COMMUNITY FORUM

OCTOBER 9, 2018
Carol Bailey
Chair, Wentworth-Douglass Board of Trustees
Welcome & Introductions

➢ JEFFREY HUGHES
   Chief Strategy Officer, Wentworth-Douglass Hospital - Moderator

➢ GREG WALKER
   President & CEO, Wentworth-Douglass Hospital

➢ ROGER HAMEL
   Chair, Wentworth-Douglass Health System Board of Directors

➢ KEVIN CALLAHAN
   President & CEO, Exeter Health Resources

➢ TIM FERRIS, MD
   CEO, Mass General Physician Corporation
Jeffrey Hughes
Chief Strategy Officer, Wentworth-Douglass Hospital
Format of event

➢ Purpose for forum
➢ Process to ask questions
Gregory Walker, FACHE
President & CEO, Wentworth-Douglass Hospital
Wentworth-Douglass at a glance

➢ **WENTWORTH-DOUGLASS HOSPITAL**: 178-licensed bed, not-for-profit hospital. *Centers in four communities - Dover, Lee, Somersworth & Portsmouth*

➢ **WENTWORTH HEALTH PARTNERS**: a network of 200+ employed primary and specialty care providers with over 30 practice and clinic locations *throughout seacoast NH & ME*.

➢ **THE WORKS FAMILY HEALTH & FITNESS CENTER**

➢ **WENTWORTH-DOUGLASS FOUNDATION**: Led by a Board of Directors to strategically direct philanthropy funding for maximum positive impact at Wentworth-Douglass.

➢ **JOINT VENTURES**: Wentworth Surgery Center, Wentworth Home Care & Hospice, Strafford Health Alliance, Tufts Health Freedom Plan

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[WDH SERVICE AREA Map]

★ = Wentworth-Douglass Hospital  ● = WDH Medical Center
Wentworth-Douglass at a glance

- Operating Revenue for all subsidiaries (unaudited) $371.0M
- Licensed beds: 178
- Inpatient Admissions: 8,396
- Births: 1,210
- Emergency Room & Urgent Care visits: 63,572
- Outpatient visits: 311,673
- Surgical Volume: 12,472
- Cancer treatment/encounters: 53,753
- Employees: 2,650
History


➢ Why did we join?

- Scale partner to help us
  - Strengthen our position in the marketplace
  - Enhance quality care
  - and Grow services and provider network for more specialized care

- Successful relationship as a clinical affiliate since 2008 with programs:
  - Stroke
  - Cancer services including gynecologic oncology
  - Trauma and acute care surgery
  - Thoracic surgery
Accomplishments since joining

➢ Clinical partnerships and new services in Epilepsy, Neuropathy, Stroke, Cardiology and more

➢ Over $4.5 million in cost savings in supplies, pharmaceuticals, borrowing costs

➢ Lower cost for capital equipment purchases
  ▪ Example: Zoll defibrillators would have cost $478k, we saved $100k, which was a 21% savings + additional 17% savings on consumables that go with the equipment.
Accomplishments since joining

➢ Transitioning to new business office/EMR systems

- PeopleSoft – go-live January 1, 2019
  - Human Resources
  - Payroll
  - Purchasing
  - Supply Chain

- Epic/Partners eCare electronic medical record system and billing – go-live October 26, 2019
  - Supports improved information-sharing between providers
  - Better integrates in-hospital and outpatient services and communication
Future Success

➢ During negotiations, both MGH and WDH believed it was important to develop a way to allow another seacoast health system to join with MGH and WDH.

➢ The Definitive Agreement developed 2016 set the stage to enable other likeminded strong community hospitals to join us in developing a NH system.
Top local partner identified

➢ WDH’s 2013 Partnership Affiliation analysis identified Exeter as the #1 potential partner for local strategy development
Top local partner identified

Potential Local Partners

**Exeter Hospital** (Rank: 1st)

- **Current Consensus:**
  - Well regarded and substantially sized healthcare system
  - Located in the center of the NH Seacoast in a strategically attractive marketplace
  - Actively developing a collaborative relationship with MGH
  - Geographic proximity would make Exeter a viable local partner in a regional strategy
  - Affiliation with Exeter would provide some opportunity to reduce costs through operational and clinical economies of scale
  - Cultural fit of Exeter with WDHS is unknown

- **Future Direction:**
  - Collaboration with Exeter Hospital may be of long-term (3 - 5 years) strategic value, but should not be a primary focus at this time
  - Continue to assess strategic fit and priority in light of discussions with MGH and other local and regional partners

Confidential - Not For Distribution
Current Structure

MASSACHUSETTS GENERAL HOSPITAL
(SOLE MEMBER OF WDH)

WENTWORTH-DOUGLASS HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL SUBSIDIARY
Development of “NewCo” -- a new non-profit corporation to be parent company of Wentworth-Douglass and Exeter Health Resources.
Proposed “NewCo” Governance Structure

➢ The NewCo Board roles include: Chair, Vice Chair, Treasurer and Secretary

➢ Examples of proposed NewCo Board committees include: Executive Committee; Finance/Audit; Quality; Governance & Strategic Planning.

➢ Local Board roles include: Chair, Vice Chair, Treasurer and Secretary

➢ Proposed Local Board standing committees include Quality, Government Affairs and Community Benefits.
Roger Hamel
Chair, Wentworth-Douglass Health System Board
Immediate Past Chair,
Wentworth-Douglass Hospital Board of Trustees
WDHS will remain an independent organization whose sole purpose is to ensure Mass General fulfills its commitments delineated in the Definitive Agreement.
Role of WDHS

➢ **Purpose:**
  - To monitor the integration and operation of WDH during initial Term

➢ **Process:**
  - Written quarterly status reports

➢ **Current Assessment:**
  - Initial integration is going well and moving forward at an accelerated pace
    - 26 teams focused on integration efforts and ensuring MGH and WDH both continue to adhere to the conditions of the Definitive Agreement and the conditions provided by the New Hampshire Attorney General
    - PeopleSoft and Epic/Partners eCare work teams are underway
  - MGH is fulfilling its promises and obligations and has exceeded expectations
Perspective from WDHS

➢ Board’s view on decision to join with Exeter
  ▪ What does this initiative mean for our community?
    ✓ Enhanced ability to serve health care needs of the Seacoast; Collaborative coordination of clinical programs and services across a broader geography

➢ The importance of hearing from our community tonight
  ▪ We valued your input back in 2016, we want to hear from you!
Exeter Health Resources consists of three operating affiliates, Exeter Hospital, Core Physicians and Rockingham Visiting Nurse Association & Hospice. *The health system employs more than 2,300 staff members.*

**Exeter Hospital**, is a not-for-profit, 100 bed, community-based hospital with extensive outpatient programs in surgery, radiation and medical oncology and cardiac catheterization. Exeter Hospital was awarded Magnet® designation in 2015 and re-designated in 2018. It has also been recognized for ten years by Modern Healthcare Magazine as a “Most Wired” organization.

**Core Physicians** is a not-for-profit community-based, multi-specialty group practice affiliated with Exeter Health Resources. Over 140 physicians and advance practice clinicians in over 25 locations offering services in primary care, pediatrics, orthopedics, gastroenterology and many other medical and surgical specialties.

**Rockingham Visiting Nurse Association & Hospice** is a community based, non-profit Home Health and Hospice agency. The agency provides services throughout Rockingham County and into Stratford County.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tr>
<td>Budgeted Consolidated Net Patient Service Revenue</td>
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<td>EH Licensed Beds</td>
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<td>Inpatient Admissions</td>
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<td>Core Primary Care Visits</td>
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<td>Core Specialty Visits (Medical and Surgical)</td>
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Why Does NewCo Make Sense for Exeter?

➢ Across the nation small community hospitals are facing increasing challenges as operating expenses grow faster than revenue at the same time that critical, mission driven investment demands are increasing.

➢ Exeter’s leadership worked diligently over the last several years with our Board of Trustees to explore the best way to ensure that we maintain access to the highest quality care possible for our region while responding to challenges faced by smaller health systems.

➢ We realized we needed the best of two worlds:
  ▪ A strong tertiary affiliation to bring scale, infrastructure and expertise
  ▪ A regional partner to help achieve sustainable local scale to support the growth of clinical programs, rationalize capital investments and have a greater impact on healthcare costs

➢ It became clear during our evaluation that joining together with Wentworth Douglass and Massachusetts General Hospital would be the best collaboration we could engage in for the long-term benefit of our patients, our community and our organization.

➢ Two very strong, comprehensive providers serving separate markets under the MGH clinical and corporate umbrella with aligned cultures, missions and future visions for the NH seacoast.
What Will This Affiliation Mean For Exeter?

➢ First, a new pathway is created enabling Exeter Health Resources’ continuous sustainable evolution as a health system strengthening its ability to improve the health of the community.

➢ This affiliation will allow Exeter Health Resources to do things as a health system that it simply could not do alone. (EMR integration, specialty expansion, rational capital investing, scale driven efficiencies)

➢ Both of our organizations have significant clinical strengths but we also have opportunities to learn from and support each other. (Cardiology, Oncology, Muscular Skeletal, Behavioral Health, Primary Care and OB)

➢ Adding in the expertise, experience and resources of MGH changes the landscape of healthcare in southeastern NH: Bringing Scale, Expertise and Infrastructure.

➢ We have seen the benefits of partnering with MGH in our almost decade long oncology relationship and we know the value MGH brings to our patients and our community.

➢ This is all about ensuring long-term sustainable and affordable access to the best care possible locally and regionally.
Strengths together

➢ Enhanced capabilities to serve the needs of patients across a broader geography

- 2 hospitals (both Magnet® recognized)
- 278 licensed acute care beds
- 2 Emergency Departments
- 2 comprehensive cancer centers
- 1 free-standing ambulatory surgery center
- 4 urgent care/walk-in centers

- 22 distinct provider office locations
- 600+ physicians and providers
- 59 primary care physicians
- 100,000 +covered lives
- 2 Visiting Nurse Associations/Hospice
- And more
Tim Ferris, MD
CEO, Massachusetts General Physician Organization
Who is Mass General?

➢ History
  ▪ Chartered in 1811 by an act of the state legislature
  ▪ Third oldest general hospital in America
  ▪ Largest hospital in New England

➢ Overview of services provided

➢ Relationships with community hospitals
Enhanced Ability to Serve the Health Care Needs of the Seacoast

➢ Increasing access in the local communities to specialists and sub-specialists – providing more specialized care locally with expanded programs and services

➢ Synergistic opportunities to advance care in New Hampshire – caring for patients at the right time, in the right place while improving care coordination
  ▪ Shared Electronic Medical Records
  ▪ System-Wide Quality and Safety initiatives
  ▪ Expand Behavioral Health and Substance Use Programs

➢ Ability to recruit and retain highly qualified professional and clinical staff across the System
Jeff Hughes
Chief Strategy Officer, Wentworth-Douglass Hospital
Anticipated Timeline

2019

Due Diligence and discussions on final affiliation documents – expected completion / agreement by early 2019

2019/2020

Expected approvals could be as early as summer of 2019 through early 2020.

Filings for approval with the NH Attorney General’s office and the U.S. Federal Trade Commission.
Community input

➢ Time to hear from you
➢ Raise hands to ask questions or give your notecard to a staff member
Thank you!