



Highlands-Cashiers Hospital Community Forum

Transcript – June 25, 2020

Moderator: [00:00:00] Good evening. Thank you for joining the Highlands-Cashiers Hospital virtual community forum hosted by Mission Health. Leading the discussion this evening we have Highlands-Cashiers Hospital CEO & CNO, Tom Neal, as well as Todd Detar, DO, and Patti Wheeler, MD.

Moderator: [00:00:18] Before opening the forum to Q&A, Tom along with Dr. Wheeler will introduce Mission Community Primary Care – Cashiers’ newest healthcare provider Dr. Todd Detar. Together they’ll be providing an update on the hospital’s COVID-19 preparations for a safe return to normal operations, as well as the vision for the future.

Moderator: [00:00:45] On the line, we also have Nancy Lindell a spokeswoman for the hospital, as well as Alecia Adams, Regional Director, Practice Operations.

Moderator: If you have a question at any point during the forum, please dial star-3 and an operator will be available to assist you. That question prompt again is star-3.

Moderator: I will now turn the call over to the host, Mr. Neal, to begin the forum.

Tom Neal: [00:01:12] Thank you and let me start by providing a brief introduction of myself. As introduced, my name is Tom Neal, CEO and CNO, Highlands-Cashiers Hospital and Eckerd Living Center.

Tom Neal: I've been married for 35 years. My wife, Robin, and I have two children and two grandchildren. We are originally from Louisville, Kentucky. With my career having taken us to Hilton Head Island, South Carolina, West Virginia and then Pennsylvania.

Tom Neal: [00:01:35] I was very excited to be offered the opportunity to serve in this community. [00:01:41] As I felt my talents and strengths were a good fit to help make a difference here. I also love the outdoors and love the mountains and found Western North Carolina is just a great place to live and hope it to be a place to spend the rest of my career.

Tom Neal: I am also a clinical executive. My experience started as an Army medic, I then worked for EMS, [00:02:00] followed by seven years working as an ED and critical care nurse. And with my last 20 years serving as an administrator, virtually all hospital operations, spending time in strategic planning and at the [00:02:11] chief executive level for the last six years.

Tom Neal: Before I turn over to the panel, I want to deliver two messages. First, I want to talk about the Coronavirus. Bringing the challenging new phase of grappling with this invisible opponent, and although we remain hungry for more information and how to



identify and increase ours, we are using the knowledge we do have to dictate how we care for patients and our staff.

Tom Neal: [00:02:36] At this point, we are taking steps to reopen certain segments of our society. The hospital is also resuming expanded clinic hours, outpatient testing for labs and x-rays, and endoscopies. As we have prepared to report, we have also taken necessary steps to ensure a safe environment for both our patients and our staff.

Tom Neal: And even though it's natural to not to want to think about it right now, [00:03:00] it's important to remember that there's a real possibility that things could pick up again in three months, six months, or with the COVID resurgence, which we're actually seeing now.

Tom Neal: [00:03:08] The very fact that COVID-19 is a pandemic, make it necessary for us to analyze [00:03:15] that it's not just us as a small mountain community, but we are members of a global community. My message now is that despite the fact that COVID-19 is across a moving target, our hospital and our clinics are safe. We've instituted protocols at all our facilities, as well as across the HCA system. These should reassure you that you're safe if you come to us for treatment. We have instituted a screening process for any of our facilities, whether you are a patient, staff or vendors.

Tom Neal: In short, before you are allowed access to the hospital or [00:03:47] any of our clinics or outpatient locations, you will have been screened and found to be clear of a fever and risk factors for COVID-19.

Tom Neal: [00:04:00] We've also instituted universal masking. Meaning that everyone who works at one of our facilities and any patient or visitor who enters one of our facilities will wear at least a level one mask. When using [00:04:09] properly social distance.

Tom Neal: [00:04:16] Masks are routinely worn by staff in doctors' offices when performing routine work and certain fabric ones as well that may also qualify.

Tom Neal: [00:04:23] The goal of these masks and the homemade ones that our community members are wearing out in public is to protect others, as you can be sick when the virus isn't even showing or when you aren't even showing symptoms of the virus. These safeguards are fast becoming our COVID-19 era new normal. Rather than causing alarm, they should actually serve to reassure you about the fact that our facilities are some of the cleanest and safest you could visit right now, whether you're in need of routine or emergency care.

Tom Neal: [00:04:52] The worrisome trend we are seeing countrywide is individuals delaying care or are not calling 911 when those symptoms of serious illness, like heart attack and stroke appear. [00:05:00] It's actually critical to be timely and addressing your symptoms, particularly, for these conditions.



Tom Neal: [00:05:06] During each precious minute that you delay getting care for heart attack, muscle is lost and it is permanent. And if you experience a stroke, every second counts because brain cells could die and are lost forever. It's nothing short of tragic when we see patients learn that we could have helped if they just had come to us sooner. If you are having chest pain or symptoms of a stroke, immediately call 911. For a stroke, remember BEFAST and call 911 if you have any of the [00:05:33] following symptoms: sudden loss of balance, loss of vision in one or both of your eyes, your face looks uneven, arm or leg are hanging down, slurred speech or trouble speaking from being confused, [00:05:47] a thunderclap headache or the worst headache of your life.

Tom Neal: I encourage you to not delay seeing us for needed care like [00:05:56] endoscopy procedures, colonoscopy screenings, and other post-care work, such as critical [00:06:00] lab work and A1C if you're a diabetic.

Tom Neal: The next message I want to deliver is a message I actually wanted to deliver three months ago, before COVID-19 shifted our priorities and limits our ability to meet in person. I want to talk to you about the vision of our organization.

Tom Neal: When I first arrived in December, my first response to most people I know is that I wanted to listen and learn more before I talked about our goals. From these conversations, we developed strategic priorities and at a high level our priorities fall into four broad categories.

Tom Neal: [00:06:34] Number one, provide the highest level of quality and safety. Two, become the community's provider of choice. Three, become the employer of choice. And four, create sustainability for our organization. So allow me to expand briefly on each of these. The first priority is to ensure quality and safety. As I already shared, our primary mission during this pandemic is to ensure the safety of [00:07:00] patients, staff, and visitors at all of our locations.

Tom Neal: [00:07:03] And again, you will see the changes I've talked about. First, we've closed all entrances except one. [00:07:10] And at this location you'll see trained staff wearing masks asking screening questions.

Tom Neal: [00:07:17] We have also limited visitation. We have recently adjusted our visitation to level two, which means we now allow one patient advocate from the hours of 9 AM to 8 PM, but only if they have no signs or symptoms of illness or any other risk factors. They will also be required to wear a mask as I've already stated. Visitation exceptions are made for patients who are at end of life, and [00:07:43] additionally in the Eckerd Living Center, we continue to restrict all visitors as this is a high risk population. This is also in compliance with the direction from CMS or the Centers for Medicare and Medicaid Services. From COVID-19, let me talk about what our goals for quality and [00:08:00] safety look like and why this is important.

Tom Neal: [00:08:06] For quality, we have focused on attaining our fifth star on the hospital compare quality scorecard. This is available and out on the Hospital Compare website. And



for the Eckerd Living Center, we are already a five-star facility and our goal is to keep it. And why is this important and why do we choose this goal?

Tom Neal: First, quality and safety is at the core of our mission. When I first went into nursing, I was taught some valuable principles that I still hold. Among these are principles such as above all else don't give the patient something that they [00:08:32] did not come to hospital with. This is now what we call hospital acquired conditions and hospital acquired infections. And I'll be proud to tell you that we have not had a hospital acquired central line infection or a hospital acquired infection from a public passer or urinary tract infection since 2012.

Tom Neal: [00:08:50] So we do very well on these measures. We also work at best practices to deliver patient care -- what we refer to as the complying [00:09:00] with standards of care and evidence based medicine. An example of this would be care for heart attacks, care for sepsis or deadly infections. Hospital Compare also listed other important quality measures, things that it's kind of hard to argue with such as mortality.

Tom Neal: [00:09:17] You know, how many patients died to what's expected. Patient experiences, which is more than our patients are happy with here. It also pertains to the quality of the experience with questions around quality communication, responsiveness of nurses and discharge instructions. While these lead to satisfied patients, they also have a strong quality component. If we don't do a good job of communicating, our patients don't understand the medications or other care plans.

Tom Neal: [00:09:44] Then there's a higher chance that when they get home, they may not be the right instructions to take care of themselves. And I'm responsible. So if we don't answer a call light, patients try to take care of themselves and may fall having an injury.

Tom Neal: Our next priority, I want to discuss and being [00:10:00] our provider of choice. Let me start by explaining what this means to me and other [00:10:04] healthcare executives. We measure this metric called market share. Market share refers to the percentage of patients who need the service and use our service in our service area. For us, we do very well in Highlands where three quarters of our patients choose one of our Mission partners. However, we do not do as well in Cashiers, Glendale, and Sapphire where less than [00:10:24] half choose us for their healthcare needs.

Tom Neal: Then many of you on the call are probably thinking, well, I know why you need primary care physicians. Access to primary care is the first point here. People still go to the hospital where the doctor tells them to. And since I have arrived, I have heard repeatedly about the need for primary care physicians.

Tom Neal: If you have not heard, [00:10:48] we have recently introduced a new family medicine physician, Dr. Todd Detar. He started on May 26th and is on the call. I'll turn the call over to him in just a minute but let me expand on our strategy on primary care recruitment first.



Tom Neal: [00:11:00] We are currently recruiting a second primary care physician for the Cashiers area. However, I cannot commit to when we will have other physicians. [00:11:12] The reason is we need to be thoughtful in recruitment.

Tom Neal: We monitor metrics to assure our community has access. The metrics are not how many doctors but focus on access. As an example, we measure the wait times for a new patient or existing patient to get an appointment. As we know, a delay in getting an appointment is a problem.

Tom Neal: [00:11:31] We also measure how many patients does a physician see each day. As too many or too few are a problem. Our primary care strategy also includes collaborating with other [00:11:41] local providers.

Tom Neal: Recently, the Highlands Cashiers Foundation announced the Blue Ridge federally qualified healthcare clinics will start a clinic in Highland. The clinic will include one physician and will also include a residency program with MAHEC. This is very [00:12:00] exciting and we anticipate the clinic starting up next year. [00:12:03] We are partnering by leasing space for the clinic in the Jane Woodward Clinic on our campus in Highland and supporting the recruitment efforts.

Tom Neal: The next point is access to specialists. [00:12:17] I will highlight that one of the most important specialists during the pandemic is infectious disease physicians. Most rural communities do not have access to ID doctors. In fact, [00:12:25] the last two hospitals that I've served at, did not have access to an ID doctor. But thanks to our relationship with Mission and HCA, we do have access through telemedicine at Highlands-Cashiers Hospital.

Tom Neal: We also though look at access to surgery and our plans do include bringing back surgery to Highlands-Cashiers Hospital. We are currently recruiting for both a general surgeon and an orthopedic surgeon.[00:12:49] In addition, we are evaluating other surgeons that may practice at the hospital, including plastic surgery, ophthalmology, and OBGYN.

Tom Neal: [00:13:03] The final point on being the community's provider of choice revolves around community engagement. And we have worked closely during the coronavirus with local community leaders, both public and private, to coordinate our planning. Our primary partner has been the health department and our plans are in line with CDC guidance and are supported by the health department. However, we do look forward to transitioning from community advising on the coronavirus to promoting other topics of health through activities like seminars and screenings.

Tom Neal: [00:13:29] Our goal is to be engaged and supportive of our community. Our next priority is to be the employer of choice, as I've already shared above all our primary mission during this pandemic has been to ensure the safety of our people.

Tom Neal: [00:13:47] This includes continued access to PPE, a term which I think most people are now aware of, but this includes masks and gowns, gloves and face shields. We also want to make sure that our employees are also informed.



Tom Neal: I also want to speak to the response to address and support our people during this pandemic. [00:14:03] From day one of the coronavirus, HCA Healthcare has addressed the pandemic with two clear objectives. The first, to support our people and keep them safe, but also keep them employed so that they can care for our patients during and after the pandemic. The second is to protect the company so that we can continue to serve our communities for years to come. And at a time of hundreds of hospitals across the country are laying off and furloughing caregivers, [00:14:33] HCA Healthcare has not laid off or furloughed a single caregiver due to the pandemic in not any in nearly 190 hospitals. In fact, we have continued to pay employees for whom we have no work at 70% of the base pay.

Tom Neal: And as of the start of June, this cost HCA [00:14:50] nearly \$138 million in our pay continuation programs, which continues paychecks to more than 120,000 colleagues, which continues benefits. [00:15:00] Additionally, our executive leadership, both corporate and division as well as hospital CEOs, CFOs and all the different C-suite, have taken pay cuts of 10-30 percent to help offset this cost.

Tom Neal: [00:15:13] Having been in healthcare for 35 years as I shared, I had multiple colleagues across the industry. I will only state this so simply not the case and those policies are reflection of the values that attracted me to HCA as they're a reflection of the strength HCA has. Most hospitals simply don't have this and have been forced to lay off employees and have closed. I would not want to venture a guess as to our response if we had not partnered with HCA in 2019.

Tom Neal: [00:15:43] Our final goal is sustainability. Prior to COVID-19, one of the most frequent questions I received was what would happen to our hospital after the asset purchase agreement is completed. My first response is that from the first interview I had until [00:16:00] today, I have received nothing but support from HCA and the direction to make our hospitals successful and drive growth.

Tom Neal: [00:16:07] In fact, I would not have come here if this was not the case. I also want to comment that there's a reason this priority is last. It is my opinion that sustainability comes naturally if we are successful in our first three priorities – quality, safety, having the community provider choice and employer choice. In closing, I want to add these comments that without a strong community, we will not be successful.

Tom Neal: [00:16:32] So as we continue to face COVID-19, my comments are to continue to stay safe and take care of yourself. So thank you and with this, I will turn the forum over to Dr. Todd Detar, primary care physician. Dr. Detar comes to the plateau from Romper St. Francis Express Care in Summerville, South Carolina, where he served as Medical Director for the last five years. He is a graduate with honors from PCOM from the Philadelphia [00:17:00] College of Osteopathic Medicine in 1987. [00:17:04] He has more than 33 years of diverse experience as a board certified family medicine. He is newly married and he and his bride have found a home in the Cashiers community. Thank you very much and with that allow me to turn it over to Dr. Detar.



Dr. Todd Detar: [00:17:26] Thank you, Mr. Neal, and thank you, Dr. Patti Wheeler, for welcoming me to this wonderful community. It's a great pleasure to be here. And I wouldn't have been able to do it without, you know, some of the leadership in HCA and Mission Cashiers, Alecia Adams and Kelly Miles who spearheaded getting me here. It's just a great pleasure to be here and service this community. I come from Pottstown, Pennsylvania and I come [00:18:00] from a family of physicians.

Dr. Todd Detar: [00:18:02] My grandfather was an old time family doctor who did surgery and delivered babies and took care of everybody in town. When I came out of medical school, I started a practice or went into a practice in Pottstown.

Dr. Todd Detar: [00:18:19] And the first practice I was in was [00:18:25] Jack Lupas, a pediatrician and family doctor, took me under his wing and taught me a lot of things. His son is, Sam Lupas, and is living in Cashier now and I didn't know that until I started to look for a home. When I was working in Pottstown, I had family practice that I started and I brought in some nurse practitioners. We had a family nurse practitioner, and a pediatric nurse practitioner, [00:18:54] and then we brought in another physician. It was a big turmoil, like every [00:19:00] time in healthcare and merged it with a multispecialty group. So I was one of the partners in a multispecialty group in Pottstown.

Dr. Todd Detar: And then I was recruited down to Charlestown, South Carolina, where I worked in the Department of Family Medicine and became a professor there in the department, [00:19:21] teaching students and residents, and I was [00:19:26] in charge of the doctoring curriculum, which was an integrated curriculum for two years. After doing that for several years, I went to Indiana where I worked in a critical access hospital, trying to get some skillsets that I would be able to utilize in a rural community and also to help train medical students and residents to practice in a rural community.

Dr. Todd Detar: [00:19:56] I did that for a little bit of a time and then I came back to [00:20:00] Charleston. And I started in primary care in Mount Pleasant to work with several physicians, a very nice practice. And I was asked to run an urgent care with Roper St. Francis and I have been doing that for the last couple years. It's really been great. This time for healthcare in a pandemic has been a challenge for us all across the world.

Dr. Todd Detar: [00:20:27] And we'll hear more about that from Dr. Wheeler, but you know, my background serves me well and I've trained in different areas of nursing, where I first started out a nursing assistant to a certified lab tech while I was in medical school. And I did sports medicine for a period of time prior to medical school so I have a diverse background.

Dr. Todd Detar: [00:20:58] My last delivery of a child [00:21:00] was in 2013 so I was involved a lot of programs at UMSC [00:21:09] and I brought my full set up so that I was able to serve a community that is in need of primary care. I look forward to that. The commitment that I have to this community is great. I know there is a need here. I looked at several practices prior to coming here. I really wanted to put my feet into a rural practice where there was a diverse group of people.



Dr. Todd Detar: [00:21:39] What I found was a group of individuals that are so committed to patients and so caring for quality and promoting the health care and prevention of the community, that I didn't really expect that. They've been really supportive on my [00:22:00] onboarding, through learning how HCA works, and HCA has been great in the fact that the processes that are in place are great quality.

Dr. Todd Detar: [00:22:15] If we can just get, you know, everybody doing those same things, I think that'll be very helpful. I'm very committed to this community and to the people in this community and look forward to serving them for a long time. And I'll turn it over to Dr. Wheeler to provide an update on safety of reopening facilities and restarting services [00:22:40] that may have been suspended due to the coronavirus. Dr. Wheeler.

Dr. Patti Wheeler: Thank you. I appreciate you being here a lot. I wanted to say that we are excited to have our friends and neighbors coming back for the season and are happy to have them re-established here, [00:23:00] which is what they have done in the past.

Dr. Patti Wheeler: [00:23:02] We've seen several other folks who are moving to the plateau to be their permanent residence. And we have not been as busy but are beginning to get busier in the clinics and in the hospital. As Tom had said, we do practice safety with good [00:23:23] cleaning techniques and also with masking. Everybody is masked. We limit visitors in the clinic as well so that we have adequate control over exposures. Those are the things that we're excited about and welcoming folks back to the plateau. We also want to encourage people who have not been tending to their regular self-care, getting labs done, having their cholesterol checked, having a blood pressures monitored, getting your diabetes back under control.

Dr. Patti Wheeler: [00:23:54] We've also talked about COVID-19 with most of my patients. That seems to be [00:24:00] what we've had trouble with. Trying to encourage all of us to get in a better space with our healthcare and our mental health and trying to take advantage of the beautiful place that we live. The hospitals currently do an excellent job with maintaining safe and clean space for people to be seen and cared for.

Dr. Patti Wheeler: [00:24:24] We are hopeful that folks won't ignore chest pain or changes in their neurologic health. So we want to encourage folks to not be afraid to come in and have an evaluation. We're looking forward to being part of the community as it continues to grow. And I think it is growing a lot because of the situation we're in with the pandemic in the nation [00:24:49] and certainly across the world. We have some friends and neighbors that are excited to be here as well. We're [00:25:00] looking forward to seeing everybody here.

Moderator: [00:25:08] Thank you to our hosts. The form will now open to Q&A. If you have a question, please dial star three and an operator will be available to assist you. That question prompt again is star three.

Moderator: [00:25:18] To get started, we have a question that was submitted online. Sarah writes: Now the state is easing restrictions, I'm trying to convince my mother to reschedule



an appointment. It was canceled a few months ago due to COVID. What advice do you have for patients who maybe apprehensive about returning to their typical care schedules? Or can you tell us what a patient can expect? Or what will be the same or what will be different under the new normal?

Moderator: Mr. Neal, we'll start with your response.

Tom Neal: I mentioned this in my introductory remarks. I don't know how to [00:26:00] explain it, but there's a real fear of getting COVID-19 and I get that, but there's other risks that are being ignored. And there's a real risk [00:26:07] if you avoid getting lab work checked or doing whatever type of preventative care or maintenance care you need that other disease that equally real actual effect patients. My passion when I was a nurse was working with cardiac care. And I share that many times about treating firsthand patient have a heart attack is much different than it is today.

Tom Neal: Also we didn't have the advancements so [00:26:33] when someone is having a heart attack, we essentially put them in an ICU and waited for the heart to totally evolve and assess the damage was being done to the heart. And see what we could actually do. Today, if you come in with a heart attack, we can give you medicine to stop the heart attack or take you directly to the Cath lab here. And we're seeing pathology with heart attacks that we haven't seen in over 20 years because people simply are not coming to the hospital because they're afraid of [00:27:00] getting the coronavirus.

Tom Neal: [00:27:01] And while they may never get the coronavirus, now what they have is peripheral damage to their heart forever. And it's just a tragedy. So I would say that first, you know, keep in mind, yes, there's a risk and don't come in if it's not necessarily, but you need to take care of yourself. This is going to be going on for some time.

Tom Neal: [00:27:18] Candidly, probably one of the safest places to be right now is in the hospital. We perform regular cleaning and have taken measures to comply with the CDC. We're hand washing, we are monitoring hand washing, there's sanitizer everywhere, everybody is wearing masks. So I think there's not much more I could do to reassure you, but I can assure you if you come in the doors, you're going to see a very safe environment and we're going to do our very best to take care of you and assure you're safe.

Tom Neal: [00:27:54] That's part of why we restricted visitors. That's part of why we still aren't allowing visitors in the clinics. That's part of why [00:28:00] we're asking screening questions before you come in. And I assure you that anybody that comes that has a fever, that has symptoms of the Coronavirus, that has had recent contact, [00:28:10] you will be taking care of, but not being in an area where you're isolated and kept free from exposing other people. So you don't have to worry about it.

Moderator: Thank you, Mr. Neal. Dr. Detar, anything to add there?

Dr. Todd Detar: [00:28:30] I think one of the things I have found that's been very helpful is telemedicine. And I think that we're under-utilizing that as providers and if we can find ways



to reach our patients through those kinds of venues, a lot of times I think, you know, we may be able to help them through this time until we can get to see them face to face. So I'm a big proponent of video and [00:29:00] telemedicine.

Dr. Todd Detar: [00:29:01] We started that in the Roper system. I actually screened probably over 500 people for COVID in the first month. You know, I know our primary care folks and there is telemedicine and within HCA. So I think that that would be a benefit for some people.

Moderator: Thank you, Dr. Detar. Just a reminder to the call participants that the question line is now open. If you'd like to ask a question, please dial star three and an operator will be able to assist you. The question prompt again is star three. We'll take another question that was submitted online.

Moderator: [00:29:44] Lisa writes: I'm new to the area and I need to establish care with a new physician. What is the best way to set up an appointment with the doctor?

Moderator: Dr. Wheeler, we'll start with your response.

Dr. Patti Wheeler: The clinic numbers [00:30:00] for arranging appointments are available on our website and the Cashiers clinic has one specifically for them. And the Highlands clinic has one here as well. If you have a concern or can't get in touch with those members, the hospital is always eager and willing to help. [00:30:21] They have an operator there who can transfer you to the practices themselves and [00:30:27] they'll be happy to set up an appointment for you.

Moderator: Thank you, Dr. Wheeler. We'll take another question online. Next we have a question from Sam.

Moderator: Sam writes: I saw the news story about the ELC. [00:30:50] What are other innovative ways to stay connected with the family while remaining safe? Mr. Neal, let's start with your response.

Tom Neal: [00:31:00] That's a great question. It's one of the hard things that we're dealing with right now, especially in Eckerd Living Center. The families are so important to our patients. They help their emotional wellbeing. They're great advocates for helping with understanding questions.

Tom Neal: [00:31:18] And then when people are in the hospital, they always aren't always feeling well and they always don't understand fully that they're just sick and having that family there to help is a great resource. Restricting them was a hard decision to make. And we did it because we wanted to make sure that we kept our patients and our residents safe. So we actually got our first parade a little over a month ago and it was just a great event outside.

Tom Neal: [00:31:43] They were able to come by and wave and really just celebrate them. And that's why we want to repeat that. We're also doing things with Facetime. We have



iPads available that are pre-programmed, so we're utilizing them and they've been a great tool. I mean, [00:32:00] when I was Pennsylvania, and our grandkids were in South Carolina and my children too, [00:32:04] I shouldn't forget them, but you know, we spent a lot of time on Facetime, and it's not probably like being there, but it is great. We've also brought patients to windows where they can participate with their visitation. And again, there still is that closeness, but without the contact. So those are all some things that we're doing to try to be innovative.

Tom Neal: [00:32:26] I'd also emphasize too, that we do make exceptions on the visitation, when we do have a patient that's at the end of life. It's time that you just need to make sure you're going the extra mile to keep them safe. And also for pediatrics, if there are pediatrics, obviously the parents or one parent, needs to be available. I really want to commend the Eckerd team, Ava, Emily, and Chase are few of the key leaders there for pulling together that parade. I want to encourage you to come by, it's a drive by, come and say hi. I'll tell you this, I'm not one to cry, but I was in tears just watching everyone. It was such an emotional moment. [00:33:08] It was just wonderful.

Moderator: Thank you, Mr. Neal. Dr. Detar, anything to add there?

Dr. Todd Detar: [00:33:20] No, I don't have anything to add to that.

Moderator: Alright. Well, it looks like we've got a caller calling in. Just before we go there, just a reminder to all the participants on the line – if you have a question, please dial star three and an operator will be available to assist you. That question prompt again is star three.

Moderator: [00:33:42] We will go to Rebecca, who has a question about the credentials and Dr. Detar's background. Rebecca, the line is now yours.

Rebecca (Caller): [00:33:49] Hi Dr. Detar. First off, we're super thrilled that you're here in our community, but I did have a quick question. I know you were announced as a DO rather than an MD. I would just love to know a little bit of background in what the difference is. I'm not familiar.

Dr. Todd Detar: [00:34:13] I think the big difference between – it's basically a school. I went to the Philadelphia College of Osteopathic Medicine. There are two types of medical colleges in the country, actually maybe three if you look at the naturopaths, but we have the allopathic medical colleges that produce medical doctors. And then you have the colleges of osteopathic medicine that produce the DOs. The DO background is from an MD who started it back at around the turn of the century in the 1900s. He was very interested in structure and function and making sure that our structures are in place so that we can function normally. It's a holistic approach that we look at the mind, body and the spirit and put together care plans for our patients, as well as the allopathic physicians do. I was directed to go into the osteopathic field because of my background in health education and in sports medicine, which I took up in college.



Dr. Todd Detar: And my mentors were very high on me going into that kind of profession, because I felt like I had a very good background to go into the osteopathic profession.

Dr. Todd Detar: It's a four-year school. The first two years of training are essentially about the same. Our third and fourth-year training is in community hospitals, maybe not within a big tertiary center. We actually have more hands-on experience, but that may mean that we go to different hospitals. At my tenure at NUSC, which was an allopathic hospital and training center, we trained MDs and we trained DOs there as residents and I didn't really notice much difference between the outcomes. I think that the people that are training in a good residency program are getting the good training that they can provide to patients.

Dr. Todd Detar: Recently, I guess, within the last two years, the two professions have combined the training facilities. You see a lot of osteopathic physicians that are matching into MD residencies currently. We are specialized in all the fields that the allopathic profession is boarded in also.

Dr. Todd Detar: So we have neurosurgeons and orthopedic doctors and pediatricians and neonatologists and neurologists. I think a lot of it has to do with our hands-on approach. The first years we do have training in osteopathic medical therapy, which, sometimes is manipulation. Sometimes it's just positioning people into positions and getting their muscles to relax and their function better.

Dr. Todd Detar: So I incorporate that into my practice whenever I can. We're board certified and recertified every 10 years just like the other allopathic physicians.

Moderator: Thank you so much. Just a reminder to the participants on the line, the questions are now open. If you have a question at any point, please dial star three and an operator will be able to assist you. That question prompt again is star three. Next, we'll take another question that was submitted online. Casey writes, I recently lost my health coverage due to job closure with COVID. What options are available to me and does the hospital have any resources that can help me navigate this?

Moderator: Mr. Neal, we'll start with your response.

Tom Neal: I think one of the things I've talked to here is our hospital, as well as our company's commitment to providing for the care of patients, regardless of their ability to pay and as many people know under the asset purchase agreement, that was actually one of the requirements that we maintained, but we actually increased that.

Tom Neal: Our commitment to charity care in the first year, compared to the prior year, we actually provided \$100 million more in charity care. That's specific to the caller. There's lots of things we can do. One of the things that's probably the most important is to see if you're eligible for Medicaid. And we do have the ability to support that. We do have financial counselors that can assist with the Medicaid eligibility application to identify if in fact you're eligible for it. The other thing is she's recently lost her job, and she may be eligible for COBRA benefits.



Tom Neal: And that's something that is required by law, that if they had health insurance from their prior employer, that they would be able to continue that. There is a cost and I won't kid you – you're paying for that full cost, so that may be something that is cost prohibitive, depending on your financial situation, but that isn't our option. And the final thing is we do in fact have charity care as I mentioned. You know, we do evaluate patients' ability to pay and we do offer discounted rates and the ability to make it more affordable for our patients.

Tom Neal: And it all depends on what you need as far as you know what that is. But if you need to see a doctor, if you need to come to the hospital to have lab work or imaging, those are all things that we do have charity care plans for. And of course, as I mentioned, one of the things is an emergency department. We don't ask anybody. So there's always that option, and then I would encourage you, if you have that need, you do not hesitate to come the emergency department. We will not ask you how are you going to pay, or what ability you have to pay. We're simply going to treat you.

Tom Neal: So those are just a few of your options I would talk to and again, a little bit more difficult on a call like this to do, but I would encourage you to call the team and then call the hospital and then we'll get you connected with somebody who can help you understand your options and identify the best resource to you. Above all else, don't avoid getting care. Delays in getting care sometimes are the difference between the very preventable conditions – something that has permanent disability and permanent remains if we don't get to there in a timely fashion.

Moderator: Thank you, Mr. Neal. Just a reminder to the callers on the line – if you have a question at any time, please dial star three and an operator will be able to assist you. That question prompt again is star three.

Moderator: Next we have a caller on the line. Lynn has a question about COVID testing. Lynn, the line is now yours.

Lynn (Caller): Thank you for this opportunity to ask questions. Testing is an important part of the coronavirus identification and I just wondered what type of testing is available in the Highlands-Cashiers area and how one goes about arranging to be tested.

Moderator: Thank you, Lynn. Dr. Wheeler, we'll start with your response.

Dr. Patti Wheeler: We have testing at the hospitals for the emergency room for folks who have symptoms. And that's the same situation for people who come to the office in Highlands.

Dr. Patti Wheeler: We are not currently doing testing for people who are not symptomatic, nor do we do antibody testing. So we can help arrange those kinds of tests through the Macon County Health Department or the Jackson County Health Department. And then we can offer you options if there are certain clinics in the area. We are often aware of those and can give you information about that.



Dr. Patti Wheeler: Currently the hospital nor the clinic in Highlands is offering testing for folks who don't have symptoms. And I'll let Mr. Neal answer any more questions about that.

Tom Neal: I'll just add to what Dr. Wheeler said. We do not do what we would call asymptomatic for patients without symptoms. We don't do any testing on those patients. Our testing is limited to patients that have come into the emergency department that have been identified by our emergency room doctors being at risk meaning they've either had exposure to symptoms or they have symptoms that are worrisome.

Tom Neal: And again, Dr. Wheeler – but to do that testing we do have that we can either send those out to LabCorp, which is usually about a two-day turnaround, but we do have analyzers at Mission that allow us in many cases to turn those around the same day.

Tom Neal: And I'll just explain why on this testing first, it's really not the mission of a hospital to be doing what we call trace testing. And that would be something where you're looking at – you were in contact with somebody who had been identified, what would we call clusters now. That's really the role of the health department. And when you call the health department, they have a number. They'll go through the screening. If you need to be tested, they'll take care of that.

Tom Neal: But the other reason is that as our facilities, I already mentioned, we do also support the Eckard Living Center and our laboratory personnel supports that as well. And we want to be very careful to protect those and we do take all the precautions, wearing all the gowns and the face shields, the N-95 masks everybody knows about now. We just want to be extra precautioned, so that's really where we're at with testing at this point.

Moderator: Thank you Mr. Neal. Again, a reminder to the call participants. If you have a question, just dial star three and an operator will be able to assist you. That question prompt again is star three. Next, we'll go to the line with a question from Dick about what precautions he should take around quarantining if he's traveling to Highlands. Dick, the line is now yours.

Dick (Caller): My question is – we have a summer home in Highlands that we're getting ready to come up to. What would be the steps we would need to take if we became symptomatic after arriving there? Would we go to the hospital at the Highlands Regional? Where would we go and what would the protocol be from there? I'm assuming we would be tested and if we had COVID, then what would be the next-steps that would be taken up there?

Moderator: Thank you, Dick. Mr. Neal, let's start with your response.

Tom Neal: It's so hard to get into trying to give directions as far as how bad the symptoms are or anything over the phone. My advice to you would be, if you have any symptoms, go to the emergency department. When you come in the door, they're going to screen you, they'll put you in a mask, they'll put you in a private room. [00:46:36] At that point, one of our board-certified emergency room physicians would evaluate you. And assuming you have the



risk factors for this answer, and at that point we'd have to make the decision. Are you sick enough that you have to be admitted to the hospital or can you go home and we can monitor you and you can quarantine at home and return if your symptoms are worrisome. And depending on how sick you are, you would either be directed to come home and quarantine until the results are back, [00:47:00] or we would admit you to the hospital. And I will share this too about this – quickly let me just point out – the other thing we would do at that point. We do report all PUIs, which, I think everyone knows what that is – the person under investigation – that COVID-19 is a reportable disease that would be reported to the health department as well, that we have identified somebody we felt was at-risk and a PUI.

Tom Neal: [00:47:19] So whatever we get, they would be monitoring you also. The point I want to make is we do not take care routinely of COVID-19 patients at our Cashiers hospital. I think most people recognize that we're a critical access hospital with a small community hospital. We do not have the intensive care unit. [00:47:40] Therefore, we do not have plans to do long-term mechanical ventilation. So one of the main risk factors obviously with COVID-19 is respiratory failure requiring mechanical ventilation.

Tom Neal: So if we thought you were at risk; we would actually transfer you to Mission Hospital where they do have just excellent care to offer.

Tom Neal: [00:48:02] So kind of hard to get into the specifics with your question, Dick, but really my best advice is that if you have symptoms to go ahead and come to the emergency department where we can evaluate you and determine if testing is needed and offer appropriate treatment.

Moderator: Thank you, Mr. Neal. That is all the questions that we have for this evening. For daily updates, please follow Highlands-Cashier Hospital on Facebook, or remain on the line to leave a message with your email and question or comment.

Moderator: [00:48:32] Also wanted to remind the callers that we have opened a hotline for anyone whose insurance coverage has been impacted by life-changing events, such as job loss or reduced income. Our advisors are ready to assist. To get help understanding your options for health insurance coverage, call our advisors at 833-541-5757.

Moderator: [00:48:55] That number again is 833-541-5757. I will now turn the call over to Mr. Neal for closing remarks.

Tom Neal: Thank you very much. And my final comment today is [00:49:18] we are prepared as a hospital and within our clinics and we are safe.

Tom Neal: And I also want to say, together, as a community, we will manage whatever comes our way, and I hope and pray it passes with minimal harm, but each of us most likely will know someone who is affected. And even if it is not an infection. It may be unemployment or other financial hardships, but I believe that [00:49:41] we will be a stronger community after this has passed.



Tom Neal: When I was at Hilton Head, I was responsible for the evacuation of restoration of our hospital. And our community was devastated, but we came together and we rebuilt. And we were closer and we were stronger and I've already seen signs of this in our community. You've seen volunteers who have offered to help out. We see churches offer the help. And we see [00:50:00] multiple charitable organizations. And we've seen a sense of community that I think will last beyond the coronavirus and we'll be a better community because of it.

Tom Neal: [00:50:08] The other thing I want to offer is that I have put together a community newsletter where I'm sending out information, giving updates on things going on at the hospital, safety tips and things. And I try to get this out at least once a month. And if anybody's on the line and would like to become a part of that newsletter, please send your email and contact information as you do that.

Tom Neal: [00:50:34] And with that I again want to thank Dr. Wheeler, Dr. Detar and the hosts on the call as well as other staff on the call.

Tom Neal: And thank you for joining and your interest and again, whatever patches, we will come together and we will be stronger as a community. Thank you very much.

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