was identified in our community needs assessment.

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We are guided in all things we do by our core values, which spells out cares, compassion, accountability, respect, excellence, and service.

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I certainly hope that in everything we do, and all of our interactions with our visitors, patients, families, staff, and business partners that you will see these values on display.

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Valley serves Sullivan County, which has a population of about 43 people, making it the second least populated.

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County in the State, and representing about 3% of the population of New Hampshire and the most recent census shows this 2% population decline one of the 3 counties in the State to show a decline.

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While state showed only a modest growth. Population. Since the last census.

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We're also an aging population between 2010 and 2021, 130.

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6 rural hospitals closed nationwide, because closures often create healthcare and employment.

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Deserts. These closures have an outsized impact on the health and economic wellbeing of rural communities.

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They serve in the news we have often heard that some organizations will be deemed or deemed themselves quote too big to fail.

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I would argue that, and I hope that you will agree.

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Once you've seen the rest of the presentation that for the people we serve, Valley is too important to fail.

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Valley has seen a great growth and demand for our services in the last past few years.

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Last year we saw almost 20,000 visitors in our emergency room, and urgent care, and we're on track to see 23 this year we had approximately 850 inpatient visits last year, and up almost 200 over previous years.

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We currently employ 349 people, but are optimally staffed at 410.

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We are filling many of these 62 vacancies with travelers and temporary health, which is extremely expensive, and suboptimal operationally, I like to say that valley is small but mighty.

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We have an impressive menu of services for an organization.

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Our size, due to our limited, patient volume, we would not be able to support many of these services on our own.

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They are made possible by our professional services. Agreements we have in place with Dartmouth for many of the specialties, including cardiology, women's health, cematology, oncology, radiology.

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You'reology and telehealth services. Another thing that we learned from the community health needs assessment is that many of our population is transportation challenges, and we know that if our community members can't get their care close to home some will go without.

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Our current collaborations with Dartmouth include a longstanding management services contract for the CEO.

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So me and many of our recent predecessors, and grew out of the difficulty in recurring recruiting talent to rural areas.

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The Psa is the professional service agreements that we mentioned earlier cardiology, urology, women's health, haematology, oncology, radiology, and telehealth services.

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These have been critical in providing services that we would not otherwise be able to provide, because we don't have a need for a full-time provider.

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We don't have enough volume. Besides, these contracted business arrangements, however, Dartmouth has been a true partner to us in many other ways.

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Nothing shows this better than my experience and our experience with them during the covid-nineteen, when we were running out of supplies and short on supplies, Dartmouth was able to procure those for us when we were unable to get them for ourselves when we had emergent

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security needs, they were able to share their security staff to augment our own staff, and in general inviting me, as well as many of other leaders, into meetings where we are able to benefit from the depth and breadth of knowledge that they have in developing regarding covid and best practices we have

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wonderful and amazing staff at Valley. But the information that was coming so fast, and the unknowns made it impossible for us to keep up on our own.

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So, being able to share with the knowledge that Dartmouth was developing, was indispensable with Mount Escutney.

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We're able to bring high quality MRI services to both our hospitals by sharing a mobile MRI.

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We also have shared managers. Currently, we have lab manager and respiratory, shared.

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Not only does this ensure that both hospitals benefit from high quality talent, but it also provides our employees with valuable opportunity to grow their experiences and have their career growth opportunities without having to leave our small organizations, one can envision even more collaboration if we were truly sister

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hospitals rather than competitors. With all this existing collaboration among Dartmouth, Mamiskotney, and Valley. The becoming formally affiliated is clearly the natural step in the evolution of our relationship.

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I can tell you that it is not easy being an independent rural hospital for the past 7 years the hospital has been on a path to increased volumes and decreased losses while continuing to provide the breadth and depth of services to the community in 2015 the hospital sustained

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considerable losses with a negative operating margin of 14% with strategic planning, lean principles, attrition and reduction in force.

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2018 mark a turnaround with net operational margins exceeding budget for the following 5 years we recognize Mazda, moderate, positive margins for the last 3 years.

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Oh, well, the road to get there, and where we financially are has been long and arduous.

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The Valley family pulled together to make this happen, but staffing cuts were necessary, and we knew these were not sustainable.

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Long-term. Eventually you can no longer avoid deferred maintenance, and must attend to infrastructure needs.

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The cost of labor recruitment, retention supplies medical professionals equipment, facility costs continue to rise.

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Every year becomes more difficult for small community hospitals to provide all of the services on their own, and compete with neighboring hospitals that share the same patient.

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The regulation. Well, no one expects Dartmouth to bestow bags of money upon us.

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I wish they would. We will gain stabilization and security from an affiliation that will help us to weather difficult financial times, as I've mentioned teeny, tiny departments make it hard to provide experiences and training and educational programming well, 20% of the country's population is

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rural, only 10% of healthcare providers are highlighting the difficulty in recruiting and retaining staff in rural areas.

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It, and infrastructure improvements are crazy, expensive, and an affiliation will help us access less expensive capital.

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Then we would otherwise be able to obtain on our own as an independent.

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It's hard to achieve the same economies of scale as one can when part of a larger system, making everything more expensive.

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So with all of these challenges. How have these independent and hospitals responded?

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Throughout the United States. The end has been for the most part that hospitals have chosen to affiliate informed systems, or to close locally.

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We have seen the same trend we have seen Lakes region of Springfield hospitals and bankruptcy.

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Luckily, both of them avoiding closure throughout New Hampshire.

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We've seen many affiliations in the past few years.

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For example, North country healthcare in the northern part of the State, Hca healthcare in the South east solution, help and granted one health in the South Concord Hospital in the center in Dartmouth, in the Southwest affiliations with out of State players like Maine House

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Massachusetts General Hospital, and another pending potential affiliation with that Israel Lakey as you can see, there are very few independents left.

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What this slide really reflects is the way in which hospitals have assessed their economic viability and structured associations in order to survive in a very challenging healthcare landscape.

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For many years the board of trustees at Valley has been watching the environment and thoughtfully assessing how best to position Valley, so that may continue to serve the community for many, many years to come.

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Patty's gonna share that journey with you. Thank you.

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So reasons Joslin has just mentioned. The Board realized the many challenges facing valley which we're going to be difficult to overcome if we were to remain independent.

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So what factors in impacted the Board's decision?

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Low patient volume, a need for greater scale to achieve cost savings, ability to learn and share best practices.

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Our community continues to have a greater need. In treating substanceive misuse, we suffer from recruitment, and retention challenges.

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So what process did the board take? It's a long process.

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In February of 2019, the Valley Regional Hospital Board received the results of a strategic qualitative review conducted by Welesley Associates.

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The Wellesley report noted, among other things, that the status quo was not working, and recommended that the board make a decision on system partnership, considering its options. The Board met with a team from Mount Escutney to learn about the process it went through and becoming part of Dartmouth.

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The Valley Regional Board also invited Dartmouth to make a presentation regarding the potential benefits of joining the Dh.

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System. The Board discussed the pros and cons of remaining independent, and also simultaneously sought to identify additional opportunities for collaboration with Monoscutney, May of 2019.

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The Board approved a non-binding vote to pursue a strategic corporate relationship with Dartmouth.

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The impairs impairs identified the board were quality, improvement, safety, and patient experience.

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Community health and wellness, workforce development and engagement services, delivery track as well as financial performance, improvement in December of 2021, the Valley Board approved a letter of intent with Dh.

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And Mont Scotney over the past year the parties have been engaged in due diligence, due diligence, including posting a public listening session to seek stakeholder input integration.

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Agreement was finalized and approved by the party's respective boards.

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In September of 2022.

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So why do we feel Dartmouth is the right partner for Valley.

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There's a long history of clinical and administrative collaboration.

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Dartmouth Health's commitment to supporting rural health needs.

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We looked around, and we saw the advantage other rural hospitals have had that appealed to the board.

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An opportunity to better coordinate continuity of care for patients, stronger resources, to address mental health and substance, abuse 30% of those treated in Lebanon right now are all from Clermont.

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The ability to better optimize health resources in our region while providing care locally, being able to access specialists from Dh allows us to service our community locally.

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I'm going to turn it back to Joanne now to talk more about Dartmouth health, and how this affiliation will further support Valleys Mission.

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Thank you. Patty probably would be helpful for me to really describe the span of Dartmouth health.

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Many of you know us for our academic campus in Lebanon, where we have a commitment to training residents, doing research and translating a lot of that research into hi acuity, patient care.

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However, in addition to the Lebanon campus, we have 3 critical access hospitals.

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Mount Escutiny. New Lunar and Alice Peck Day for people that don't know the nomenclature for critical access hospitals.

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Their 25 beds. They're called the Critical Access Hospital, because they are the so.

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The most available provider in a specific geography, and they can be 35 beds if they choose to invest in both rehab and or behavioral health services.

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Our critical access. Hospitals are an incredibly important part of our health system, because they allow us actually deliver care locally and the acuity care that's appropriate to be delivered in the community.

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They've only strengthened our ability to do so in those communities.

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We also have a visiting nurse and hospice organization that serves New Hampshire and Vermont again providing those services outside the walls of the facility that are still really important for people to receive their care.

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We have Cheshire Medical Center, which is our one community hospital and larger, and serves a higher acuity population.

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And last, but not least, we have a number of primary care and multi-speciality clinics across New Hampshire and Vermont, with a heavy investment in primary care and behavioral health.

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And they're located in conquered Nashua and Manchester.

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We also have a facility in Bennington, Vermont, the Putnam group, and as well as a practice in Keene and association with Cheshire Medical Center, as well as the larger, academic and certainly much more specialty-focused practice up in Lebanon.

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If you didn't know we are these States. Only academic health system, and we are the only Children's hospital.

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We do serve patients from both New Hampshire and Vermont on the border.

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We are the largest employer. We have over 1,300 employees and over 2,000 providers, we're the only Nci designated comprehensive cancer center, North Boston, and for many patients.

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This allows them to not have to travel into the mayhem of Longwood Avenue in order to receive weekly treatments and or diagnosis and definitive care.

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We are the largest provider of telehealth, and and we saw the value of that during the pandemic where we could actually provide assistance to people that were managing difficult patients.

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Agency room. We monitor, I see, use. We actually provide tele pharmacy services for a lot of the teaching hospitals in Boston, and we found that telehealth is a really effective way to keep care in the community.

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And we're proud of the fact that we have are consistently ranked new Hampshire's Number One hospital by us.

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News, world, report, I'm going to turn it over to Dr.

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Joe Paris, who runs Mount Scotney, one of our very important critical access hospitals.

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Everyone everyone still with us, the energy level up little.

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Okay. I've been a part of Dh in one role or another for 22 years.

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Been a minus. Got me for 10, been the chief medical officer there for 8, and the CEO for about 6 and a half years.

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Now, when I arrived to Windsor 10 years ago, just 18 months prior to that, we had to liberate for designated funds otherwise known. As you know, the Personal Piggy Bank to make payments.

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Yeah, so we?

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Needless to say, we needed a partner, and it wasn't just out of financial need.

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While we were certainly facing significant headwinds financially, there were a number of other much needed changes in investments, including some of the physics plant that we needed to carry out, and we need to start the process reasonably quickly.

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My focus since I got there was to I should be, was to recommit.

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The organization to quality, care, patient safety, and improving the patient experience.

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I was confident at that time that if we invested in those 3 pillars that the financial results would follow.

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But if people can't rely on getting high quality, care and having the best possible patient experience, they're not going to go to your hospital, and we needed to make some change.

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We also wanted to refocus our efforts. Efforts around employee wellness concept.

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I like to call institutional wellness a financial stable model for the delivery of care for our community.

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Manuscanny Hospital, like Valley Regional is a safety net hospital for our communities with the mantra we try to use a lot is, if not us, who that went a long way to changing minds, cause if we're going to you know folks who are going to start traveling a

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great distance for their care, or just not get care altogether, are joining of Dartmouth.

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Health allowed us a better, more flexibility to manage the bumps and bruises of rural health care.

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We we had the gain of service lines, the loss of service lines.

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When you're in a small hospital, your orthopedics department might.

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That would be one position, your hemong! Hematology, oncology, provider, may be there, you know, a half day, a week, traveling up from Keene, trying to manage the loss of a provider like that without a greater without greater bench depth, that comes from a health

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system is just immensely challenging, and I've looked at our affiliation as a springboard, both for local talent at Montana, to move throughout the system.

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Half of my senior leaders started at Mon. Escutiny, got further extended up at Dh.

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Lebanon, and then came back to Senior leadership roles on our team.

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And that's how a healthy, a healthy, high functioning help system should work.

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We've also served at a spot for folks that came up through the ranks at Dh.

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Lebanon who are ready to take the next director or senior leadership position at a smaller hospital.

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It's a little bit less to jump into an organization of 3 to 400 people than 1 9,000 people Arps small local hospitals within Dartmouth help allow for that kind of progress.

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Always include this slide. Everything you see in red is heavily supported by Vh, in which another term, in other words, means we wouldn't have it. And the Windsor resident red.

00:54:34.518 --> 00:54:38.067

Towns around England would not have access to those services without cardiology, radiology, gi significant telehealth support in our emergency room, and for tele psychiatry in our functionally our entire general surgery program, which is a robust and thriving service line for us

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comes from some dedicated community based surgeons from Dh.

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It up there, because it was in a period of transition as hematology, oncology.

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And we've had support from Dh. To support local cancer, care and infusion.

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Medicine as well. In that I think that slide is a stark reminder of what you can lose without some broader support.

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It is nearly impossible at this stage in medicine, to hire a full-time specialist to come to rural a rural community.

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It is just an uphill battle, and we've tried.

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We've up there that ophthalmology is not in.

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And red. We've had a long time ophthalmology practice both in Hanover and down and we've been recruiting to replace a retiring ophthalmologist for with that already blocked.

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That's kind of par for the course.

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So by joining the system, we had a little bit less of an existential crisis on our hands, in the sense that we weren't again dipping into the Piggy bank to make payroll. We were.

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We knew that we would have system, level expertise to help us guide the organization through some choppy financial waters.

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But by again focusing on quality, safety, and the patient experience.

00:56:21.269 --> 00:56:25.819

You know, I should say we freed up some bandwidth to actually focus on that and not just worry day and day about keeping the lights on and the so what we have been able to do, as you can see up there is we've been able to drive employee engagement at Mont Scotney.

00:56:25.819 --> 00:56:29.120

We've always been the highest or close to the highest, having the highest metrics across our health system.

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Why is employee engagement important? Because that drives quality?

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And so engaged. Workforce cares deeply for its mission.

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A bullet lower down there. We do really robust employee engagement surveys across the health system.

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Every system member does it typically twice a year, and in the questions we're regarding quality and safety on our most recent survey, 100% of Manus Cutney employees, 430 plus if you count up all of our per DM, folks responded with agree or strongly agree that are

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institutional commitment to quality and safety were really the number.

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One mission of your organization. We've had year over year improvement in our quality metrics we've had the highest inpatient satisfaction scores in the State of Vermont for the last 5 years, and have a Cms.

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5 star Rating for our inpatient experience, as well, and that's been a consistent marker here, and that a lot of that work has been supported.

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By subject matter. Experts at Dh. Give all the credit to my staff for actually, because they're the folks putting the rubber to the road.

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There it happened, and they have. But again, if you're not worried about keeping the lights on every second of every day, you can focus on what really matters to our patients.

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I missed. I didn't mention that just in the last few weeks we have the inpatient rehab which makes up our extra 10 beds.

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We have 35 beds over a. They were recognized by Press Gany as a guardian of excellence, award in that fifty-fifth percentile of the patient experience.

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Nationally, we wouldn't have been able to do any of this work without the support, without the reassurance to avoid kind of the existential issues that we were facing 10 years ago. It's been a good run, I would say, but.

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Bill, Joanne and Steve, you know, at some point the wave is going to crash on the beach, but we're still riding it over in Windsor.

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Really think that we have similar communities. Similar payer mix, we already share managers.

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We're sharing best practices around quality and safety.

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I only see upside for valley regional, and it's relationship with.

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Hearing. Joe's presentation, you can see why it impacted the Board's decision to move forward with affiliation.

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So what is the governance and management structure going to look like?

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We're still gonna be our own identity. We're still going to be Valley Regional Hospital and Mount Escutney Hospital Health Center will each retain our own names.

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We're gonna have mirror boards. So each board the board is going to be comprised of equal number 7 from Valley 7 from Mount Escutney and 7 appointed Dartmouth Trustees.

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We've already met with the amount of scutiny board, and they're committed to make this partnership work. A single CEO and Cfo, as well as a chief medical officer, will be shared with Valley and Mountain Scotney.

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Why share a CEO Cfo and Cmo. It's an opportunity to build on existing successful collaborations and improve efficiency.

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It reduces unnecessary, unnecessary duplication of costs more effectively addresses similar community.

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Health needs the ultimate aim of the Board is to ensure that Valley regional hospital can thrive in the rural healthcare environment, and we believe that Dartmouth has the experience and commitment to partner with us to ensure our success.

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They have a proven track record in helping other organizations.

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As ours, and Joanne's going to tell you more about that.

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So let me talk just a little bit about Dartmouth health's commitment to rural health.

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We've already talked about telehealth and our connected care programs.

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And in the next slide I'll talk a little bit about our commitment to behavioral health across the 3 institutions that are presenting today.

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We actually have established some an organization called No England Alliance for Health, that has 18 members from rural facilities across New Hampshire and Vermont that actually meet at least once a month and talk about things that we can do together sharing best practices but even more important we've created

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a mechanism so they can get better pricing on their supplies that their benefits they have a wider range of offerings at a lower price.

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All of the things that keep rural hospital. Ceos, up at night.

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We work very hard to decrease. The overhead costs, but at the same time trying to create a community of rural health.

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CEO's that understand each other's challenges as well as the opportunities for improvement we have recently established the center for advancing Rural Health equity, you know, it's interesting.

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Everybody is interested in population, health, and an equity in health, but we understand that in rural facilities it's very different, although our diversity issues.

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May be similar to people across the United States. Other communities are big.

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Issue is poverty, poverty, which translates to lack of affordable housing, lack of transportation, and all that impacts on people's health, and the center for rural health equity is really trying to understand the research trying to shine a spotlight on the things that need to happen in our

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local communities in order to improve the health of the population, and finally, we spent a lot on education if you can't recruit them here, we've got to grow our own and so we have a center.

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Workforce Readiness Institute, which actually trains people that can come out of high school for a whole range of health.

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Related professions, really training people to continue to serve their community.

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Now our commitment to behavioral health, and I'm glad that Dr.

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Christine Finn is here in the audience. She leads all of our clinical programs across Dartmouth.

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Health, but we've had a long standing commitment, and I dare say people don't appreciate the commitment we've made to behavioral health across the State, and we currently operate and subsidize addiction treatment centers.

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We've got one in Lebanon, that offers intense outpatient therapy medication programs and programs for moms and recovery.

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We identified moms that have substance, abuse, use, disorder some time in their pregnancy, or even postpartum, and get them into programs so they can have healthy kids, healthy families in a healthy environment.

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We do know. As Patty said, that the addiction program, 30% of our attendees in Lebanon actually from Claremont.

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And so a commitment would be to establish similar programs.

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So again, with the transportation issues that people can actually reach, have care closer to home and valley.

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We've had 2 social workers that are embedded in practices.

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To community health navigators, social worker and case managers that are embedded in the emergency room.

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When people show up and they need help in the middle of, and we've created a patient assessment addressing real-time societal needs.

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Remember, it's not what we think the community needs. It's what the community tells us that they need.

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So what does it mean per valley? If we affiliate it means valley, keeps our name, it keeps our mission, which is to improve the community.

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Patient experience and value. We keep our employees, we keep our physicians are local board, and what's very important to note is we keep all of our fundraising all of our donor restricted gifts and earnings and pledges to valley what is the community gonna get if we

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affiliate. We get a more convenient cost, effective care, care options.

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We get improved coordination of care and resources, expansive career opportunities for our employees and resources of an academic health system.

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Change is hard. It's scary. But to summarize the board has done our due.

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Diligence. We've explored all other options.

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And in our hearts we truly believe this is the best option, the best path for Valley regional hospital to go down and to succeed.

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It's up to you now.

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Howdy! Thank you. I'd like not to introduce Katherine London, the principal, or health law and policy for health, consulting at Umass Chan Medical School, who will come up.

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And now make a presentation on the community. Health, Profile.

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Hi! You can all hear me I'm Katherine London.

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I am here we are. I'm a principal for health on policy at poor health at S.

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Chan Medical School. I have been evaluating these kinds of transactions for probably 2530 years.

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Now, and as Diane Quinlan mentioned at the beginning, one of the things that she is responsible for evaluating is what you know.

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How will the transaction meet the community's needs for access to quality and affordable physical and mental health care services, and that sort of requires having crystal ball?

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You know, looking into the future, predicting what's going to happen now, I can't really do that.

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But what I can do is compare what's you know, Valley, to some of the other hospitals that are nearby, that are part of the Dartmouth system.

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And so you can see. Well, if valley becomes more like the other hospitals in the Dartmouth system, what would that look like?

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And I can tell you just sort of based on my experience.

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You know how this looks the same, or different from other transactions that I've looked at over all of these years.

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So what we're going to go through, and you have.

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There's a lot of detail in these slides as you can't probably see, but there's a handout that was available in the back that has all of this detail in it.

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If you wanted to follow along with. So I'm gonna go through.

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Some background. The proposed transaction very briefly, because you've heard about it in detail from the hospitals.

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A little bit of information about costs and quality at the hospitals a little bit on the community.

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Health, needs and benefits, and then I'll go over just some of those key points that we are trying to protector.

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Think about.

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So so the transaction, basically the proposal, as you heard, is that valley would join Dartmouth health Dartmouth's health, darkness, Hitchcock health would be.

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It's called the sole corporate member of Valley, which is basically the parent organization of Valley.

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And that valley would join with Melisskutney actually, and become together under under, and that they would share the CEO of the Cmo. And the Cfo.

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As as was mentioned previously, so why would the hospital want to do this?

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And I think you've heard a little bit about it.

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You know there's a concern about the long-term financial stability of the hospital.

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There's an issue that you know you could consolidate administrative functions and gain some efficiencies.

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You could improve and expand the healthcare options available at Dartmouth, although, as I think, some of the hospital representatives mentioned Dartmouth is already providing a fair number of services at Valley so it's not clear to me that this would change that maybe it would be

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stronger. And then there's, you know, being part of a larger organization which could be beneficial to Staff, who would have it be able to take advantage of the benefits of a large organization rather than very small organizations.

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Some concerns, so you know, as we've been talking to people and reading about this, you know what would.

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The concerns might be about this transaction. Well, one thing is, you know, Valley's pretty isolated.

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What's all around belly? The other hospitals around it belly are all part of Dartmouth, Hitchcock. Health.

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And so if you actually felt the need to go to a hospital, that's not part of darkness.

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Hicc health, you would have to drive for a while.

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So that's just something to keep in mind. It's may not be a concern unless you had an insurance.

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Perhaps that didn't cover Dartmouth Hitchcock health, but it would be a ways.

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And we'll go through these a little bit more as we go.

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There's a concern that that potentially some services could be concentrated at one campus and on another, and people would have to travel a little bit more.

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There's a concern about a loss of local decision-making.

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You know that right now, decision-making at Valley is done by a valley board that's based at valley, and if that board is now answerable, and first of all merged more or less almost merged, and we'll get to that in a minute with the Mount escutney board would that

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Combine Board have less of a focus on Valley and the Claremont area, and that board also would be answerable to the Dartmouth Hitchcock Health Board, and with that in dilute the focus on the local area.

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And yeah, and so and and that these I'll come back to this a little bit about the boards.

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But you know it's an unusual structure.

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So the boards, Deli and and Mamas Gotney would be governed by these virtually identical mirror boards of trustees.

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And what does that mean? The board has almost the same constitution, except for one person, is different.

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On the valley board, and the Mount Sutney Board. So the hospital has talked about virtually identical or overlapping the airport, but they're almost entirely overlap.

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So there's just one person different, which is the medical staff president, at each of the 2 campuses would be on.

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You know the the medical staff president at Valley would be on the board at Valley, and the medical staff president at Thomas Gutney would be on the board at Mount Scotney, otherwise the boards are identical.

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So I mean, I'm trying to picture, and I will say, this is very unusual.

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This is, I have never seen this before, so I'm sort of picturing, how is this board going to mean?

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It's like, Oh, well, we have our valley meeting, and then we'll take a break, and then in 5 min we'll have our Mount escutney meeting, because we're sitting in the same room altogether.

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It just doesn't really make a lot of sense to me.

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But you know, I'm sure there are reasons for it.

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My personal opinion, and this is based just in entirely on my view of these things, it's hard for me to imagine this continuing for a long time.

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It just seems unwieldy at some point people are going to look and say, Wait a minute. How come we're having the same meeting, one after the other.

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Let's just have one board, so I feel like this may be as a transition model, and likely there will be one board, and then the concern is, will that one boards attention be a little bit deluded from focusing?

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I don't know Ascutney, and on the Clermont area as the 2 separate boards do.

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Now, who will be on these boards at least 7 nominees from Valley 7 nominees from Mona Scotney, the single CEO as we've heard, there'll be one CEO of the 2 campuses will be on the board, and then the CEO of Dartmouth

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Hitchcock can be on the board or designate somebody, and designate up to one third of the total board members.

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So that's that's what the board will look like.

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And this is just not, as I said, not something I have ever seen before.

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So we made a picture of it.

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So you know all the other hospitals have one board, and they report up to the Dartmouth Board.

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These 2 hospitals will have one unified senior management group report to these supposedly 2 boards that are almost the same, which will report to the Dartmouth Hitchcock.

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Parent for it, so you can make of that what you will.

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And a little bit about the hospitals. I think I'm sorry, so I thought we would compare Valley to the other hospitals that you've heard mentioned maliceutney Alice tech day and New London that are all for critical excess hospitals.

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Valley is currently independent. The other 3 are part of Dartmouth, Hitchcock, similar sizes, as we know, they limited to 25 beds other than Mount Escutney has the 10 additional beds that are allowed Valley hasn't been staffing.

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The last 4 so they're actually only have 21 beds.

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And when you look across these 4 hospitals, Valley is by far the smallest.

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So it it, you know the other 3 hospitals long ago figured out they couldn't go on there just decided they couldn't go on their own, join Dartmouth, Hq.

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Valley has hung in as an independent hospital for a long time.

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It is very small even compared to other critical excess.

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Hospitals. Belly is very small, and it is. I knew it most critical.

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Access hospitals have found that in this modern environment that they really can't go it alone, that there's just too much involved in being a hospital in this modern world with all of that electronic data exchanges and electronic medical records and billing and all employee benefits and all of

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the things they need to do it's really hard to do that.

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As a small community hospital, and we've seen, you know, across the State hospitals, joining with larger systems, or or sometimes joining together as a system of small hospitals together.

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But basically bringing in additional resources. So they're not on.

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So a little bit about us and quality. So this one, there's a little bit of explaining.

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It's very hard to explain it's very hard to analyze whether one facilities costs are higher than another.

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This is actually looking at cost to patients as opposed to what the cost.

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The hospital, the cost of the hospital incurs is easy to compare, because they all file costume points.

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And you can actually look at what they costs are. But how much do they do?

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Patients pay? Or how much do insurers pay on behalf of patients?

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Is a lot harder to look at in New Hampshire.

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You have a wonderful website where you can actually look up comparative prices.

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And you can look for you know, if you're a looking for a particular service, you can see what the price is for that service.

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At various facilities, but that's too much detail to look at Overall for a hospital.

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So what we do. And this is really pretty high-level comparison is, we look at the price that a facility is paid by private insurers for a particular service, and compare that to, and we I compare that to this price that is the state average for that service, basically and

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then do an average of those for the same set of services that the hospital provides, and I will say it's a blunt measure.

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But the differences are quite, you know. They jump out at you often and often when we do these it'll come up.

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One hospital is all red and another hot is all green, and the red here is prices that are more than 10% higher.

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Yellow is similar. So between 10% above and 10% below the state median, and then the green is more than 10% below the state median so it's, you know, we're looking at, not just like a hair difference.

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But big differences, and often the differences are twice as much.

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You know, you see, that that some hospitals will charge twice as much for the same service as the hospital down the road.

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Generally these hospitals, their prices are more or less similar to each other.

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We're just looking at Valley compared to Alice Peck Day and New London here, because Madam Scotney is in Vermont and doesn't report to New Hampshire.

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But for most services, their their prices are sort of in line with each other.

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They're just not. We're not seeing a lot of difference here.

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And so if I were, you know, predicting Valley joins with darkness and is in the same situation as these other hospitals.

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It doesn't seem likely that the price model will change much, I'm sure it will change some, because, you know, when you're part of a larger system, things have to get adjusted.

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But I would be very surprised if you saw big jumps, you know.

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Once fell. It was part of the system, and similar.

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So this was looking at private insurance for people who are uninsured and paying out of pocket we don't have that data, but we can.

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So that the the New Hampshire church is the website that does this calculation of prices applies the hospital's policies for uninsured patients to those prices.

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So we can do a guesstimate of what the prices look like for uninsured people.

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And again they're pretty similar across these hospitals.

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We wouldn't expect to see much change once they join, and then I always want to look at financial status of the hospitals.

01:19:57.770 --> 01:20:05.119

Most often, when you have one of these transactions, it's because the hospital that is joining the bigger hospital is failing.

01:20:05.119 --> 01:20:11.167

You know that their finances are really through the floor, and there's a concern that they're not going to keep going the next year.

01:20:11.167 --> 01:20:29.117

That's not the case here. Valley has actually been doing pretty well on this chart.

01:20:29.117 --> 01:20:38.967

The light blue line is valley, the dark blue line is the State average, and the other lines are the the other 3 hospitals that we're looking at, and Valley's been generally doing better had some trouble in 2020 which could be related to the pandemic but the other hospitals also have been going up and

01:20:38.967 --> 01:20:58.617

down you can see some deep trough for the other 3 critical access hospitals in in the 39 area.

01:20:58.617 --> 01:21:04.668

I have to give you a caution. You know we use Federal data and reporting of data to the Federal Federal centers for Medicare and Medicaid services is a little quirky, and it has to do with the time the time period that is reported so those those trials are actually pretty much the same time.

01:21:04.668 --> 01:21:09.817

Period that they aren't separated by crime. So kind of all went down around, 2019, and he came back up again.

01:21:09.817 --> 01:21:13.768

But belly. Didn't you know Belle's going along and proving had a little bit of a tough year?

01:21:13.768 --> 01:21:29.768

Seems to be doing well. This is for operating margin.

01:21:29.768 --> 01:21:35.519

So this is, you know, revenue exceeding expenses for patient operations, critical access hospitals get a lot of money from other sources besides critical besides patient revenues, because their supported through various things.

01:21:35.519 --> 01:21:45.167

So generally the private hospitals would look way better on.

01:21:45.167 --> 01:21:47.867

Non-critical access hospitals, and certainly the for-profit hospitals would have much higher operating margins than critical access hospitals.

01:21:47.867 --> 01:22:03.617

So basically, Valley's looking pretty good compared to its peers.

01:22:03.617 --> 01:22:16.568

Here when we look at total margin. So that's including all of these other sources of Revenue Valley had a hard time a number of years ago, and you can see this light blue line is just going up up up doing much better over this five-year period.

01:22:16.568 --> 01:22:26.068

That we looked at most of the other hospitals were pretty flat during that time, you know, sort of coming up into the fold, and they all did a little better in 2020, probably because of the additional revenue coming in.

01:22:26.068 --> 01:22:45.368

But they had certainly had a lot of challenges that year that we know about quickly about quality.

01:22:45.368 --> 01:22:51.667

The hospitals mentioned, the high scores at Mount Escotney, congratulations Rama Skutney and Ellis Peac Day have among the highest quality scores that I've seen for small hospitals really really impressive Valley and London are more average not

01:22:51.667 --> 01:22:56.517

bad average, you know good hospitals where you would, you know, feel perfectly comfortable to go.

01:22:56.517 --> 01:23:01.118

Not bad, not having. They're not doing this because they're in trouble financially.

01:23:01.118 --> 01:23:17.018

They're not doing this because their quality is poor. So they're solid.

01:23:17.018 --> 01:23:25.669

There's a chance that if when Bailey joins with Mona Sutney, if if Valley takes on all of the processes and protocols and goals that that Mand Escutney has put into place, there's a potential, that valley could increase, its quality, to the same level.

01:23:25.669 --> 01:23:35.917

as Non Eskneys. I would hope to see that that would happen, you know, particularly as you have the joint management going forward.

01:23:35.917 --> 01:23:44.017

A little bit about community health needs. So this is just a map of the area.

01:23:44.017 --> 01:23:46.667

The blue is, are the towns that ballet considers its primary service area.

01:23:46.667 --> 01:23:51.117

And you know, right there across the river, very close.

01:23:51.117 --> 01:23:52.767

London is very close to get to another hospital's invention.

01:23:52.767 --> 01:23:56.119

That's not in the Dartmouth Hitchcock system.

01:23:56.119 --> 01:24:01.217

You'd have to go off the map by theways.

01:24:01.217 --> 01:24:15.269

But they are close together, and that does lend itself to working together.

01:24:15.269 --> 01:24:35.169

And sharing resources and going back and forth easily. It's not, you know, for the staff to be able to go and fill in at the other campus is not a big lift. You can see that this could work out.

01:24:35.169 --> 01:24:40.767

Generally the community health, profile. This was really notable to me that, you know, we look at public health, you know every public health statistic that we can find, and the Clearon area, although you know it's a relatively low income.

01:24:40.767 --> 01:24:49.418

Level area relative to the rest of the State. In general health.

01:24:49.418 --> 01:24:54.267

All of the health assessment measures. This area looks pretty good, you know, as good as the State, or better than the State.

01:24:54.267 --> 01:24:58.068

Often in most categories better than the country. You guys are pretty healthy out here.

01:24:58.068 --> 01:25:18.517

It's a beautiful place I mean. I hope you're all outside, and that's why it's so great.

01:25:18.517 --> 01:25:25.567

But generally, you know, when we look at health measures, there's not anything that is more challenging here than anywhere else, which is really quite impressive, and even though there is actually a dearth of providers, particularly dentists and mental health providers, but also primary care

01:25:25.567 --> 01:25:37.118

providers, you know, more difficult to find. Some fewer practitioners in the area than in other areas.

01:25:37.118 --> 01:25:49.667

And yet you're a pretty healthy group. The hostels mentioned that their community health needs assessment and the programs that they've put in place.

01:25:49.667 --> 01:25:58.517

And I'll just say, you know, from my viewpoint, I thought you guys did a great job, and I'm usually the most critical about community health needs assessments of anybody.

01:25:58.517 --> 01:26:02.216

There are hospitals that do what they have to do, they just check the box, and they make sort of a cursory effort, and they say, Here we're done.

01:26:02.216 --> 01:26:08.918

This needs assessment was pretty stir, really looked at.

01:26:08.918 --> 01:26:17.117

What are the needs, and put a number of programs in place that are quite innovative to address those needs.

01:26:17.117 --> 01:26:29.719

And so, you know, I would say that the hospital has been very serious about meeting community health needs, and then the concern would be, will that continue?

01:26:29.719 --> 01:26:37.718

But so far really good, so just sort of going back to this, it's a big question overall.

01:26:37.718 --> 01:26:42.118

How will the transaction meet the community's needs for access to quality, for quality and affordable physical and mental health services?

01:26:42.118 --> 01:26:57.569

So, you know, again, not really a crystal ball, but.

01:26:57.569 --> 01:27:01.369

I would expect that, you know, as being part of the Dartmouth Hitchcock system, it will be easier for local people to get into that system, you know, be connected that the medical records we'll talk to you each other.

01:27:01.369 --> 01:27:04.768

You might be able to get more in more easily to see the specialists that you need.

01:27:04.768 --> 01:27:09.219

Maybe, but but at least you know, it'll be more integrated.

01:27:09.219 --> 01:27:18.219

It will be more difficult to access services outside the Dartmouth Hitchcock system.

01:27:18.219 --> 01:27:31.517

I don't think anybody would disagree with that. And there is this concern about the loss of focus of the board on this local area.

01:27:31.517 --> 01:27:37.368

Quality. There's there's a good chance. The quality could improve significantly if the hospital adopts the you know the practices that have produced very high quality services in Atlanta.

01:27:37.368 --> 01:27:46.017

Scotney, affordability. Prices are similar. It's not likely to make a lot of change.

01:27:46.017 --> 01:27:55.368

A lot of difference in terms of what people are paying out of pocket, or when insurers are paying for services, staffing.

01:27:55.368 --> 01:28:04.618

So, staffing, you probably have heard, is a challenge pretty much everywhere across the country right now, particularly in healthcare.

01:28:04.618 --> 01:28:07.868

You know the challenges here are repeated in every healthcare facility across the country and big cities, little cities out in the country.

01:28:07.868 --> 01:28:32.017

I don't think that there's anywhere that's really ahead of the game.

01:28:32.017 --> 01:28:48.668

And so it's even more of a challenge to attract staff, and it is probably the case that certainly, for physicians who are, you know, looking at practicing anywhere in the country being part of a medical team, that is, under Dartmouth that you know has the Dartmouth Hitchcock name and

01:28:48.668 --> 01:28:59.718

has access to the Dartmouth Hitchcock resources and sub-specialists, and you know, an academic teaching position is important to many people that that is something that would be attractive to some people, and might you know tip the scale in in terms of getting somebody to move here.

01:28:59.718 --> 01:29:04.417

To practice in this area. Other staff, you know the other quarter with every year down 25% on your staffing.

01:29:04.417 --> 01:29:13.419

It probably won't make so much difference, for the front desk staff.

01:29:13.419 --> 01:29:21.368

So you know the growing your own of the clinical staff at Dartmouth is an advantage to the extent that people go there and have that training and come back.

01:29:21.368 --> 01:29:22.618

It's still going to be a challenge. So we'll just put that out there and then.

01:29:22.618 --> 01:29:26.468

And financial stability. I mean, the hospital is stable right now.

01:29:26.468 --> 01:29:28.968

It's fine, it's not, you know. It's not going anywhere.

01:29:28.968 --> 01:29:34.468

It's not about to close. It's got decent.

01:29:34.468 --> 01:29:41.918

Quality, has decent services. It has, you know, generally doing fine.

01:29:41.918 --> 01:29:50.568

And so this is really about the future. And what would the long-term stability be for the for the hospital?

01:29:50.568 --> 01:29:57.317

How to meet the staffing challenges, how to keep it going during tough times, how to meet the challenges of sort of the modern.

01:29:57.317 --> 01:30:01.116

You know, requirements on hospitals which get more and more detailed every year, and how to keep up with that.

01:30:01.116 --> 01:30:08.517

So I would say that this transaction is really forward-looking.

01:30:08.517 --> 01:30:18.317

It's not about. And a current crisis. I think that's a good leadership is trying to avoid a crisis.

01:30:18.317 --> 01:30:32.269

But it's probably generally fine. So that's I would say my my overall assessment of I'm looking at this one.

01:30:32.269 --> 01:30:38.320

Thank you. Katherine. We'd now like to move into the audience.

01:30:38.320 --> 01:30:41.817

Q. And a portion of our afternoon here, I'd like to thank you for both sets of presentations.

01:30:41.817 --> 01:30:51.067

I have now in my possession a sign and sheet with a handful of names.

01:30:51.067 --> 01:30:53.816

We also have folks who are online. And I want to let those folks who are watching us via the Internet right now that I actually have access through your chat function.

01:30:53.816 --> 01:30:59.116

If you have a question, please feel free to type it in.

01:30:59.116 --> 01:31:04.317

I actually have a screen in front of me, and I have a few questions that were submitted just before this afternoon.

01:31:04.317 --> 01:31:08.916

So public health hearing. So I can dip into those just a little bit.

01:31:08.916 --> 01:31:15.266

So what I'll do is as a reminder. Each speaker has 2 min.

01:31:15.266 --> 01:31:22.217

I will ask you to come up based on the order in which I received the names on the signup sheet.

01:31:22.217 --> 01:31:26.716

I will apologize profusely in advance for the mispronunciation of names that I am most likely going to stumble through.

01:31:26.716 --> 01:31:29.566

So please be patient with me. I will ask you to come up.

01:31:29.566 --> 01:31:34.016

Just introduce yourself, and then again you'll have 2 min.

01:31:34.016 --> 01:31:38.667

I will have a yellow card for 30 s to go, and the red card.

01:31:38.667 --> 01:31:42.466

I'll wave gently to try to get your attention, to ask you to please wrap it up.

01:31:42.466 --> 01:31:49.116

So with that, said I'd like to call up from Newport.

01:31:49.116 --> 01:31:53.017

Mary Shicelle, or Shisola. Mary, you get to lead us off in the microphone right there.

01:31:53.017 --> 01:31:56.117

And again, as Mary is coming up, just a one quick reminder.

01:31:56.117 --> 01:32:00.717

Because these are questions and information that's going to the Attorney General's office.

01:32:00.717 --> 01:32:04.566

These cards are available at the front desk. Please feel free to fill it out for feedback or for questions.

01:32:04.566 --> 01:32:14.267

If you have any, and leave them behind, and we can make sure that they get to Diane and her team.

01:32:14.267 --> 01:32:19.117

Mary, the floor is yours. Hi! My name's Mary Schisol and I'm from Newport, in Hampshire. I'm a registered nurse and thank you for the opportunity to speak.

01:32:19.117 --> 01:32:23.266

My concern is in regarding Section 3, 1, 25 of the Integration Agreement.

01:32:23.266 --> 01:32:33.016

The section in the States. Changes in clinical services.

01:32:33.016 --> 01:32:38.817

The dhh board may initiate changes in the clinical services provided by Brh, and those changes are necessary to implement the Dhh system.

01:32:38.817 --> 01:32:56.767

Strategic plan and the Dhh system of wives, or to improve the financial position of the 8 a Vrh.

01:32:56.767 --> 01:33:02.416

In connection with a dhhp board's approval, and Brh is operating in capital budgets under Section 311, the Dhh board will evaluate the impact of the proposed changes on one the ability of Brh to meet the health needs of the communities in the service

01:33:02.416 --> 01:33:11.667

area to the ability of Vrh to continue okay, as a C, a.

01:33:11.667 --> 01:33:16.366

H. Critical access Hospital. After the proposed changes in clinical services, and 3, the quality and efficiency with which Vrh.

01:33:16.366 --> 01:33:26.066

Will deliver health services, and for the VR. Just charitable purpose.

01:33:26.066 --> 01:33:35.167

The dhh board will afford Vrh. The opportunity to address the proposed changes and provide any additional information, and we'll consider any such input in good faith.

01:33:35.167 --> 01:33:45.867

After completion of the evaluation process. Vrh agrees to implement the proposed changes in accordance with a mutually agreed upon schedule.

01:33:45.867 --> 01:33:48.616

So my question is, I will dart with Hitchcock, Help and Valley Regional hospital, ensure that you are meeting the needs of the communities, that Valley Regional Hospital serves Mary.

01:33:48.616 --> 01:34:17.967

Thank you. Thank you, Joan.

01:34:17.967 --> 01:34:24.667

Thank you. You. Know we've had a situation like this in the past when the team at Alice Tech Day had to evaluate their maternity services both from a volume perspective as well as outcomes, and it was a collapse process with their board their leadership and you know our goal.

01:34:24.667 --> 01:34:46.067

Is to make sure we were supporting their decision, and it was incredibly difficult decision.

01:34:46.067 --> 01:35:07.717

Whenever you change any clinical services, it starts with the home institution and our goal was just to make sure that we could support their decision, and they decided to close their maternity services and transfer their patients to Dartmouth.

01:35:07.717 --> 01:35:18.167

Hitchcock, you know, considering that Alice Peck Day actually started as Maternity hospital, it was very difficult for on them to make that decision, but they made it really from a quality perspective, and how they could best serve the community, and I think our job as healthcare organizations, is make sure that

01:35:18.167 --> 01:35:23.367

that's the lens we look through whenever we decide to expand, to establish or to limit the services offered at the facility.

01:35:23.367 --> 01:35:26.767

Anything else anyone wants to add, Okay, seeing none. I'll move to the next person.

01:35:26.767 --> 01:35:49.815

Rebecca Mckenzie, Clarma.

01:35:49.815 --> 01:35:53.515

Thank you very much, I'm a clinical social worker with a private practice in Claremont and Windsor, and I have about 15 questions.

01:35:53.515 --> 01:36:15.166

So I'm gonna limit it to.

01:36:15.166 --> 01:36:24.365

And Section 3 of the Integration Agreement. There are many acquisitions and dissolution statements about the clinical services, Property Administration and Board of Directors of Valley Regional Hospital.

01:36:24.365 --> 01:36:34.115

After the affiliation. Are these discussions about the potential changes held prior to the affiliation?

01:36:34.115 --> 01:36:38.065

Once the affiliation happens, does Valley Regional Hospital cease to have control over these areas of operation?

01:36:38.065 --> 01:36:44.115

Thank you, Rebecca. Joanne.

01:36:44.115 --> 01:36:52.265

I like to say it's important to see how we currently operate.

01:36:52.265 --> 01:37:07.415

We have boards at every single one of our hospitals in New Hampshire and Vermont.

01:37:07.415 --> 01:37:17.715

Whose responsibilities are really to oversee the clinical quality, the fiduciary responsibilities, those organizations in terms of both, making sure that they stay on their budget.

01:37:17.715 --> 01:37:25.465

And you know they're responsible for really ensuring that the staff are engaged, and and that they meet the community needs.

01:37:25.465 --> 01:37:30.415

So the boards actually are very robust, and their purpose changes very little.

01:37:30.415 --> 01:37:35.615

Then compared to before they join, join Dartmouth.

01:37:35.615 --> 01:37:40.715

Health. They are. They're the team that wakes up.

01:37:40.715 --> 01:37:46.615

Every day, and make sure that the lights are on. The patients are being cared for.

01:37:46.615 --> 01:37:50.815

Well, and the employees are engaged, and none of that changes with the affiliation.

01:37:50.815 --> 01:37:58.115

Can I add a point? There, please do.

01:37:58.115 --> 01:38:05.715

You recall the slide that I shared with all of our service lines, and there was a red font on a few of them.

01:38:05.715 --> 01:38:10.915

That was a if you remember, that was actually a pretty small subset of all that we do over.

01:38:10.915 --> 01:38:28.615

So those are services largely that are homegrown and have been maintained.

01:38:28.615 --> 01:38:46.766

10 years post affiliation at this point. So, while speaking from experience, I reflexively look for a, or ask the question, Is there a system solution to a service that we are currently not providing our community?

01:38:46.766 --> 01:38:49.815

If there is, I will certainly try to leverage that if there isn't, then I discuss the plan with my colleagues at the system level, and we'll, so to speak, go to the market alone, and try to build the service that our community is clamoring for whether it's

01:38:49.815 --> 01:39:04.215

ophthalmology. We recently hired another optometrist.

01:39:04.215 --> 01:39:06.765

You know, we're getting some outside help, in urology, where the system has been incredibly flexible, is allowing a system member to be creative enough, meet their community's needs.

01:39:06.765 --> 01:39:13.416

It's not just one stop shopping and leverage.

01:39:13.416 --> 01:39:22.867

Thank you. Next question I'll take from online. It is already difficult to have a patient-centered voice in hospital systems.

01:39:22.867 --> 01:39:45.715

Now, what structures do you plan to put into place to ensure the community is heard after the merger could be any of the 3 of the docs.

01:39:45.715 --> 01:40:00.366

And we have a army of people in the community that participate in patient advisory panels and many hospitals move towards engaging them in a very meaningful way about changes in facilities, signage communications.

01:40:00.366 --> 01:40:05.666

They're actually very important voice of the organization. I'll give you an example if we look at way, finding we don't and window this room and try to figure out how to move people through the facility.

01:40:05.666 --> 01:40:09.915

We actually ask our patients what would be the best way for us to design our services?

01:40:09.915 --> 01:40:25.615

So you can access them with this little friction as possible.

01:40:25.615 --> 01:40:28.066

They're an incredibly important part of what we do, and up to the board and the management team to engage them in a whole range of community committees as well as hospital committees, where they can deliver value.

01:40:28.066 --> 01:40:36.665

Make sure anything else.

01:40:36.665 --> 01:40:41.566

I think it will be the imperative. If that's if affiliation is successful.

01:40:41.566 --> 01:40:46.815

That we continue to listen to our community members. On both sides of the river.

01:40:46.815 --> 01:40:55.366

This is my pitch for completing your community. Health needs assessment.

01:40:55.366 --> 01:41:03.815

We specifically design programs to address the 10 issues that come out of the community.

01:41:03.815 --> 01:41:09.565

Health needs assessment. It takes time to build programs. Which is why we do the Cha every 3 years.

01:41:09.565 --> 01:41:12.816

You know, I I can point to multiple programs on both sides of the river.

01:41:12.816 --> 01:41:20.515

That came in direct response to what we were hearing.

01:41:20.515 --> 01:41:25.816

Needs, assessment. I know it's long. It takes a while we can get it to you, and many different ways.

01:41:25.816 --> 01:41:33.416

That is a key way to drive change at your local hospitals.

01:41:33.416 --> 01:41:38.365

Thank you both. Another online question. There's some concern that there's a breakdown in our primary care system.

01:41:38.365 --> 01:41:44.015

The only health clinic in the area for family planning in this area closed recently.

01:41:44.015 --> 01:41:49.515

What primary care and preventative services will dh bring to the community in the future?

01:41:49.515 --> 01:41:56.565

So recruiting primary care is one of the challenges faced across the country.

01:41:56.565 --> 01:42:00.466

I have to say that we have recently started to have a significant amount of success.

01:42:00.466 --> 01:42:09.265

Convincing people to relocate to the upper valley.

01:42:09.265 --> 01:42:33.166

I don't know if it's a reflection of the last 3 years during a pandemic, and they want a life that maybe is simpler and feels less dangerous.

01:42:33.166 --> 01:42:53.866

But I think part of it is the fact that the structure of the physician practice is a group practice model where we actually support the primary care providers, because what they do is so integral to our success as a health system I would say the future is going to be a lot of

01:42:53.866 --> 01:43:06.666

telehealth. A lot of virtual care. It won't work for every single population, but if any of you have teenagers or young adults in your family, you understand that they are very interested in receiving their care from their computer at home, or at work rather than walking into a doctor's office, Dr.

01:43:06.666 --> 01:43:19.815

Christine Finn here, who runs the clinical behavioral health programs close to, I think, 75% or 80% of their behavioral health services are still virtual.

01:43:19.815 --> 01:43:24.515

And what we found is a no show rate for those appointments has plummeted because people that need those services don't have to walk into a physician's office.

01:43:24.515 --> 01:43:30.515

Now they can actually get that counseling over their computer over their phone.

01:43:30.515 --> 01:43:42.265

It is a little bit of the wave of the future, and but it's also something that we're embracing.

01:43:42.265 --> 01:43:56.616

And recruiting specifically to establish significant reachional expertise in, let me go back into the audience. Sean. Kind of 0 of Claremont Sean.

01:43:56.616 --> 01:44:02.766

Hey! Everyone! My name's Sean Canesaro Co.

01:44:02.766 --> 01:44:07.266

Owner of hope to freedom, recovery, home, and every time I do something like this I get emotional.

01:44:07.266 --> 01:44:12.365

So I might cry just to throw that out there. It's I'm also a recovery coach.

01:44:12.365 --> 01:44:23.165

My community health work. So I appreciate the healthcare industry.

01:44:23.165 --> 01:44:31.116

Right now in my house I have a gentleman is literally in his bed, struggling from mental health.

01:44:31.116 --> 01:44:39.116

I don't even know how to label it. I'm not that good of a professional, but what I am good at is helping people that are down and out.

01:44:39.116 --> 01:44:42.216

When we opened up these recovery homes I realized how much substance used to sort of was a mental health issue.

01:44:42.216 --> 01:44:49.216

I never realized that I'm in recovery myself. I'm an addict in recovery.

01:44:49.216 --> 01:44:54.715

I never put the I'd never put 2 and 2 together until I started seeing the people that I serve on a daily basis.

01:44:54.715 --> 01:45:07.316

Probably the only one in it. What a ball cap on! Maybe jeans and a t-shirt and a neck chain!

01:45:07.316 --> 01:45:12.216

So that means I am who I am. But I look out for the little guy right now, I see a lot of Ceos, and you know my neighborhood where I call what we call them is the big dogs.

01:45:12.216 --> 01:45:19.167

Let's not forget about the little guys. The guy that's in my house struggling.

01:45:19.167 --> 01:45:24.616

We sent him to Valley Regional. They sent them back. We called 9, 88.

01:45:24.616 --> 01:45:28.065

We called the bunch of people, and nothing is happening I don't know what to do.

01:45:28.065 --> 01:45:30.265

I won't discharge him, because that will just be contributing to the problem.

01:45:30.265 --> 01:45:33.215

And that's not what I came out here to do.

01:45:33.215 --> 01:45:40.466

So with all that being said.

01:45:40.466 --> 01:45:43.466

You know, the first thing I see on this list here of potential benefits is financial stability.

01:45:43.466 --> 01:45:48.616

It's money, that's what I see, and I might be wrong.

01:45:48.616 --> 01:45:56.666

I'm wrong a lot, you know, but it's money, and the third one is expand.

01:45:56.666 --> 01:46:03.716

Ing and improving healthcare options at Vrh, such as behavioral health, substance, use, disorder, treatment.

01:46:03.716 --> 01:46:07.266

Why are we? Third hold on, I don't want a business. I get all that you know.

01:46:07.266 --> 01:46:14.866

The bills have to be paid. I pay property taxes on 3 properties.

01:46:14.866 --> 01:46:19.416

I get it, but real quick, and what way will dominate health, invest in mental health services in the valley?

01:46:19.416 --> 01:46:21.716

Regional community. And how does that transaction address those needs?

01:46:21.716 --> 01:46:31.316

Thank you very much.

01:46:31.316 --> 01:46:38.916

So, Christine, wave your hand if you think I say anything incorrect.

01:46:38.916 --> 01:46:47.116

So we actually are committed, first of all to expanding subscription, use, disorder, access, plan.

01:46:47.116 --> 01:46:50.516

In this community. As we said before, 30% of the people that are travelling to Lebanon are from Claremont for our services.

01:46:50.516 --> 01:47:02.516

So we know there's a need here, and substance use.

01:47:02.516 --> 01:47:08.566

Disorder is not just treating the addiction is treating the behavioral health issues that are swirling around the direction addiction it there.

01:47:08.566 --> 01:47:18.415

It's incredibly difficult to separate them, and you are absolutely right that they often come hand-in-hand.

01:47:18.415 --> 01:47:27.866

We also know that if we were to set up a clinic like that here, probably more people would present themselves because they're transportation issues.

01:47:27.866 --> 01:47:35.966

In this community are significant enough that we're only seeing the people that can actually get a ride or have transportation up in Lebanon.

01:47:35.966 --> 01:47:58.166

So we are committed. That's like the first step, and then the second step is really leveraging.

01:47:58.166 --> 01:48:06.566

The telehealth capabilities that we have and have served us very well out of the Lebanon, and our practice facilities to actually figure out where the needs of the community are and meet them where they are again close to 75 to 80% of our services are offered virtually

01:48:06.566 --> 01:48:15.716

now because that's what people and that doesn't obviate the need for a face-to-face visit.

01:48:15.716 --> 01:48:20.766

Medication Management, Supportive Infrastructure. When we have a substance, use disorder program, it's not just treating the addiction.

01:48:20.766 --> 01:48:27.016

It's treating the environment, the pressures, the financial pressures that people have.

01:48:27.016 --> 01:48:39.016

And that's all the part of examining what the community needs are Mom's recovery program.

01:48:39.016 --> 01:48:41.215

We have, diaper cletsets, we have food pantries, we have pediatricians, obstetricians in psychiatrists, all in the same facility, because we know we're the whole person.

01:48:41.215 --> 01:48:44.865

That's what we're committed to in the area.

01:48:44.865 --> 01:48:48.815

Christine? Did I miss anything, or mistake anything?

01:48:48.815 --> 01:49:14.667

Christine hang on! Why don't you go to the mic?

01:49:14.667 --> 01:49:23.716

Successful model that we've been able to implement in the region is embedding mental health clinicians within primary care practices so training the clinicians in primary care to recognize and ask about mental health issues, providing additional resources like behavioral health clinicians actually sitting side by side office

01:49:23.716 --> 01:49:30.516

to office, where patients who may not feel comfortable going to practice mental health services will seek care in their primary care office.

01:49:30.516 --> 01:49:37.515

So, really being able to enhance the screening identification and then provide those immediate resources.

01:49:37.515 --> 01:49:48.816

And then also I don't identify patients that might need more specialized care and have that access and connection at the Academic Medical Center.

01:49:48.816 --> 01:49:52.916

That's been a very successful model for healthcare across the country, and we've implemented it regionally within our institution and our partner hospitals.

01:49:52.916 --> 01:49:55.066

So that's been a very powerful model before you go away.

01:49:55.066 --> 01:50:00.166

Can we first reintroduce yourself? Sure. So I'm Christine Finn.

01:50:00.166 --> 01:50:03.915

I am the medical Director and Vice chair for clinical services in the Department of Psychiatry.

01:50:03.915 --> 01:50:11.916

Thank you and maybe stay put, because I've got a follow-up question that came online.

01:50:11.916 --> 01:50:16.015

That is very much related, and it may, it may be the same conversation, but I'll just put these 2 together because of of Sean's question.

01:50:16.015 --> 01:50:22.316

Overdose deaths in 2,023 in New Hampshire, continue to rise postpandemic.

01:50:22.316 --> 01:50:23.766

What type of services for substance use to sort of patients will be provided to New Hampshire patients directly by Valley Regional Hospital.

01:50:23.766 --> 01:50:39.416

After the merger.

01:50:39.416 --> 01:50:54.466

Well, certainly, I think as we were just discussing, implementing a satellite program, where we can have the full array of addiction and mental health services.

01:50:54.466 --> 01:51:09.616

In particular, we provide a medication assisted treatment. Primarily, the medication buprenorphine, which is a very effective medication for helping people come off of opiates and stay off of opiates.

01:51:09.616 --> 01:51:17.316

Jump. Yeah.

01:51:17.316 --> 01:51:19.315

I would hate for folks in the audience. Shawn, particularly to think that that was our rank order list of potential benefits.

01:51:19.315 --> 01:51:28.015

I think we was probably number one.

01:51:28.015 --> 01:51:34.815

It just for ease of presenting that said, Yeah.

01:51:34.815 --> 01:51:44.715

It costs money to therapists, social workers, psychiatrists, all the things that we've done it a bit.

01:51:44.715 --> 01:51:50.866

Across the river. One of the benefits of Scotney and Valley, working closer together, as well're gonna learn from each other.

01:51:50.866 --> 01:51:59.816

Vermont's been a little bit ahead of the game in substance, use disorder with the early adoption of the hub and space.

01:51:59.816 --> 01:52:07.466

Robust hub in our town on a smaller scale did a mothers in recovery.

01:52:07.466 --> 01:52:11.916

As well. We've embedded recovery coaches, or how the media okay?

01:52:11.916 --> 01:52:14.816

We're turning point I've done a lot of good work with them.

01:52:14.816 --> 01:52:19.766

There are some.

01:52:19.766 --> 01:52:24.665

What substance use disorder, and?

01:52:24.665 --> 01:52:33.066

The package that comes with it is it's almost like a game of whack 'em up!

01:52:33.066 --> 01:52:35.416

This right at first we thought it was alright. Docs just have to stop prescribing opioids, so we turn that off.

01:52:35.416 --> 01:52:49.166

And then heroin became available and altered cheap. Alright!

01:52:49.166 --> 01:52:53.766

Let's fight that Fentanyl starts into the game and all the narcissics in the world that we give out is becoming less and less effective in that dealing with Zylasing, and not just the the tranquilizing effect.

01:52:53.766 --> 01:52:58.116

But the wounds that result from it, too. There isn't any.

01:52:58.116 --> 01:53:10.866

Again. You feel like you're just. You're whacking the moles as as they come up.

01:53:10.866 --> 01:53:14.316

But you have to have that mindset that you might not win this and you've got to focus on harm reduction and and be responsive. That.

01:53:14.316 --> 01:53:26.065

But I think there's a lot of opportunity to learn from each other in this specific.

01:53:26.065 --> 01:53:31.566

I keep thinking, we're doing a good job in Windsor County, and then I look at our overdose data and and say, All right, well, what's now what are we gonna do? Well, it's you know what it's gonna be backpacks with wound care and and

01:53:31.566 --> 01:53:40.616

narcan, and people going door to door. I mean, that's how you keep people alive until they get to recovery.

01:53:40.616 --> 01:53:44.866

But it's an ongoing process. If you're expecting to win the war on drugs, you're probably barking up the wrong, Joe.

01:53:44.866 --> 01:53:47.816

Thank you, Jocelyn, yeah. Sean, first of all, I just wanted to thank you for the work that you are doing.

01:53:47.816 --> 01:53:55.966

Regarding this very important.

01:53:55.966 --> 01:54:10.716

Emergency. And also just state that we are looking forward to being able to augment.

01:54:10.716 --> 01:54:16.916

We have done a lot of work, especially in the past year, in terms of embedding we have now 2 new social workers in the department, in the primary care, and we have clinical nurse.

01:54:16.916 --> 01:54:27.566

Psychologist. And we have embedded some people in the emergency room. Also.

01:54:27.566 --> 01:54:37.666

So we have started really being able to address that and believe that the affiliation we'll just bring additional resources to build on the.

01:54:37.666 --> 01:54:51.717

I have an online question. That is a follow-up from Katherine's presentation about access to care, perhaps outside of the network.

01:54:51.717 --> 01:54:56.766

Or where the dhh. Having limited beds available to accept patients needing higher level of care, will this delay patient care, or will?

01:54:56.766 --> 01:54:58.866

Vrh be able to continue to transfer to other hospitals, such as Cmc.

01:54:58.866 --> 01:55:14.466

Or Portsmouth.

01:55:14.466 --> 01:55:25.968

We actually work with hospitals all across the State. We do have a capacity management center and the recent opening of the first phase of our pavilion does give us a little bit of relief and desperately needed acute care beds.

01:55:25.968 --> 01:55:53.216

High acuity beds for this community. However, our goal is, get a patient in a bed doesn't really matter who's bet it is we need to get them to the right level of care.

01:55:53.216 --> 01:55:56.466

And we actually saw that during I think it was the winter of 2020 to, and that there was just a huge demand for high acuity care, and very few beds, and our capacity management team works with transferring facilities to just make sure that we can make all the connections possible to get that patient

01:55:56.466 --> 01:56:00.817

right that. So it doesn't really matter what the patient goes.

01:56:00.817 --> 01:56:08.618

There as long as it's the one that can deliver the services that they need.

01:56:08.618 --> 01:56:14.867

Thank you. Another online question, what happens to the existing partnership between Vrh and Dh. If this transaction?

01:56:14.867 --> 01:56:37.317

Well, we haven't developed this partnership.

01:56:37.317 --> 01:56:40.867

Just with this goal in mind. We developed it years ago, starting in 2012 with the first management agreement, because it's still our community people that don't receive care at Vrh and up coming up to Durham Hitchcock for care and they're part of our community.

01:56:40.867 --> 01:56:46.966

We have to make sure that we deliver the services where they need the most.

01:56:46.966 --> 01:56:53.867

It's great to have a partnership with Valley Regional that we've had for the last 11 years.

01:56:53.867 --> 01:57:03.717

However, there's probably a lot more that can be done when they're actually part of the family.

01:57:03.717 --> 01:57:24.368

Yeah, I based on the relationship and the experiences that I've had the past 3 years.

01:57:24.368 --> 01:57:46.318

While we're not affiliated, I do believe, even see in in their acts that Dartmouth does support rural health, whether you're affiliated or that, and we are all interconnected, and it behooves nobody in our region to have any fewer healthcare

01:57:46.318 --> 01:57:52.317

resources you saw in the numbers that were being that we are seeing in our emergency room 850 patient, inpatient inpatients this year in our inpatient beds. Nobody can absorb that. So it's certainly would not be in anyone's benefit.

01:57:52.317 --> 01:58:00.016

To not help each other out, and whatever whatever fashion that ends up being, thank you both.

01:58:00.016 --> 01:58:09.917

Another online question by your graph. Vrh. Exceeds the charity services to its community compared to other nonprofit.

01:58:09.917 --> 01:58:14.416

Dh affiliates. Can Dartmouth Hitchcock guarantee that the ratio of charity output for social determinants of health compared to revenue surplus can be maintained at same or greater levels?

01:58:14.416 --> 01:58:27.467

So I wanna remind people that a lot of that data was 2020.

01:58:27.467 --> 01:58:40.767

And Katherine acknowledged that during the worst time of the pandemic we are the largest provider of Medicaid care in the entire State.

01:58:40.767 --> 01:58:45.317

So let's just start there. And what was fascinating is, we understand, the demographics in the community of Valley.

01:58:45.317 --> 01:58:59.916

Actually, there's a less of a uninsured Medicaid burden here than it is.

01:58:59.916 --> 01:59:08.167

Many of the other communities that we serve. So I'm not here to kind of argue about the data, but that is the state data is that we provide more supportive care to the underserved than anybody else.

01:59:08.167 --> 01:59:15.117

Thank you. Another follow up online question. When 2 hospitals merge the question of liability for pending or potential lawsuits.

01:59:15.117 --> 01:59:18.016

May arise. Have you taken into account the liabilities or legal issues associated with Vrh, and how does this impact?

01:59:18.016 --> 01:59:35.516

The financial merging of 2 hospitals.

01:59:35.516 --> 01:59:47.316

So there's a long due diligence process that Patty referred to, and a lot of that has to do, not only with contracts and financial due diligence, but it's also liability, due diligence.

01:59:47.316 --> 01:59:57.116

So this may be a flying term, but we kind of open up the kimono, and you know you're very honest with each other about.

01:59:57.116 --> 02:00:01.415

You know the things that you're dealing with from a liability perspective, and that is that honesty, trust, and transparency is the beginning of the partnership.

02:00:01.415 --> 02:00:06.067

I'd like to call it a Janet, and I apologize.

02:00:06.067 --> 02:00:13.167

I cannot see. Your last name from Claremont is Janet here?

02:00:13.167 --> 02:00:19.466

We'll move on. How about Michael Saracino? From Claremont?

02:00:19.466 --> 02:00:22.116

No question. Okay. Alright, thank you. I'll go back to the online questions in several examples. Dr.

02:00:22.116 --> 02:00:29.367

Conroy talked about the autonomy of boards.

02:00:29.367 --> 02:00:44.016

Can you? Can you talk about your assurances about the Board's maintaining a autonomy of operations?

02:00:44.016 --> 02:00:54.266

So we in all of the articles of the bylaws of every single member organization there are certain reserve powers that the health system has.

02:00:54.266 --> 02:01:08.565

Our goal is not to to use those routinely. We rely on the community boards to.

02:01:08.565 --> 02:01:19.065

You know, chart the course for their organizations to deliver clinical services, to maintain the quality and to be fed share stewards of that organization.

02:01:19.065 --> 02:01:28.716

None of that changes. We do have articles, though, in the agreements, though that.

02:01:28.716 --> 02:01:38.966

If we have to come in a facility has all horrible financial disruption.

02:01:38.966 --> 02:01:41.866

And we come in in partnership side by side with the current board to help. And that's the way these partnerships are really successful.

02:01:41.866 --> 02:01:44.616

I think this is a pretty simple one for you, Jocelyn.

02:01:44.616 --> 02:01:51.967

It's kind of a 2 word question. Why, now?

02:01:51.967 --> 02:02:03.866

So I think we the board has been carefully modified.

02:02:03.866 --> 02:02:09.068

The environment and sees that it's difficult and likely to get more difficult and it's better to enter in these things before you're in trouble.

02:02:09.068 --> 02:02:19.666

We are in a position of strength, we've done a ton of movements.

02:02:19.666 --> 02:02:26.966

As you saw in the last few years of the, and maintain that strength, and be able to grow into the future.

02:02:26.966 --> 02:02:44.066

The next online question talks essentially about the recent health needs assessment which which Katherine talked about at some length.

02:02:44.066 --> 02:02:58.267

And you've heard mentioned a few times tonight. Given our geography potentially the unique unique challenges of this particular area, the question essentially asks what the high poverty rates, what improvements will dhhh plan to make as a result of the recent health needs assessment you know what's interesting

02:02:58.267 --> 02:03:15.116

is, we talk a lot about the fact that 15 miles translates to 10 to 15 years less for citizens of Claremont versus citizens of Hanover.

02:03:15.116 --> 02:03:19.166

And your Zip code should not determine. Your health outcomes, and that's one of the things we're committed to to make sure that we work with the community to improve the health outcomes, to demonstrate that.

02:03:19.166 --> 02:03:33.866

Yes, you can change longevity, health outcomes.

02:03:33.866 --> 02:03:40.466

If we all actually work together, that's what the center for advancing rural health equity is all about is actually applying the data as well as understanding what levers we can pull to improve the health of everybody in the community.

02:03:40.466 --> 02:03:43.516

Under finance and value. There's a question here about savings and some of the finances.

02:03:43.516 --> 02:03:53.767

You talked a little bit about having go through the due diligence.

02:03:53.767 --> 02:04:01.016

One of the assertions about the transaction is, that by joining another health system there are cost savings through things like back office function, consolidation and alignment.

02:04:01.016 --> 02:04:07.666

How much savings is expected to be generated? What's the timeframe look like? And how will the community know that these savings of energy?

02:04:07.666 --> 02:04:19.416

So there are a number of ways that savings can be achieved.

02:04:19.416 --> 02:04:24.767

It is. You know, healthcare is a little bit of a moving target in terms of the impact of inflation and supply chain issues that affect all of our facilities.

02:04:24.767 --> 02:04:43.916

What we would do is every single year we would have efficiency targets.

02:04:43.916 --> 02:04:48.518

So it's less about cutting costs and more about how we can actually be much more efficient when we bring organizations in so often, I'll give an example of an organ that joined our group purchasing teams.

02:04:48.518 --> 02:04:57.068

And they actually saved 2 million dollars right out of the.

02:04:57.068 --> 02:05:05.067

So sometimes until we actually identify what the opportunities are and what the efficicies are, we can't necessarily quantify this savings.

02:05:05.067 --> 02:05:07.368

But it's something we think about all the time, and we we have to become more and more efficient every single year.

02:05:07.368 --> 02:05:19.568

Yeah. Joe.

02:05:19.568 --> 02:05:25.667

I like to use the value equation as a marker in a discussion like this, so values to be defined as quality over cost as a way to drive that.

02:05:25.667 --> 02:05:30.267

Which I think we've seen on our side of the river, really pushing on quality, simple math.

02:05:30.267 --> 02:05:38.866

So there can be great value and focus on what focusing on what is most important.

02:05:38.866 --> 02:05:48.016

To patients in their, and what we sometimes forget clinically when we're looking.

02:05:48.016 --> 02:05:55.967

Cost is all that back office stuff, the supply chain benefits to being part of a much larger group, purchasing organization.

02:05:55.967 --> 02:05:59.666

And that's anything from buying malpractice insurance to insurance for boards of directors to work is Comp.

02:05:59.666 --> 02:06:14.918

You name it. There are savings from being.

02:06:14.918 --> 02:06:28.716

Next online question, are the parties willing to agree to make promises to New Hampshire patients to limit cost growth, impacting patients and employers as they did in Massachusetts, including a 7 year price?

02:06:28.716 --> 02:06:36.767

You know, it's interesting when you talk about cost. It's cost to who and.

02:06:36.767 --> 02:06:45.168

Currently when we look at our costs and we're probably fall within the top performers.

02:06:45.168 --> 02:06:51.917

The top 10% of performers across the country and actually eliminating waste in how we deliver care.

02:06:51.917 --> 02:07:03.567

We are actually limited by what we receive for our services, more with the insurance company.

02:07:03.567 --> 02:07:13.767

So when I start talking about costs, I actually like to talk about cost to who and who actually receives the savings.

02:07:13.767 --> 02:07:20.266

You know, our focus has been to making sure that patients receive the highest quality care because nothing increased costs more than low quality care.

02:07:20.266 --> 02:07:32.817

Making sure that patients really understand their insurance and understand their responsibilities.

02:07:32.817 --> 02:07:46.418

And for those patients who are underinsured or unintured, that we actually get them enrolled in insurance plans that actually will cover a significant cost of their care.

02:07:46.418 --> 02:07:54.968

I would say that every single healthcare system is focused on decreasing costs being smart about how we utilize services for patients.

02:07:54.968 --> 02:08:02.267

You know right now are neighborhoods have increased 12 to 15%.

02:08:02.267 --> 02:08:06.317

And yet our ability to negotiate with insurers to help cover that cost has been disappointing.

02:08:06.317 --> 02:08:11.969

So, you know, we're more talking about costs.

02:08:11.969 --> 02:08:14.415

It's really who is actually the beneficiary of the savings, and who is paying the costs.

02:08:14.415 --> 02:08:24.769

That, I think, is the question for all of us.

02:08:24.769 --> 02:08:39.967

I want to make sure that I didn't miss anyone from the paperwork and the signing up and making sure they wanted to have a question. So you do have one. Now, please come on up.

02:08:39.967 --> 02:08:42.217

My name is Michael Sarcasino. I worked as a clinical pharmacist in hospitals for about 45 years I worked at dark with Hitchcock Hand Valley.

02:08:42.217 --> 02:08:44.967

Love them both.

02:08:44.967 --> 02:08:56.466

I had a.

02:08:56.466 --> 02:09:15.167

I live in Western Massachusetts for more than 20 years, and worked at Franklin Medical Center, which was a wonderful community hospital, you know, like Valley.

02:09:15.167 --> 02:09:19.417

It had a feeling of neighbors taking care of neighbors when patients were admitted, and we we formed a partnership with a Bay State Medical Center, and it turned out to be pretty harsh, I mean, from the view of the employees we used to say, I hear the great sucking sound of

02:09:19.417 --> 02:09:31.617

jobs going south, we were. We were north to Springfield, Massachusetts.

02:09:31.617 --> 02:09:36.365

So my question really is for Dr. Paris, your what's your experience for the people of the community working with not escap me when the the combination happened?

02:09:36.365 --> 02:09:38.666

The partnership happened. Did they have that sensation, or was it more smooth?

02:09:38.666 --> 02:09:42.267

Was it?

02:09:42.267 --> 02:09:55.016

It's a great question I'm asked.

02:09:55.016 --> 02:10:02.617

It fairly frequently. The the time leading up to, and immediately following in affiliation like this is fraught with with danger.

02:10:02.617 --> 02:10:19.316

Right a lot of myth and lore about what's going to happen and lose our sense of autonomy.

02:10:19.316 --> 02:10:22.617

Dh, is, gonna you know, that great sucking sound from Lebanon sucking up resources, and with other people in my experience I have just as many staff and patients that tell me I'm never going up to Lebanon so this is my Hometown hospital I want to work

02:10:22.617 --> 02:10:33.067

here. I want to get my care here as a practicing physician.

02:10:33.067 --> 02:10:40.167

I hear it in the emergency room from patients like you are not sending me up there, and if I die in winter, I mean that that is not in not a rare occurrence.

02:10:40.167 --> 02:10:43.767

I, honestly, I think it's vital that the hospital leadership kind of stays on message with the why.

02:10:43.767 --> 02:10:46.317

Why are why are we doing this? And what are the potential benefits and I'll be honest.

02:10:46.317 --> 02:10:55.917

There are times when you're gritting your teeth.

02:10:55.917 --> 02:11:14.366

Yeah, it's great, maybe having a rough day, and there may be something that we're we're called to act upon, that we otherwise wouldn't if we weren't in the system.

02:11:14.366 --> 02:11:24.966

But the benefits so far outweigh the risk that it's really easy to do most most times what I tell people now is, you know, there's never any ill intent coming out of of Lebanon. We S.

02:11:24.966 --> 02:11:31.116

We sometimes make mistakes with communication and execution on the plan, but was in this to make money and reduce competition.

02:11:31.116 --> 02:11:34.416

They wouldn't be building a rural health system. This is this is not like the bank that you rob, because that's where the money is.

02:11:34.416 --> 02:11:40.265

That's not rural health, I think. Vh?

02:11:40.265 --> 02:11:48.367

Is committed to the communities that that it serves.

02:11:48.367 --> 02:11:51.166

Huge chunk of of Dh's workforce driving up from Claremont, Charlestown, and Windsor and Heartland.

02:11:51.166 --> 02:12:14.616

But there's enough to go around, and I will say this.

02:12:14.616 --> 02:12:25.966

There is a very conscious effort at the system level around human resources that we don't create markedly different comp and benefit structures, so that we end up robbing from each other because, as we've said earlier tonight, their our workforce is tenuous at best and you know, if bunch of my people

02:12:25.966 --> 02:12:35.866

leave to go work for Dartmouth, and I can't take all those post accounts from them, and you know my very healthy occupancy rate goes from 70 to 50, because I'm closing beds because I don't have staff.

02:12:35.866 --> 02:12:42.216

So I think there's a real conscious effort to make sure that all the boats are rising, and that has probably been a source of stress for Jocelyn.

02:12:42.216 --> 02:12:47.767

Our organization, pushed up our comp significant, our compensation for our staff significantly.

02:12:47.767 --> 02:12:52.166

Dhs had to do it, because their computing would Boston and other larger areas for talent.

02:12:52.166 --> 02:13:02.917

And we need to make sure. As a system, we all rise.

02:13:02.917 --> 02:13:13.666

I don't think it would mirror the base state experience, and I do know folks that have worked at Franklin and know how stressful it was for a period of time.

02:13:13.666 --> 02:13:19.116

It just hasn't been our experience. So one thing that we might want to mention is, we actually do have a CEO meeting every 2 weeks.

02:13:19.116 --> 02:13:23.066

Steve Blank, who's our head of strategy, actually leads that.

02:13:23.066 --> 02:13:31.816

And we make the decisions together. It doesn't matter how big your hospital is.

02:13:31.816 --> 02:13:35.616

You still have the same voice, and I remember the conversations around minimum wage and you know we didn't.

02:13:35.616 --> 02:13:45.266

Just we didn't say, Oh, we're going to increase the minimum wage.

02:13:45.266 --> 02:13:51.966

It was a conversation with every single CEO's group, and we talked about the pros and cons and the pressure that we're to put on each organization.

02:13:51.966 --> 02:13:56.866

So those are the things we do together, and we haven't talked a lot about that.

02:13:56.866 --> 02:14:05.116

But we spend a lot of time working as a team like we did during the pandemic.

02:14:05.116 --> 02:14:09.866

Just making sure that all the Ceos have the same information so they could lead their organizations effectively as possible.

02:14:09.866 --> 02:14:17.666

Thank you both. Anyone else who didn't have a question and have a chance. If sir?

02:14:17.666 --> 02:14:37.867

My name's Dan Wargo. I am the director of Tlc.

02:14:37.867 --> 02:14:49.166

Recovery programs. You had mentioned that, you know, some of the biggest issues we're facing this community is poverty and substance use disorder got mentioned as well, and one of the great things and benefits to this affiliation happening as you mentioned, is we can provide tell health services better and more

02:14:49.166 --> 02:14:57.415

appropriately for the Claremont citizens. My question along the lines of poverty and substance use is telehealth can be very beneficial.

02:14:57.415 --> 02:15:07.566

Across the board, but with substance use it can be barriers, especially poverty is in place because cell phones get lost.

02:15:07.566 --> 02:15:14.166

People aren't able to make their payments for the bills having confidential Wi-fi to have sessions can be a barrier for people and full households.

02:15:14.166 --> 02:15:18.466

So I really appreciate. And my program supports the Dartmouth Addiction program.

02:15:18.466 --> 02:15:24.666

We collaborate in many ways. And I really love what you guys are doing up there.

02:15:24.666 --> 02:15:31.666

I'm just wondering if there's any further conversations about providing more in person supports for something.

02:15:31.666 --> 02:15:44.866

Use disorder in psychiatry and mental health at Valley Regional as you are doing it.

02:15:44.866 --> 02:15:51.767

So we certainly would, for any great behavioral health providers and that's not just psychiatrists.

02:15:51.767 --> 02:15:59.366

And psychologists. Recovery coaches. It's licensed social workers.

02:15:59.366 --> 02:16:07.616

There's a whole range of new areas of expertise in the realm of behavioral health.

02:16:07.616 --> 02:16:14.367

I think we're limited just by our ability to actually recruit and place people.

02:16:14.367 --> 02:16:23.917

You know, there are a lot of initiatives nationally and certainly to stay-wide level, to invest in that.

02:16:23.917 --> 02:16:27.867

Our only issue is just lack of availability of people across the country, and but that is top on our lists.

02:16:27.867 --> 02:16:33.567

We continue to request anybody that's interested to come up to the area.

02:16:33.567 --> 02:16:38.168

I would say, though, that we're starting to think about how we can utilize other providers.

02:16:38.168 --> 02:16:50.167

In fact, we train Apr ends to actually manage panels.

02:16:50.167 --> 02:16:55.018

The New Hampshire Hospital. Those are advanced practice nurses who are trained specifically for behavioral health in patient management so it's not for lack of trying.

02:16:55.018 --> 02:16:58.218

But it's something we all struggle with. Thank you, Joanne.

02:16:58.218 --> 02:17:10.919

Thank you. Yes, sir.

02:17:10.919 --> 02:17:20.167

I'd be, and the original board several different times have been the chair of the board a couple times.

02:17:20.167 --> 02:17:40.867

I was involved in 2,012 when the Manager service agreement was originally conceived as a way for us to get a high quality.

02:17:40.867 --> 02:18:03.667

CEO and that CEO was there for approximately 8 years, and Jocelyn is followed in his footsteps as one of the in rooms that arrangement has worked exceptionally well, has kept us closely related to Hitchcock to get the resources that

02:18:03.667 --> 02:18:08.617

they provided, and I would have to say that the concern about Hitchcock taking over and and sort of sapping the resources is not something I saw at all during the period of time where we've had an employee of Dartmouth Hitchcock running Valley Regional Hospital and I

02:18:08.617 --> 02:18:24.367

think it's important to understand. Yeah, I truly believe that Dartmouth Hitchcock.

02:18:24.367 --> 02:18:31.767

Is not looking to swallow things up. They're looking to expand, expand services, expand to improve the communities I think this is a natural step forward and an appropriate one, especially when we can do it at a time.

02:18:31.767 --> 02:18:42.767

Where we are healthy, but going forward. Is that clear at all?

02:18:42.767 --> 02:18:46.867

How small independent hospitals can continue to function the way they've so I think this is the best thing for Solomon County in our community and for the health of our community.

02:18:46.867 --> 02:18:57.017

Thank you. Thank you, Mike. I'd like to. Yes, ma'am.

02:18:57.017 --> 02:19:00.117

Hi! I thought I should jump in. My name is Dr.

02:19:00.117 --> 02:19:21.267

Susan Borchard, clinical Director of Counseling Associates.

02:19:21.267 --> 02:19:39.016

We're actually one of the largest behavioral health providers in Lower Upper Valley, and just wanted to say from our perspective, this affiliation is crucial for the health our clients, and want to just really say, as a community.

02:19:39.016 --> 02:19:49.517

Provider. We have had great support from Valley, with some of our integration efforts, and have coordinated quite a bit over the years with some grant funding and workforce development, and that is also the case with some of our other partners, including Dh.

02:19:49.517 --> 02:19:56.817

And Apd. And New London. So there are folks out there trying to change the ratio of mental health providers to population.

02:19:56.817 --> 02:20:06.016

We work together. Excuse me, so I'd like to thank everyone for attending in person, mostly.

02:20:06.016 --> 02:20:12.117

Certainly, thanks to those who are watching this online, and thanks to our panel, our panel, Patty Jocelyn, Joanne, Joe and Katherine.

02:20:12.117 --> 02:20:18.817

Thank you for your input for being able to answer questions and for painting a fuller picture of what this proposal is all about.

02:20:18.817 --> 02:20:24.667

With that. Please remember that this is an opportunity for the Attorney General's office to be able to receive input.

02:20:24.667 --> 02:20:50.367

And because this is her show, I will call Diane Quinlan back up for a few closing thoughts. Thank you very much.

02:20:50.367 --> 02:20:55.966

So I wanna thank you all for attending today, both in person on online, we consider our role in reviewing these healthcare transactions to be a very important responsibility of our office.

02:20:55.966 --> 02:21:13.118

And we greatly appreciate the input that we've heard from you, from the hospitals.

02:21:13.118 --> 02:21:24.068

Thank you for being here today. We consider all of the input that we receive and the community members numbers input as well we're going to continue to accept some public comments through May 30.

02:21:24.068 --> 02:21:37.516

First, and so you can feel free to send us your comments, or your question or concerns to our office by mail or by email.

02:21:37.516 --> 02:21:55.517

I want to thank again the representatives of the hospital for being here to present, and also for your willingness to answer the questions, the questions and answers are very helpful to us as we consider the transaction as well.

02:21:55.517 --> 02:22:00.366

I want to thank Catherine for for her presentation, and Scott for serving as our moderator, and I want to thank in our special way the endowment for health for all of their help in pulling this public hearing together, especially Yvonne Goldsberry and Cheryl Dempsey and

02:22:00.366 --> 02:27:28.366

Andy Hessian. So thank you all for coming and drive safely.