Speaker 1:

(mumbling).

Speaker 1:

(long silence).

Speaker 1:

Recording in progress.

Scott Spradling:

Good evening, everyone. It is now 6:30. Welcome to Manchester West High School and our public forum on GraniteOne and Dartmouth-Hitchcock Health here in Manchester. I'm Scott Spradling. I'll be your moderator here for tonight's New Hampshire Attorney General's Division of Charitable Trust Public Forum. Before we move on to logistics and what to expect for the next couple of hours of our dialogue, I would like to invite Tom Donovan, Director of the Charitable Trusts for the New Hampshire Attorney General's Office for a few words, Tom.

Tom Donovan:

Thank you, Scott and good evening, Manchester. Welcome to Manchester High School West, home of the blue nights. And we're pleased to have this public forum day. I am the Director of Charitable Trusts at the Attorney General's Office. Our office has the responsibility to review healthcare transactions. And so we're reviewing this proposed transaction between Dartmouth-Hitchcock Health and GraniteOne Health. Now our obligation relates to a number of factors that we take a look at, including whether the transaction is in the best interests of the hospitals and the communities they serve, and that's where you come in. This is your night. We're eager to get your questions and comments and I'm all ears. So now it's time for Scott to introduce the panel. Thank you. And I'll be up again at the end.

Scott Spradling:

Thank you Tom. For the next two hours, we will hear information about this proposed combination and then open up the floor for opportunities for there to be questions, not just from the live audience, but for those who are watching us tonight remotely. We will start with Katherine London, who is the Principal for Health Law and Policy at Commonwealth Medicine at UMass Chan Medical School. She will go through a basic overview of the transaction in her collaborative work with the Attorney General's Office. That will be followed by presentation of transaction by the hospitals themselves. And the panel in front of you that will be making the presentation and then answering your questions are Alex Walker, President and CEO of Catholic Medical Center, Dr. Joseph Pepe, CEO of GraniteOne Health, Dr. Joanne Conroy, President and CEO of Dartmouth-Hitchcock Health, John Kronan, Chairperson of the Board of Trustees of Catholic Medical Center, and Rick Botnick, Chairperson of the Board of Trustees of GraniteOne Health.

Scott Spradling:

At roughly 7:30, we will then open things up for question and answer. You note for those in the room, there are microphones here. For those who are watching remotely, we do have both a chat function for you to type in questions that we will be able to see and print out here for me to ask of the board, but we will also offer the opportunity for you to ask a question or make a statement if you raise your hand. I'll

review that in a few minutes, but that's our process. I will mix and match between as many of these different voices as possible to cover as much ground as possible. We may not get through or to every through the course of the evening. Tom has urged me to remind all of you that this is an ongoing review and that he will give information at the end of the night of where you can send questions or comments or information so that he can track down any information as the Attorney General's Office formally reviews this proposal. So I'd like now to turn things over to Katherine London for her presentation, Katherine. Good evening.

Katherine London:

Thanks Scott. Hi, I'm Katherine London. I'm a Principal in Health on Policy at UMass Chan Medical School. And the Attorney General has asked me and my team to review this transaction and provide some information to you so that you as consumers can make some informed decisions and ask informed questions about the transaction. Does this sound okay? I'm hearing an echo, but is it good back there? Okay. Next slide. So I'm going to spend a few minutes going over, just describing this transaction. I'll give you some background on the hospitals and some information about them so you can have a sense of how they compare, and a little bit about the benefits that the hospitals provide to the community. And I'm going to end with some pretty detailed questions that you could consider asking. You should be thinking about this as it goes along and as you think of questions, write them down so that you'll have them ready when you get to the question part. Next, and next.

Katherine London:

So GraniteOne and Dartmouth-Hitchcock proposed to combine. This is a very, very complex transaction. Dartmouth-Hitchcock is a group of five hospitals and clinics and other organizations, GraniteOne has three hospitals and some other organizations, and they're proposing to form one very large group, and there are a lot of repercussions of this. So I'm going to just talk to start with about the benefits that may occur from this and some concerns, and then we'll go through some of the details of what the combination is. Next. So this from the point of view of the hospital. So the hospitals have been talking about this for a long time and believe that quite a number of benefits will come out of this transaction. So first of all, a big part of this plan is to make services available in New Hampshire. So right now a lot of people travel into Massachusetts for complex hospital care, and the plan here is for Dartmouth to be able to provide more of those services in New Hampshire.

Katherine London:

And right now, Dartmouth is in a very rural area, there aren't a lot of patients nearby, and as an academic medical center, to be able to provide real early top notch subspecialty care to attract those physicians to Dartmouth, they need to have enough patients for those doctors to see. And if you're the specialist, you're the top in your field, you want to be able to work on that specialty all the time and not just have some of those patients for a little bit of your time and the rest of your time, you're just doing general medicine. That's very difficult to attract doctors in that way. So the idea is that by forming this larger group and making those specialty services available to all of these partner hospitals, either through telemedicine or by having those doctors travel to the member hospitals, that they can have a higher patient volume for those specialist doctors and the patients in all of Southern New Hampshire would have access to those doctors, and preferably travel if they need to travel to a specialty hospital up to Dartmouth and not to Massachusetts.

Katherine London:

So that's kind of the big picture of what this is, but by forming this larger group, there are some other potential benefits. So the idea is to spread the same infrastructure across all of these hospitals, and that can lower the cost of purchasing supplies to the hospitals. They can share the same information systems, they can share information, and that could bring some costs down to some of the member hospitals, but they're also planning to invest a fair amount in Catholic Medical Center in particular, but in all of the hospitals and that will bring additional cost and debt for investment. And as part of this larger thing, there's also a plan to build out some services, particularly behavioral health services, and some other programming workforce development. It's been very difficult to high people during the pandemic. Dartmouth has a workforce development Institute where they train a wide range of people for a wide range of healthcare jobs, and then the whole thing would help to support Dartmouth's ability to conduct research also, which brings revenue into the state.

Katherine London:

So there's a number of benefits involved, but it does change a lot of things. And so there some potential concerns as well, go to the next, and these are things that may happen, not necessarily will happen, but fears that people have expressed about this transaction. So one concern is that the cost of care could go up. With these investments, if there's additional cost, additional debt, does that cost get passed on to consumers?

Katherine London:

There's a concern about if you wanted to receive care outside of the system, particularly people like in the southwest corner, in Cheshire County, or up near Huggins, then it might be difficult to travel to get to a hospital that's not part of the system, and that might be a concern if your insurance company, for example, doesn't contract with the new Dartmouth-Hitchcock GraniteOne that you would have to travel always, or you just might have some reason that you wanted to get to another facility. So that could be an issue. And I'm going to go through all of these in a little bit more detail further on. Catholic Medical Center is a Catholic facility and follows the ethical and religious directives of the Catholic Church. The other hospitals do not, and so that's a challenge in how to integrate those two sets of directives.

Katherine London:

And there's some concerns about local control of hospitals. How much control will the local boards and administration have and how much will be dictated by the larger system? So those are some sort of overall pluses and minuses to think about, go to the next. Some of you may remember that back in 2009, Catholic Medical Center and Dartmouth-Hitchcock had proposed combining, that transaction did not go through. There were a number of issues came up and the hospitals feel like this proposal is significantly different enough that this one will be successful where the other one was not. And you can ask them they'll give you a little more information about that. I think it's part of this.

Katherine London:

Let's see, skip ahead to the next one. Actually, you can look at the picture and I'll read the words, one more. So this is what the overall combined organization is going to look like. There are the green hospitals, the Dartmouth hospitals, Mary Hitchcock, New London, Mt. Ascutney, Cheshire, Alice Peck Day, and the VNH, and the clinics are all going to stay. All of those Dartmouth-Hitchcock facilities will stay as part of region one and will report up through a region one director who at the beginning will be Dr. Conroy, who's currently the head of Dartmouth-Hitchcock. And then the GraniteOne hospitals, Huggins, Monadnock and Catholic, and the other clinics will report up through region two to a director

who will at the beginning be Dr. Pepe, who's currently the president of GraniteOne. So those structures are going to stay the same, but then both of those will report to an overall organization, the Dartmouth-Hitchcock Health GraniteOne entity.

Katherine London:

So each of the individual hospitals will continue to have a board, and that board will continue to make some decisions at the local level for hiring investments, those kinds of things, approving the budget, but some decisions will be made for the whole organization at the system level and can override what local hospitals decide. Oh, the other part I wanted to point out. The Bishop of a Manchester is another parent. So the Catholic Medical Center healthcare system is going to continue to report up through the Bishop for these services that comply with the ethical and religious directives and up through the corporate board for other services at the same time, so there's a balance there. There is a plan for setting aside a certain number of seats on the overall board for people who are coming from the two separate boards from the GraniteOne side and the Dartmouth side. And if you go to the next, I stole this from one of the hospitals exhibits in the big pile of documents.

Katherine London:

So the first seven seats, these green lines are for people designated by Dartmouth-Hitchcock, and they were originally appointed to terms of one to three years, but then those terms renew automatically for another three years and can renew for another three years. And the same for GraniteOne, there are five seats with an original term of one to three years, and then an automatic renewal, and then they can renew. So the plan here is that there is no change in the board for this period of four years at the beginning, which is highly unusual. Boards usually turnover, some new people come in every year. So to have this have no change over no new blood for a period of four years is highly unusual. I believe that the intention is to maintain stability and to have a group of people who have all signed on to the same vision and the same plan for merging, but you should know that I have never seen a plan like this before. It probably does exist, but I have never come across it.

Katherine London:

So I just wanted to highlight that. Let's go to the next one, actually the one after that, and that's another picture. So this is showing this complex plan for supervision of services that follow the ethical and religious directives of the Catholic Church. So those services that are provided by the GraniteOne hospitals that comply with those directives report up through the region two president, but any services provided at Huggins or Monadnock, or the clinics that are part of region two that are services that do not comply with those directives will report over to the region one president. So there's a separate set of reporting and supervision within the same facilities in order to manage these two sets of conditions.

Katherine London:

Let's see, we can go ahead to the next one and the next one. And I should have mentioned, there's a fact sheet that you got with your packet that has all of this information in it, and there's a lot of detail there, and I'm not going to read every number, but just sort of generally just say these particular comparisons show Catholic Medical Center and Mary Hitchcock, and then we included Cheshire as well, because it's sort of a middle size hospital. There are also four smaller hospitals involved in this transaction. They're critical access hospitals, so two that are part of Dartmouth-Hitchcock and two that are part of GraniteOne, but I'm going to focus on the larger hospitals for today.

Katherine London:

We can go to the next. So this is a map and you can see where we are. So Catholic on here is the larger blue dot and the other GraniteOne hospitals are blue dots. So Monadnock is the bottom one, and Huggins is a little bit up to the right. The darker green dots are the Dartmouth-Hitchcock hospitals. So you can see how they're sort of grouped together in the Southwest corner, with a goal of sort of bring patients focus more up to the north instead of down to the south where they've been. Next. And then this is again, another map to show, so if you look broader than New Hampshire, where are people going for specialty care? By and large people in the Southern part of New Hampshire are going south. If they need specialty care, large numbers of people go south to UMass rather than up to Dartmouth. So thinking about those, the other hospitals that we were looking at on the last map, if you're filling in that corner and those hospitals are affiliated with Dartmouth, it just changes the dynamic a little bit.

Katherine London:

I can go to the next. So the other piece of this that you should keep in mind. So Dartmouth-Hitchcock is a very, very large health system already. GraniteOne is a reasonably large health system already. Together, they will provide more than a third of the hospital care for the state. And this is specifically hospitals, this doesn't include the clinics, but more than a third of the hospital care, over 40% of the expenses in revenues will go through these hospitals. So they're going to have a major influence on the care that is provided in the state. They all have a major voice with insurers, with regulatory authorities, anything that's going on, this is going to be a very large and impactful organization. So that's another piece of this to keep an mind. Let's go ahead. So I wanted to just give you a little bit of background on cost and quality.

Katherine London:

I know that people are very concerned about payment rates and what those might look like in a new system. So I can tell you what each hospital looks like now, and it's best guess, will Catholics start looking more like Dartmouth-Hitchcock when it has access to those same services? I don't know that. But what this is is we looked at the set of services that each hospital provides and what they're paid for that set of services, and we compared that to the average payment statewide for that same set of services. So each hospital is being compared for its own set of services compared to the state average for those services. When you do that, Dartmouth pretty much gets higher payment rates across the board for everything it does.

Katherine London:

Catholic Medical Center is a little bit lower, but again, generally higher than the average, Cheshire is a little bit more similar to the average. When we look at the smaller critical access hospitals, they all get paid less than the average for everything. So that's sort of the comparison there. I would love if we could have shown a comparison to Massachusetts Hospital rates, which we just don't have the data for that. We do know that on average, that the big teaching hospitals in Boston on average get paid more than hospitals in New Hampshire, but that's for a different mix of reasons. So some of it is because they provide a lot of expensive care, care that is very specialized and costs a lot to provide. And if you bring that care to New Hampshire, it's still going to be expensive to provide, and it's going to bring up the average cost. You bring in some specialty care at the top, it'll bring up the average.

Katherine London:

But the other part of it is that there are costs in Boston and there are higher costs of living, there are higher costs of real estate. So just providing the exact same service in Boston is going to cost more than it costs in Manchester. So there is clearly some savings to be had to providing services in Manchester, rather than having people go to Boston. In addition to that, they don't have to drive to Boston, which is a benefit right by itself. So that's a little bit on this. The next slide is very similar. This one is for people who are paying out of pocket for care, people who are uninsured, and how does the cost of what they pay for those services at these hospitals compare to the average if they were paying at the average rate for the state? And again, those costs are higher for Mary Hitchcock, and they're actually lower than average at Catholic Medical Center at Cheshire, which reflects the discounts that that Catholic Medical Center provides to uninsured people.

Katherine London:

Let's see, we can go to the next. One of the concerns is around the financial health of the hospitals and how was that likely to change? This is looking at operating margins so that how much the hospitals earn on their operations was just essentially on their patient care, their revenue ,and that brought in from patient care and the expenses related to patient care, with a few other little things thrown in, but that's basically what it is. The dark blue line is the average for New Hampshire hospitals. And that purple line is Catholic Medical Center, which has had really strong operating margins all along, much stronger than the average. Mary Hitchcock is the light green just below, it's a little bit lower than the state average and Cheshire's been a lot lower.

Katherine London:

I should say, we use the federal data set because it's comparable across all hospitals it's except that because of the federal fiscal year filing rules, it's a little bit odd, so that the 2019 data for Dartmouth and Cheshire actually goes into the middle of 2020. So that dip you're seeing at the end is actually in the beginning of the pandemic for Dartmouth and Cheshire, but not for Catholic Medical Center because they have a different filing year. So that's just a little bit of arcane healthcare data is, going to the next one. So this is the total margin brings in other revenue that the hospital might have access to, which might be revenue from investments or donations or other kinds of things. And when you do that, Catholic Medical Center still looks really healthy. The other hospitals, they follow sort of the same pattern, but if you can see the access, they're much closer to breaking even, or Dartmouth-Hitchcock is generally well above breaking even.

Katherine London:

So in general, these hospitals are reasonably financially strong. Often when we have these kind of conversations, we're having a transaction because a hospital's about to close. If they don't get bailed out, none of these hospitals are about to close. They're always financial challenges in the healthcare world. There's a lot to deal with, things change rapidly, but they're all in pretty good shape and together they will not be any less strong than they are now, potentially much stronger. So I am not concerned about the financial direction that any of them are going in right now, but this could be together to the extent that they have greater access to debt, they pay less for their debt, they pay less for their supplies. There are some advantages financially. Next slide. Oh, and we got the stars fixed. This slide was looked a little funny last time.

Katherine London:

This is looking at just some really high level quality measures that are available in New Hampshire and nationally. These hospitals look sort of mediocre. I shouldn't say that. Some things they're strong on, but the very strong clinical measures they're very strong on. So we all know that these are the places to go for topnotch clinical care. The areas that are room for improvement tend to be around the patient experience of care, that there are areas where people are not as happy with their experience in the hospital. And these are questions around, did the doctor explain things well, was my room quiet at night? Those kinds of things, would I recommend this hospital to my family friends? People have a harder time and interestingly, when you look at these same measures for the small critical access hospitals, people love their small critical access hospital.

Katherine London:

The people who go to Monadnock love going to Monadnock. People who go to bigger hospitals are really stressed out and are not happy to be there, but the clinicals scores are very high. But then they're very similar to each other. So there's not reason to think that they'll be much different under this, although I know there is a plan to roll out best practices across these facilities, so that could have an effect, but I'm not seeing it in the data. Go ahead next, and next. So this is a map of the service area that Catholic Medical Center serves, not based on any data. This is from a map that the hospital produced of its primary service area and the secondary service area. And when the hospital's thinking about the benefits of provides, it's really focused on these...

PART 1 OF 5 ENDS [00:31:04]

Katherine London:

The hospital's thinking about the benefits it provides, it's really focused on these communities. And let's go to the next. One of the things that the hospital does is think about what are the needs of the community. And so we looked at a lot of public health measures across a lot of areas. Hillsborough County in general is a pretty healthy part of the world. Manchester City has some challenges but... So these are things that the hospital is developing programs to address, but there are higher numbers of diabetes hospitalizations, there are higher numbers of drug-related deaths in this area compared to the rest of the State and out of the country. So that's a really serious issue. And then there's some of the social issues that are a little bit more challenging. So those kinds of things go together, but there's a need to focus on those issues.

Katherine London:

Let's jump ahead. Its got questions so we'll go to the next one. So having looked at all of this, read through the 500 pages of documents or many more pages of documents, we've come up with a whole list of questions. I know you have a lot more, but I'm going to go through these ones that we've thought of, and you can think about if these are questions that you want to ask. So this is generally going toward the question of, is this proposed transaction in the best interest of the community? And best interests of the community means a lot of different things. So one is, will it provide financial stability for the Dartmouth Hitchcock hospitals and clinics, for the GraniteOne hospitals and clinics, for the Competitor hospitals and clinics? Will the transaction result in higher in-state costs for care or lower in-state costs for care? Will it bring new revenues into the state?

Katherine London:

How will this transaction affect access to healthcare services? And does that differ depending on what services we're talking about? So primary care, maternity care, mental health and substance use, general hospital services, specialty hospital services. The administration of those different kinds of services can have different effects. Will the transaction maintain access to services for people who are uninsured, for people covered by Medicaid, for people covered by Medicare, where people have private insurance? What will be the effect on local employment? What will be the effect on the quality and safety of care? What effect will it have on the kinds of decisions that the local hospital boards can make about their own hospital? Will that be any different than it is now? Because each of these hospitals are already part of a group, they already have an oversight board. Will there be a difference when that board is over a lot more organizations?

Katherine London:

What about management of these ethical and religious directives and services that comply with those services or don't comply with those services? Those directives, excuse me. How will people know that the facility that they're at complies with those directives or does not comply with those directives? How will they find out where else they can go for services? And how will it affect the medical schools, Dartmouth Hitchcock's medical school's ability to bring in top talent? How little effect all the other hospitals' ability to bring in talent? So that's a lot of questions here, big transaction, and I'm going to hand it back.

Scott Spradling:

Thank you, Catherine. We'd like to move now to the hospital's presentation. And just before I do, as I look through the room, thank you all in advance for keeping your masks on. For those of you who will be asking questions at the microphone, I would ask you if you would just please leave your mask on, that way we can skip the step of having to wipe it down and take that extra time so that we can cycle through as quickly as possible. We are up here asking our presenters to be able to pull their masks down when they're answering questions or speaking for maximum clarity. But we appreciate all of that. Now I'd like to turn things over for the hospital's presentation, Alex Walker.

Alex Walker:

Thank you so much, Scott. And thank you to director Donovan and his team from the Charitable Trusts Unit for putting on this forum tonight and good evening to all of you, thrilled to be here on the West Side of Manchester at the Bains auditorium. And we really appreciate you coming out tonight, live and in person, and also via zoom. We especially appreciate your interest in this combination in the future of healthcare in New Hampshire. So you'll hear from some of us on the panel tonight, as well as our teams. And I think you'll come away seeing that we are very passionate about the combination that we are putting together and how it will improve the lives of patients in this community and around the State. And we're looking forward to this community conversation tonight.

Alex Walker:

We're going to go through a brief presentation, maybe 20, 25 minutes, 13 slides to be precise, and we want to leave as much time as possible to have a conversation with all of you, to respond to your questions, your thoughts, your concerns, and we'll be able to do a deep dive on any one of the slides that we're going to walk through over the next few minutes. But for the moment, just allow me to set the stage a little bit for why we believe this combination will improve the lives of patients here in Manchester and around the State. And I probably don't have to tell any of you the challenges that face

healthcare based hospitals, face our staff's, face our doctors and nurses, workforce challenges, rising costs, lower reimbursements. The demographic challenges in New Hampshire are significant. We have an aging population here in the State, increasing competition from all over. And here in New Hampshire and here in Manchester in particular, we have a massive generational behavioral health crisis, both in substance abuse and in mental illness.

Alex Walker:

And all of that was before COVID. So those challenges and those issues were exacerbated, have been exacerbated over the last 18 months. And then all of the challenges of COVID layered on top of that. And it's hard to state how well our teams at all of the GraniteOne and Dartmouth Hitchcock health hospitals have performed over the last 18 months, extraordinary work by extraordinary people. And I couldn't be more proud of the team at Catholic Medical Center. They have been professional and they've exhibited such grace under pressure. Their skill, their compassion has really been something to behold and could not be more proud of what they've done. So the hospital landscape here in the State, likewise has changed pretty dramatically over the last 10 years, when I joined Catholic Medical Center in early 2012, it was really only one hospital system in the State.

Alex Walker:

And that was the HCA hospitals. Hospital Corporation of America that operates Parkland hospital in Derry and Portsmouth Regional Hospital. And Portsmouth HCA, as you may know, is the largest hospital operator in the country, have over 150 hospitals in the US and abroad, and is a for-profit hospital operator. And I'm talking about a system, I'm talking about a fully integrated health system, and that's changed dramatically over the last nine or 10 years.

Alex Walker:

And today, there are only just a handful of hospitals in the State that are not part of an integrated health system. And so at CMC, our board has been engaged and trying to help navigate these challenges, trying to make sure that we every day serve our patients, serve our mission of health healing and hope, and have looked at this landscape and these challenges that are daunting. And we have, over the last nine years tried to navigate those challenges, always with an eye on how to best serve our patients in our communities. So that's why we are so excited about what we've created with this combination, which is a New Hampshire health system, which will improve access to world-class care, close to home at a lower cost. Next slide please.

Alex Walker:

So we've been at this combination since 2018, and it's been a long road, but it'd be important for you to understand and for the Charitable Trusts Unit to understand why we came to select Dartmouth Hitchcock Health as our partner, it'd be important for you to know why Dartmouth Hitchcock Health selected GraniteOne as its partner, and important for you to understand, and for the director to understand the journey, the path, the strategy behind the due diligence that was done in order to get us to where we are today. And there's really no two better people to talk about that than Rick Botnick and John Cronin, Rick and John are members of this community. They've lived in this community for decades. They've raised their families in this community. They own businesses. They serve on other not-for-profit boards. They are community leaders in every sense of the word. We've been blessed to have them on the Catholic Medical Center board. And now Rick is chair of the GraniteOne board. So next slide please. And I'm going to turn it over to, to John and to Rick. And I think John's going to lead us off.

John Cronin:

Thank you, Alex. Good evening, everyone. I see some familiar faces out there, many in fact. My journey to Manchester started in 1982. My wife Maureen and I bought our first home here. We've been here ever since. We started a small business off from here on Chestnut Street and we continue that practice today. I think it's fair to say we care about Manchester. My first connection to CMC was in 1991, thought I was going to make a quick trip to the emergency room with a sinus infection and found myself in the ICU for a few days. Thankfully, I got great care, discharged to the capable hands of Dr. Joe Pepe, who was then an internist at Manchester Medical Group. So that's a fun fact. And he remained my primary care doctor until he departed for his career as a hospital executive.

John Cronin:

Fast forward, some 20 years later, I was honored to be asked to serve on the board of trustees. My first impression when taking on that assignment was first how grateful I was that we had a slate of trustees who volunteered their time and talents to serve the hospital's mission. The second one was, how does this executive team fulfill our mission of health healing and hope for everyone with such a high volume in such a razor thin margin? That was a concern to me. And I think it was apparent to sustain the mission and advance it, we would need to partner at some time in the future. Since my time on the board and approximately 10 years ago, finding the right partner has been a paramount task for the board. We did a lot of work. There's a lot of effort prior chairs to me, Mariah Mongan, Joe Graham, and my seatmate here, Rick, spent countless hours in the due diligence process.

John Cronin:

We started the valuation first by looking at Catholic organizations and we had some must haves as any negotiation does. We insisted that we preserve our Catholic identity and honor the ERDs, was necessary that we maintain our mission of health healing and hope for all in need. This could not be a takeover, it had to be a combination of equals and CMC needed to maintain its autonomy. Another must have was that we needed to have a partner that appreciated the national reputation of our Heart and Vascular Institute and was prepared to give them the tools and facilities to maintain their first-class reputation.

John Cronin:

After meeting with and evaluating a number of Catholic organizations. We also looked at profit and non-profit opportunities ranging from Boston to Tennessee, and we just couldn't find the right fit that honored our must haves and was a win-win for the community and our patients. Through that diligence process, we found that the best partner was already in our wings, and DH at that time, and for a long time, approximately 20 years was providing services to our cancer patients and our Mom's Place, had the same culture, the professionals meshed well. And we saw an opportunity for a win-win not only for the organizations, but most importantly, for the communities, the State and the patients, we considered it to be the New Hampshire solution, and one that was clear to be the best for us.

John Cronin:

The board under its prior leadership hired the best experts in the field to make sure that we were doing the right thing. They evaluated all options, including the option to do nothing, which was clear was not sustainable. And after a lot of thought, our board voted to approve the combination with DH. And although lots of time and effort has been spent on this regulatory process, we looked forward to taking those resources and improving the healthcare for the community. Thank you. Turn it over to Rick.

Rick Botnick:

Thank you, John. Good evening. Welcome. My name is Rick Botnick. I have lived in this community since 1986. I am a local business owner and have been a longtime supporter of CMC. I was asked to join the board in 2011, served as board chair of CMC and the current chair of GraniteOne. From the GraniteOne Health perspective, we are focused on collaborations that increase the availability, quality and value of care. There is no doubt that Dartmouth Hitchcock is the right partner for all our member hospitals, including the Monadnock Community Hospital and Huggins Hospital. You're going to hear a lot tonight about how this combination will deliver more healthcare options to our community and drive more efficient and effective care. Our due diligence of DH's ability to deliver the benefits of the combination was very much informed by our years of successful collaboration with Dartmouth Hitchcock, as well as its success in supporting its member hospitals over the years.

Rick Botnick:

Dartmouth Hitchcock has supported CMC for more than 20 years, providing specialty services and Norris Cotton oncology services on our campus. Their providers provide call for our Women's Wellness & Fertility Center. A Catholic focus practice at the heart of our mission. The combination will truly create a New Hampshire based healthcare system. Pairing our State's only academic medical institution with a high acuity urban community hospital in the State's population center. These also are the only two systems invested and committed to continuing to support the State's rural hospitals like Monadnock and Huggins and the hospitals in the north country. You're going to hear more detail about the ways in which the combined system will support rural health care, substance use disorder options and a robust behavioral health support network. This is good for the people of Manchester and for the people throughout the state of New Hampshire. I thank you for your engagement tonight. And with that, I invite Alex to walk us through greater detail. Thank you.

Alex Walker:

Thanks very much, Rick. And thank you, John. And like I said, we're blessed to have board members like Rick and John and countless others at CMC and at GraniteOne. Next slide please. So we'll spend a few minutes just talking about some specific examples of what this combination will do. We will increase access to high quality care close to home, and there's no better example of that than what we're doing right down McGregor street on our campus with the Salinsky Center and building capacity in our emergency department, creating private inpatient rooms, expanding our OR rooms and our OR suite, expanding the New England Heart and Vascular Institute. It is a game changer for Manchester. It's a game changer for the West Side. We are transforming the West Side, St Mary's Bank did it when they put up their renovated bank many years ago.

Alex Walker:

And we've made a lot of progress over the last year with that Rite Aid store that you all know, but it will be a real gem on the West Side of Manchester when we get this combination over the goal line. Coordinating care throughout the State is a big part of what we do at CMC. It's a big part of what Dartmouth does. We're going to be able to do more of it, better coordination of care throughout the State. And that includes our rural hospital partners. CMC and Dartmouth are the only two hospitals in the State with boots on the ground in the north country, and in rural hospitals throughout the State. And that is such a benefit for patients in those communities. And we're going to talk a lot more about that because that is a big part of what we're doing. Integrating our information systems for a shared

health record and increasing our telehealth services are both things that will lower costs and improve care.

Alex Walker:

And Dr. Conroy, I'm sure we'll talk at some point tonight about fragmentation of care and how we're going to work to reduce that. Next slide please. So behavioral health... When we started coming together, our very first conversations, there was overwhelming, unanimous consensus that what we needed to do as a combined health system is really move the dial when it comes to behavioral health. And how are we as a combined health system going to do that? We're going to do that in a number of different ways. We'll get into it in more detail, but we're going to do it by putting our money where our mouth is number one. We're going to do it by continuing to partner with our partners in the community that provide unbelievable world-class services. And we've loved for years being a part of the attic Catholic Medical Center.

Alex Walker:

And we are going to be able to do much, much more once we come together. Next slide please. So pediatrics, just the demographics, 67% of the State's pediatric population is in Southern New Hampshire and the children's hospital at Dartmouth is New hampshire's only full service children's hospital. Increasing access to that care in the Southern part of the State is a major priority for us, and that will improve the health and the lives of children throughout the State, but especially here in Southern New Hampshire, it will also enable CMC with its Mom's Place's special care nursery to expand services and to provide more complex care right here on the West Side. Next slide. I'm going to turn it over to Dr. Conroy to take us through the next few slides.

Joanne Conroy:

Thanks Alex. So in addition to pediatric care, the goal of integration is to bring more specialty care options to Southern New Hampshire. And we currently are very fortunate to have the presence of both neurologists, as well as oncologists from the Norris Cotton Cancer Center in the Notre Dame building across the street from CMC. Even though we have years of working together, we are at a point where we can offer better care by greater integration. And what do I mean by this? Currently we have to maintain separate records because we're separate institutions and from a patient facing perspective, and this is what we should focus on. That's something that we should address. And as we move together and create an integrated health record, those patients will have a line of sight onto all their care, whether or not it's delivered in Catholic Medical Center or in some of the outpatient practices that are populated by the specialists from Dartmouth Hitchcock.

Joanne Conroy:

Also, currently we have many surgical oncologists and surgical sub-specialists that actually perform very complex procedures at Dartmouth Hitchcock in Lebanon, but we can look forward to expanding those services down here in the Southern part of the State where patients can have pre-op care and follow-up care in a facility close to home. Next slide. There is tremendous value in partnering with the only academic medical center in the State. And it benefits patients. Many of you may have heard that we just received $33 million from the PCORI Institute to investigate two separate tests that are used to detect colon cancer. Research improves healthcare in the State, and that is an incredibly powerful reason to come together. The second thing is access to clinical trials. We currently have close to 600 clinical trials ongoing at Dartmouth Hitchcock and nearly 170 of them are in oncology. Creating access, wherever

people touch the system, the expanded system just creates an opportunity for people to receive cutting edge care, close to home.

Joanne Conroy:

Certainly there are a lot of advantages to pooling our infrastructure and our metrics. We have a very robust analytics institute, because remember it's much cheaper to detect cancer early and treat it with appropriate screening, which we can do much more effectively with an integrated record, than it is to treat it when this being diagnosed and it's late stages. And finally, we are an educational institution as well. Not only do we train medical students and residents, but a whole array of allied health professionals from pharmacy techs, MAs and surgical techs, where we take New Hampshire residents and put them into training programs where they actually have a new career. And considering the challenges in staffing and the pipeline for healthcare workers, this is a path to really populate our institutions with really high quality committed employees. Next slide. The cost of care is top of mind for everybody.

Joanne Conroy:

And people will say, how does this going to impact patients? I'm going to talk a little bit about out migration, close to 10,000 patients actually are admitted to hospitals in Massachusetts. This doesn't include patients who may live on the border where a Massachusetts hospital is closer than a New Hampshire hospital, but there are patients that actually drive past another facility to seek care in Boston. We have analyzed all of those cases and 90% of that care can actually be delivered in New Hampshire at a much lower cost. This is an immediate benefit to lowering costs for patients, but there's also an emotional cost. If you've ever had to make the trip down to Boston, it's a little bit nerve wracking, as well as confusing to get into any of the teaching hospitals in Longwood Avenue or in Cambridge. And by actually delivering care closer to home, you can actually remove that emotional costs of having to navigate sometimes a tense environment with a loved one that you know is at risk. Now, let me turn it back to Alex.

Alex Walker:

Great. Thank you, Joanne. Next slide please. So in terms of the cost, and we can dive a little deeper during the questions, but for commercial insurance, this is an astounding number, Massachusetts hospital rates on average 67% higher than in CMC, 41% higher than in New Hampshire as a whole. That's a big difference and our ability to treat those patients, those 10,000 patients a year that are leaving New Hampshire to get that care in Massachusetts is a big reason why we're coming together. Next slide, please. Again, this is the formula benefits, convenience, and cost, that equals value. And that is the commitment we are making tonight and the commitment that we are making to our patients and our communities on a go-forward basis. Next slide, please. So CMC's mission, as you heard, John and Rick talked about our Catholic identity will not be diluted in any way, shape or form, will not be undermined in any way, shape or form.

Alex Walker:

We did some things in coming together that I'm not sure we did 10 years ago, 12 years ago. And we engaged even before we put pen to paper, the most renowned, respected Catholic ethicist in the country. Somebody that the Catholic bishops around the country that work with, and we asked him to help us design a health system that respected and made sure that our Catholic mission, our Catholic identity, our compliance with the ERDs was not undermined in any way, shape or form. And we engaged

him from day one. We engaged Bishop Liberace from day one. And we did that when we formed or were part of the formation of GraniteOne Health as well. We can talk a little bit more about that as we go through the evening. Next slide. And just to wrap up our mission remains intact. Our vision is supported. We're very excited, as you can tell, we're very passionate about what we are putting together here, and we'll look forward to your questions and...

PART 2 OF 5 ENDS [01:02:04]

Alex Walker:

What we are putting together here and we'll look forward to your questions and thoughts. Thank you.

Scott Spradling:

Thank you, Alex. Thank you very much. And thanks to the board for that presentation. I'd like to now move to the Q and A section of our evening. As I said before, we have folks here in the room who will be able to stand up and ask questions directly. We also have folks online watching from Zoom who will be able to unmute and ask a direct question. I'm also getting questions that are being written down through the chat function and shared with me. So, I will get through as many of these as possible. Here are the basic ground rules for tonight. Pretty basic. Because we're having things come from so many different places, we would appreciate that all of you keep your comments or your questions to just two minutes. My friend, Griffin, who I believe just got up on stage, he's going to help you with the time keeping. He will stay visible.

Scott Spradling:

He will hold up a yellow sheet when you have 30 seconds left. At red, when you see it, that means your time is up. So please finish your thought and we will continue moving on. For those of you who are watching online, I'm not sure that you'll be able to see those cards. So, I appreciate that you will have things to say. I will give you the two minutes, but if it looks like you're going on, I apologize in advance. I will cut you off assuming you can't see the deadlines so that we can move on because we do have several people who have questions. For those in the room, I will call you up two to three at a time in front of the mics, so that folks don't have to stand for a long period of time. I'll take care of you in that way.

Scott Spradling:

For those online, if you are sending questions anonymously, we will not be using them. We would like for you to identify yourself, either through the chat or through the Zoom function. We need to know who you are and where you are from. And then finally, I'm proud to say that we are doing this in the New Hampshire primary and town meeting state. We know how to do this. I know this can be at times an emotionally powerful conversation, and there might be some strong opinions in the room and online, but the one thing that we're very good at here in New Hampshire is civility. So, I'm not really worried about our audience tonight. I appreciate just to be respectful and we will move through and cover this ground as rapidly as possible. So, what I will do is I'll call up my first three folks.

Scott Spradling:

And what I would like to be able to do is while they're working their way up, I have a letter from the mayor that she asked that we read into the record, but I would like to call up state senators, Lou D'Allesandro and Donna Soucy. And then Mike Skelton, if you could work your way up to the

microphones and let me also put on notice, Senator Denise Riccardi is on zoom. I will go to Senator Riccardi as soon as senators D'Allesandro and Soucy are finished. And here's the letter from mayor Joyce Craig, that she just dropped off.

Scott Spradling:

"I'm sorry I can't join you in person tonight to talk at the, about the proposed Granite One Health Dartmouth Hitchcock combination. In New Hampshire, both Dartmouth Hitchcock and Catholic Medical Center have taken the lead on addressing the behavioral health crisis, serving as key service providers in our integrated delivery networks and local doorway programs. And by bringing Dartmouth Hitchcock psychiatric resources to Catholic Medical Center, the greater Manchester area will see a pivotal difference for thousands of patients at the hospital who are suffering from substance use disorder and behavioral health issues. Dartmouth Hitchcock and Catholic medical center both have strong partnerships in the Manchester community with organizations such as Amoskeag Health, Healthcare For The Homeless and the Mental Health Center of Greater Manchester. Through increased partnerships, investments in our community and expanding educational opportunities, this proposed combination aims to improve our community even beyond increasing access to medical care. Thank you, Joyce Craig."

Scott Spradling:

Senator, the floor is yours for two minutes.

Lou D'Allesandro:

Thank you very much, Scott. First of all, I would like to welcome everybody to the 20th-

Scott Spradling:

Step a little closer to Mike.

Lou D'Allesandro:

Oh. First of all, I would like to welcome everybody to the 20th Senate District, which is the west side of Manchester and the town of Goffstown. And thank you very much for your presentation. I thought it was excellent. I've been a resident of Manchester and the west side for over 50 years. I know how important CMC is to healthcare. I recognize how important CMC is to healthcare. We, the people of the west side, count on CMC. They care for our community, our sickest patients and those most in need. And that care is world class. Combining with DH offers opportunity. Everyone wants opportunity. The opportunity to bring DH advanced medical programs to Manchester and Southern New Hampshire. This will allow people to get their care here rather than traveling to Boston. This enhances access for care for patients and it reduces costs. And everyone is interested in the reduction of costs.

Lou D'Allesandro:

Combination will provide a unique chance to address key issues of behavioral health and substance it's abuse. Manchester is ravaged with substance abuse. We've got to deal with it. Behavioral health is a significant, significant item. So, it's very important that our city and our reason and our region get this combination. This is why the combination should move forward and deserves our support. I speak with confidence that this will happen because it's in the best interest of the people. There are two things, and I look at you, Alex Walker, and I say, we trust you and we have confidence that you'll deliver the services that'll require. Thank you very much. I appreciate it.

Scott Spradling:

Senator D'Allesandro, thank you. Senator Soucy.

Donna Soucy:

Good evening. I'm Donna Soucy, State Senator from across the river, but yet I come to you here, speaking to you with two voices. One is a State Senator and a statewide policymaker. The other one is as a lifelong resident of Manchester who happened to have been born at Notre Dame hospital. I won't disclose the year. It was a little while ago.

Donna Soucy:

But I'm here tonight because I'm proud to see the work that's been done by community leaders, by members of the board, by the hospitals to respond to what is a changing atmosphere in healthcare and combinations, affiliation are happening everywhere. And to have two New Hampshire entities joining together I think is critical for us here in the city of Manchester and certainly throughout the state. I think there are few issues that are key for all of us as statewide policy makers, certainly greater access to specialty care, more locally.

Donna Soucy:

Increasing access to telehealth, if there is any silver lining from what we've experienced during the pandemic, it's that many people who never had the opportunity, never wanted to try telehealth are now using those services and having greater access to those services will be critical to all of us here in this community. The issues that my colleague touched on in particular substance use disorder and mental health, critical issues here in Manchester, and we truly, truly need to enhance those services. And I believe will as a result of this combination. Certainly the fact that Dartmouth is a teaching hospital I think greatly benefits Manchester, I think provides greater opportunities for the students. Also provides great opportunity for this region to enhance its workforce and get students to stay. So, I'm pleased to be here in court of this. I believe it is in the best interests of my constituents and so many here in the state. And I thank you.

Scott Spradling:

Thank you, Senator. Mike, I'll call on you next, but if I can use our technology and see if Senator Riccardi, if you are on the line, please unmute. We will unmute you. Can you hear us? And please say something so we can see we can hear you.

Denise Riccardi:

Good evening. Can you hear me?

Scott Spradling:

We can, please can proceed.

Denise Riccardi:

Okay. Thank you. First of all, good evening. I am Senator Denise Riccardi. I represent District Nine. I am very proud to hear what everyone has had to say, and I've taken it to heart, but I want you to know that I am not here in support or not in support of this merger. The reason I come before you tonight is I'm representing my constituents in my district who have raised the following concerns and questions. And

as I represent them, I'd like to bring these before you. The concern for lack of autonomy, as the hospital merges and gets bigger, it lessens the community involvement. Will this merger bring down healthcare costs?

Denise Riccardi:

There is no evidence that hospital mergers reduce healthcare costs. In fact, concerns about rising costs of healthcare is that the larger the institution is it undermines competition and drives up the healthcare. There have been concerns about if you were to merge, about building new buildings in a short period of time. Would those costs be passed to patients? Some of my constituents have asked me to come before you, because has there been a bidding process? And if so, what is the price of the merger? I come before you reflecting the concerns from hearing from my district. And I ask that you take my constituents concerns into consideration. Thank you.

Scott Spradling:

Senator. Thank you, Senator. Appreciate that. Alex, a few questions here about cost, price savings. Maybe we can offer a few answers now. Thank you, Senator.

Alex Walker:

Great. Thank you, Scott. And thank you Senator for your questions. So, you had touched on local control as one of your questions and concerns. And as you heard from John Cronin talking about the things that we made very clear at the outset and that are reflected in writing in this combination agreement is the fact that the CMC board of trustees will operate independently will have many, many powers. The same powers they have today around day to day operations around clinical excellence, around financial management, around community benefit and... Catholic identity first among them. And the Bishop of Manchester will retain all of his reserve powers over the ERDs, over our Catholic identity. No question, the DHH [inaudible 01:13:29] one system board will have certain reserve powers.

Alex Walker:

No question about that. Those are limited in scope. They're laid out in the combination agreement. And I would invite you to review those and would be happy to walk you through every aspect of it. But we feel very strongly about what we've put together will certainly maintain local control. I'm looking at Jen Petri, the head of our philanthropy unit. And I forgot to mention fundraising will stay local, will be with monies raised in this community will stay in this community.

Scott Spradling:

Thank you. I'd like to recognize Mike Skelton, and just before you speak, Mike, I'd like to call up Grace Tong and BJ Perry as our next speakers. Go ahead, Mike.

Mike Skelton:

Good evening, Mike skeleton. I'm the CEO of the Greater Manchester chamber. I appreciate the opportunity to be here tonight into share some comments on this proposal. By way of background, the Greater Manchester chamber is our state's largest chamber representing more than 800 businesses from across the region.

Mike Skelton:

I'd like to start with noting that as a chamber of commerce, our success really relies on that of the strength of our community partners and Dartmouth Hitchcock Health and CMC are active, engaged, and invested community partners and have been so for many, many years, truly their entire histories. We're very fortunate to have them. Senior leadership from both organizations currently and historically has served on the board of the Greater Manchester chamber and countless other not for profit partners and important community organizations, both in Manchester and across the region and across our state. Employees of both organizations are committed volunteers who participate in support a variety of community initiatives.

Mike Skelton:

And the leaders of both organizations are consistently engaged and work alongside the chamber and organizations like the chamber to address important community challenges. I think it's more than fair to say they represent the ideal of what we would all consider to be excellent corporate citizens and community partners.

Mike Skelton:

I appreciate that the benefits of this proposed combination will greatly impact and help our business climate and economy. Very significant. High quality healthcare is a key element to having a strong business climate. As was noted, there's no better testament that than the challenges and successes of the past year. I also wanted to touch on workforce very quickly. Our economy is facing significant workforce challenges, particularly our healthcare sector. And if this combination is successful in helping to better address the workforce needs of this sector, the positive impact to our region will be very substantial. And in addition to the benefits to our health care system. I appreciate the opportunity to share some comments tonight. Thank you.

Scott Spradling:

Thank you very much. Grace Tong.

Speaker 2:

Good evening. Can you hear me?

Speaker 2:

My name is Grace Tong and I thank you for this opportunity. I was born and raised in Manchester. So, for now more than 60 years, as a daughter of a former CMC surgeon, and more recently as a daughter and wife of CMC patients. I have in so many ways, been the beneficiary of the excellent and compassionate care that CMC provides going all the way back to when Catholic Medical Center wasn't even a medical center. It was simply the Notre Dame hospital. But with time comes change. There was a time when some in the community feared the uncertainty of their beloved Notre Dame hospital becoming a medical center. Of course, as we now know, expanding the scope and services of Notre Dame benefit tremendously the communities that serve not only its patients and employees, but also the businesses of the greater local economy. Today, there may again be fear and uncertainty in the community that our beloved Catholic Medical Center will be devoured by Dartmouth.

Speaker 2:

That CMC will lose its steadfast commitment to its community. That medical care at CMC will become cold and impersonal, or that CMC will be swayed to compromise or even abandon its Catholic mission. Fear is of course normal, neither right, nor wrong. But if we would just allow ourselves to step through our fear, we might in fact discover a tremendous world of opportunity that lies on the other side.

Speaker 2:

Having worked in academic medical centers for nearly two decades, I've seen the value of having access to tertiary care services, not often found in community hospitals. The even greater value of having primary care and specialty tertiary care exists seamlessly within the same healthcare system. What a gift it would be to offer [inaudible 01:18:29] nearly the entire spectrum of medical services within our New Hampshire borders. The untold convenience of not having to travel to Boston to receive state of the art care.

Speaker 2:

And lastly, I am the volunteer co-chair of the Patient and Family Advisory Council at CMC. I gladly serve in this role because I know that CMC's leadership listens to and respects the voices of its patients and their families. I know that this combination will provide added capacity, financial support and access to cutting edge medicine, professional education and research opportunities not typically found outside academic medical centers. I have no doubt this combination is in the best interest of Catholic Medical Center, it's staff, it's patients and their families in our greater community. Thank you.

Scott Spradling:

Grace, thank you. As BJ prepares, I'd like to call up Maria and Bob Mangen, Adele Baker and Brian Morrisey. BJ?

BJ Perry:

Thank you. Good evening. My name is BJ Perry and I'm a proud lifelong resident of this community and graduate of west here, class of 2001. Many of you know my son Elliot and his story of being born three months premature and how he fought for his life and defied the odds. All thanks to Chad. For the first 60 days of Elliot's life, my wife and I never left the grounds of Chad. When hope was on the horizon, we began to alternate days of the hospital, came back to Manchester to work and prepare our home for his arrival. We worked 16 hour days so we could execute our job requirements and then return to Lebanon to be with Elliot. We racked up thousands of miles on our cars, maxed out our credit cards to cover hotel cost and living expenses. And did this for that was the option in front of us.

BJ Perry:

Today, Elliot has routine medical visits on a regular basis. That means more hotel stays, more debt and more time away from work. One thing many people don't know about Elliot is his feeding tube. Now, that feeding tube can come out and we have a short window of time to respond or that hole closes in his stomach. And if it closes, that means another surgery. I ask people today, have you ever had to hold your child in your arms and watch him go limp because of anesthesia? Elliot's had over 50 surgeries and procedures to date, so I know it all too well and those images will forever haunt me. I'd do anything to prevent other families from living that moment, and you know what? There is a solution. It's called a combination.

BJ Perry:

As I mentioned, we've got moments to respond when his tube could fall out. We need to remember our tube, the button, the inflator, and all the other backup things, including our medical records. You know why? Because our facilities here are not equipped to help kids like Elliot. Wouldn't it be awesome to take burden off the families so a better patient experience could occur? It can, by allowing a combination.

BJ Perry:

The sharing of services would expand the opportunity to help more children in New Hampshire and alleviate many burdens families face. My wife and I are finally ahead of our unforeseen debts I talked about earlier. Some families are not in that boat. My wife and I have been blessed to have understanding employers who were there and are flexible in our work schedules. Others are not that lucky. I commend everyone for expressing their passions tonight, but I ask you to take a moment and look at it through my eyes and the families who deal with these issues every single day. This combination is good for families like mine. Thank you.

Scott Spradling:

BJ, thank you. Maria and Bob?

Maria Mangen:

Yes.

Scott Spradling:

And Adele Baker and Brian, after that.

Maria Mangen:

Bob and I are both natives of Manchester. And we know that Manchester has changed over our lifetime. Healthcare continues to be a critical component to the citizens of this area. I've been fortunate to volunteer at CMC, holding two six year terms. And I worked with John and Rick and Alex and Joe, as we delved into, granted one health, we looked at all three hospitals providing quality care for our communities. The board has done significant due diligence. As we've talked about, we attended many strategy sessions, strategic retreats, but we've also seen over this period of time, competitively landscape has completely changed.

Maria Mangen:

As we said, 10 years ago, there was only one health system in New Hampshire. Well, as you look around, you can go to the sea coast and you can see all kinds of competitive landscape down there. You can go to 93 where Mass General is just building this huge building at Tuscan Village and even around Manchester.

Maria Mangen:

So, that area of competitiveness is all around us. This merger, this combination, I should say, I've worked for a fortune 50 company and have seen mergers and acquisitions. The key besides all of these benefits is culture. Both of these management teams have similar cultures. We've talked about all the other benefits. It's New Hampshire based. Keep the revenues here, Catholic identity, pool resources, lower costs and so forth. But one of the key things is that we were the recipients of quality healthcare here in

New Hampshire. Little over two years ago, Bob had a stroke. CMC was there. They saved his life. And today, he has follow up care through Dartmouth Hitchcock. And Dartmouth Hitchcock provides that care down the street. It's with this integrated health system that we can continue and improve the specialty care to the people in this community. We strongly support them. Thank you.

Scott Spradling:

Thank you both. Adele Baker and Brian. And then I'll go online for some Zoom questions and statements. Adele?

Adele Baker:

Actually, I'd like to speak from the heart. I was born at Notre Dame hospital. I'm a resident of Manchester, all my life. And I was born at Notre Dame hospital and served on the Notre Dame board, which eventually became the merger of Sacred Heart and became Catholic Medical Center. I've served on the board several times and seeing the kind of leadership that Catholic Medical Center has had over the years, it makes me proud to be able to say today that I certainly support this kind of a merger or this kind of an affiliation, because you have to think of those families who cannot afford to travel to Massachusetts or to other places so that they can have the care that they so desperately deserve.

Adele Baker:

Not only that, but they would have to stay in hotels. It would have to be a very expensive proposition for them. And a lot of them do not have that kind of monetary support. So, I will just end my statement by saying that I think this is a wonderful idea. All the other people have been very, very eloquent with their speeches. And I just feel that tonight is very important and I certainly support this affiliation slash merger.

Scott Spradling:

Thank you very much. Up next is Brian Morrisey. And then I will go online to Scott Colby.

Brian Morrisey:

Hi, my name's Brian Morrisey. I grew up in a little farm on property that is now SNHU [inaudible 01:26:11]. The story I have to tell is from my own personal experience. Eight years ago, I had a very traumatic accident, crushed one side of my chest and went to a local hospital. During that time, I was certainly in there for a long time. And some years later I wound up with a respiratory problem and it was something that they just couldn't seem to get a handle on. I was diagnosed the disease called Bronchiectasis and my personal physician said it doesn't sound right. And he said, "Get to Dartmouth Hitchcock."

Brian Morrisey:

Well, I went to Dartmouth Hitchcock. I must say I called Dartmouth Hitchcock and I got an appointment within a week. That's unheard of with specialists these days.

Brian Morrisey:

First going there, I met a wonderful doctor named Dr. Matsuoka, who looked at my x-rays and CAT scans. He looked me right in the eye and he says, "You don't have Bronchiectasis." He says, "I don't know what it is, but we'll find out." They went in with a scope and they found I had something called

Tracheo and bronchomalacia. At any rate, for several months, we had to make the drive from here to Lebanon. And it would be, I'm really supporting this because I remember that and it would really be nice to have all those tests and everything done here as opposed to Lebanon. Thank you.

Scott Spradling:

All right. Thank you. Up next at the microphones, and I'm going to go onto Zoom, but just to call people up for efficiency, Sylvio Dupuis, Colleen McCormick, Joseph Favazza. Scott Colby. Can you hear us? I'm going to unmute you now.

Scott Colby:

Hi, this is Scott Colby. Can you hear me okay?

Scott Spradling:

Yes.

Scott Colby:

Great. Thank you very much. My name is Scott Colby. I'm a resident of Whitefield, New Hampshire, and I serve as president and CEO of Upper Connecticut Valley hospital in Colbrook. I'm speaking this evening in support of the merger between Dartmouth Hitchcock Health and granite one.

Scott Colby:

Catholic Medical Center and Dartmouth Hitchcock health have a demonstrated in longstanding commitment to rural healthcare and access to rural healthcare in the furthest outreaches of our state. In a respectful and romantic way, I would characterize the north country as one of New Hampshire's playgrounds, similar to the lakes region, the sea coast and the Monadnock region. And that's important for this discussion this evening, because many of us like to recreate in those various areas. And without the commitment of Catholic Medical Center in Dartmouth Hitchcock, having clinical boots on the ground, when you're up here in the north country and you happen to get injured in a snow mobile accident, or God forbid you have a heart attack, having access to healthcare locally is something that you would normally take for granted. And without the support of these two institutions, that would not be possible.

Scott Colby:

By way of example, Dartmouth Hitchcock operates DHART, the helicopter ambulance services throughout the state, which we utilize quite frequently. In addition, Dartmouth Hitchcock runs tele-emergency medicine services or upper Connecticut valley, and the small rural hospitals in the north country. Catholic Medical Center has hospitalist, inpatient doctors that work in our hospital here in Colbrook taking care of our patients.

Scott Spradling:

30 seconds.

Scott Colby:

CMC has cardiologists on site in the north country and the list goes on and on including cancer care. General surgery is provided at various times throughout the north country, by Dartmouth hock health.

Several years ago, I had to call Steve Leblanc and ask him if he could assist in deploying a surgeon to Colbrook to assist us with vacancies. DHH stepped up and deployed a surgeon here for a number of years to assist us. In closing and in support of this merger, I would look to the promise of adding additional bed capacity at CMC in Dartmouth Hitchcock Health that will tremendously impact and improve the quality of care we deliver here in the north country.

Scott Colby:

Thank you.

Scott Spradling:

Scott, thank you. Holly Stevens, online. You are on deck. I will call in the room now, Sylvio.

Sylvio Dupuis:

Duo. Good evening. My name is Dr. Sylvio Dupuis. And as I was moving down the aisle, one person kind of gave a nudge to the other and said, "See, I told you he wasn't dead."

Sylvio Dupuis:

Now, contrary to what others have said, I was born at home. I was one of the last babies to be born at home. So, at 88 years old, that's a distinction. One of my real distinctions is that it was my privilege to be the founding president of Catholic Medical Center. And that was in 1974. And at that time, the discussion was that there would be one giant hospital in Manchester. And that Sacred Heart and Notre Dame would become ambulatory facilities or a nursing home.

Sylvio Dupuis:

[inaudible 01:31:36] Manchester called a group of us together and said, "That can't happen. We need a Catholic hospital here in Manchester, a strong Catholic hospital." So, when we formed the original hospital, there was no Catholic Medical Center. It was really a figment of our imagination. But 50 years later, things are a lot different. Now in two minutes, I can't get into the technical details of the merger, but I can say that it is based on trust and integrity and having read the documents, I trust the people who are on the stage because of their longstanding reputations. And I know that they would not lead us in the wrong direction.

Sylvio Dupuis:

As to the Catholic issue, I want to save CMC, but I don't want to just save it, we want to enhance it. The national Catholic convents and bishops have said, "This is the right thing to do." The reserve powers that have been talked about say, "Never." Never is a strong word. Never will the organization be able to supersede the decision of the Bishop of Manchester. And that's enough for me. I'm strongly supportive of this consolidation. Used to be called, when we began, people competed. And then after that they collaborated and now they come-

PART 3 OF 5 ENDS [01:33:04]

Speaker 3:

And then after that they collaborated, and now they combine, and that's the best thing that could happen for this state and this community. Thank you very much.

Scott Spradling:

Thank you, sir. Holly Stevens, online. We're going to unmute you. You have two minutes.

Holly Stevens:

Hi, thank you for the opportunity tonight. Can you hear me?

Scott Spradling:

Yes.

Holly Stevens:

All right. Holly Stevens, I'm the health policy coordinator at New Futures, which is a non-partisan, non-profit organization that advocates, educates, and collaborates for the health and wellness of all Granite staters. We do not take positions on mergers but we certainly do like to bring some questions to the forefront.

Holly Stevens:

And the question, I did ask one through the chat tonight but this is a different question that I'm asking orally, and it has to do with some of the core policy areas that New Futures works on. Which is children's behavioral health and access to mental health and substance use disorder services.

Holly Stevens:

And during the slide presentation, I saw a lot about oncology practices, heart practices, geriatric surgery practices, I didn't see the specialty of psychiatry on the specialty slide, which I find a little bit concerning. And in addition, I didn't hear a lot of details about exactly, how the merger's going to enhance access to mental health services for all populations, all ages, but especially including acute psychiatric services for children and adolescents, and also working with providers in the community to make sure that the continuum of care is effectuated for children, knowing that a lot of the community-based psychiatric care is the best place to do it. So that is my question for the night.

Scott Spradling:

Holly, thank you very much.

Scott Spradling:

Alex, let me turn it over to you. Perhaps we could start with the first part of her question, psychiatry and how to essentially increase the access for mental health for children, adolescents, and so on.

Alex Walker:

Sure, great questions, Holly. Thank you so much. And I think I'll start and then maybe we can turn it over to Will Torrey from DH who was instrumental in helping us craft with community partners around the city and around the state, components of what we're doing that will really make a difference in behavioral health, including psychiatry services.

Alex Walker:

And just I'll say at the outset, when we started to put this together, we spoke with the state. We went to see the Commission of Health and Human Services, and the guidance was follow the state ten year mental health plan. And that means in-patient services, it means services in our communities so that patients don't end up in our emergency departments, but I want to let Dr Tori take it from here.

Will Torrey:

Thanks very much. So my name's Will Torrey and I currently work as Professor and Chairman of Psychiatry for Dartmouth Hitchcock and Dartmouth's Geisel School of Medicine. And actually I've had a chance, the pleasure and honor of practicing psychiatry in New Hampshire since graduating from medical school in 1985.

Will Torrey:

So I've gotten to know quite a few people here, including a lot of people at Catholic Medical Center and Greater Manchester Mental Health, who are great colleagues. And I really appreciate all the attention to mental health and addiction that's come up tonight, and the current question gets right to the heart of it.

Will Torrey:

There is no health without mental health. I think all of us understand that, all of us have been touched by mental health and addiction one way or the other, because these are incredibly common difficulties.

Will Torrey:

They can be painful, they can be confusing. They often are disabling, and sometimes deadly. Both from suicides, the 10th most common cause of death in the country. And it's a higher rate for children and adolescents. And these are very serious issues.

Will Torrey:

The other factor is that people respond to timely science supported treatment. So if you can get care to people, they do much, much better. So directly... So for the last 10 or 15 years, we've been thinking about how do we leverage psychiatric knowledge to touch more lives?

Will Torrey:

And some of the core, we've been working on models to do this, and it involves getting screening and care to people where they go for care. So that means primary care in pediatrics, family practice, internal medicine, and we've worked on models to screen, to then support the primary care doctors so that they have access to evidence-based practice with consultation from psychiatry.

Will Torrey:

And then we've also worked on that in emergency rooms. How do you get care directly to people when they first arrive in emergency rooms, through tele or through directly and have models for that? And then in addition, when people get [house supplies 01:38:10] for medical or surgical conditions, children or adults, they often have co-occurring psychiatric difficulties, substance use disorders or mental health difficulties. And we've created behavioral intervention teams that work in that setting and have been shown to lower length of stay, decrease suffering, and decrease cost of care.

Will Torrey:

And so the plan... And in addition, we just as an academic health system are really involved in training. We train licensed social workers, psychologists, psych nurse practitioners, psychiatrists, specialty psychiatrists, child psychiatrists, addiction psychiatrists, and we look forward to having a broader area in which to train people, because people tend to live where they've trained.

Will Torrey:

And so if you can train the workforce, they will stay there. So the answer is, the plan is to build out integrated child and adolescent care across the system and to use some of the models that we've developed already.

Alex Walker:

And can I just add for 10, 15 seconds. So just in the slides we went through earlier, so just some of those bullets. An investment of 20 million plus over the next five years. Hiring more than 40 clinical care providers, including 20 psychiatrists, social workers, and psychiatric nurses. Integrating behavioral health into primary care, that's both medically assisted treatment for substance abuse and mental illness.

Alex Walker:

Intensive inpatient programs, mobile crisis, telepsychiatry. So it is a comprehensive list of things that we are committed to doing. And Holly, you asked a great question. It didn't lend itself to a two minute response, but be happy to talk more about it after tonight.

Scott Spradling:

Thank you Alex, and thank you, Holly.

Scott Spradling:

Bill Ryder online, you are on deck. I'd like to go to Colleen McCormack now. Colleen.

Colleen McCormack:

Yes, thank you for the opportunity. Can you hear me? The opportunity to speak. I believe that the last time it was actually the charitable trust division and the probate court who decided that this merger could not take place because the charitable trusts of a Catholic Medical Center and Dartmouth Hitchcock were different.

Colleen McCormack:

I read with interest the articles that Mr. Walker had published in the Parable Magazine. The first one was about fidelity, he talked about his time in the Marine Core, Semper Fi, and his sense of fidelity. And I need to ask the question, who is your fidelity to?

Scott Spradling:

Is that all ma'am?

Colleen McCormack:

Pardon?

Scott Spradling:

Is that all? Are you done?

Colleen McCormack:

No, I have more. No, I have more.

Scott Spradling:

Could you please just give everything so it doesn't turn into a conversation. Thank you.

Colleen McCormack:

Okay. In his most recent article, he wrote that the four core values of CMC are respect, integrity, compassion, and commitment. I can think of no healthcare system in my close to 50 years of being in healthcare that would say that those are not part of their core values.

Colleen McCormack:

But I wanted to talk a little bit more about integrity, because then you said, "A thoughtful look at our values," and you repeat compassion, respect. And then instead of integrity, you put patient-centered care, human dignity, and excellence. I'm sorry, I'll try to make it brief.

Colleen McCormack:

So integrity is authenticity. It means if your identity is Catholic you're Catholic. I looked at on board, who the... The leadership team, 22 members on the leadership team of CMC, no priest, no religious, no Canon lawyer, no director of chaplaincy, no director of Catholic identity, and no ethicist. I looked at the board trustees, 14 members, one of whom might have some Catholic basis, Derek McDonald, the Bishop's delegate.

Colleen McCormack:

His bio says he's an experienced lay ecclesial minister. So my question is authenticity and integrity. And who is your fidelity to?

Scott Spradling:

Colleen, thank you. Alex?

Colleen McCormack:

Thank you.

Alex Walker:

Thank you very much for your questions. So I'll answer the first one in terms of fidelity, and it's something that I did talk about in I think it was my first article that I had the privilege of writing in the Parable.

Alex Walker:

And fidelity comes from, as you said, time I spent in the, in the Marine Core as a young man, and the always faithful, Semper Fi. And that's the way I've feel about CMC. And my fidelity is to the organization, it's to its mission of health, healing, and hope. It's to its Catholic identity. And it's to what many of the people that have spoken tonight have done, the old term, we stand on the shoulders of giants. We really do. People like [inaudible 01:44:11], Adele baker, and countless others in this room and across the community.

Alex Walker:

So I take very seriously what CMC is, what it's about, and what it will continue to be when we become a combined system. And every step of the way, we have made that our guiding principle, our north star. And you also talked about the core values at CMC, and we went through over the last six months, a very exhaustive, comprehensive look at our core values and really recommitted and doubled down on what they are.

Alex Walker:

And we did that as part of the transition from Dr. Pepe to myself as the leader of CMC. And as everybody knows, Joe is a giant and he's a tough act to follow. We wanted to make sure that folks know, and so folks like you know and our Catholic stakeholders know that when we talk about respect and compassion and integrity and commitment, those are values that we live every day.

Alex Walker:

And that gets right back to the fidelity question. We are loyal to the mission. We are loyal to our Catholic identity. That's our promise to you. That's our commitment to you, and hold us accountable. There was a lot of questions last night about accountability, and there are a lot of people that we view ourselves as being accountable to, and our Catholic stakeholders, they're on that list.

Alex Walker:

They're on that list, and the Hampshire Attorney General's office is certainly on that list. The regulators are going to monitor what we do and hold us to the promises that we make. That out commitment is to our patients, people like Grace on our patient family advisory council, hold us accountable every day. And there are lots of others, we could talk more about that, but I don't want to take up too much time.

Alex Walker:

But thank you.

Scott Spradling:

Thank you, Alex. Let's go to Bill Ryder now, who's online. Let's unmute B. And then we'll go to Joseph Favazza.

Scott Spradling:

Bill, you're on. Can you hear us?

Bill Ryder:

Can you hear me now?

Scott Spradling:

Yes.

Bill Ryder:

Okay, thanks. Hello everyone. My name is Bill Ryder and I'm the President and Chief Executive Officer of the Mental Health Center of Greater Manchester. And the mental health center has had tremendously close relationships with both Dartmouth and CMC going back well over 30 years.

Bill Ryder:

Specifically with Dartmouth, some of the evidence-based practices in community psychiatry that are practiced today were researched at the Mental Health Center of Greater Manchester in collaboration with research teams from Dartmouth Medical School.

Bill Ryder:

Additionally, every year we have a psychiatric direct resident from Dartmouth who trains at the Mental Health Center of Greater Manchester. And I'm hoping that that relationship will not only continue, but from what has been written and spoken about, that there will be a promise to increase the collaboration there. And I can say in reciprocation that the mental health center is prepared to support that and be partners in that.

Bill Ryder:

Secondly, with Catholic Medical Center, we are closely connected through Healthcare for the Homeless. Our outreach teams are out on the streets every day, there's daily collaboration and communication, and we hope that that service to our community can grow and increase, and that we can do that together.

Bill Ryder:

And then lastly and most importantly to me is that 12 years ago, CMC, Elliott Hospital, and the Mental Health Center of Greater Manchester formed the shared emergency response system. And that is whereby one psychiatric team, one team of psychiatric care practitioners performs the psychiatric evaluations in the emergency rooms of both Catholic Medical Center and Elliot Hospital. This has created a very streamlined service at a low cost and helps people get connected to treatment.

Bill Ryder:

It is really, really important to me that the two hospitals work as closely together in terms of outputting psychiatric care for our community as can be possibly done.

Bill Ryder:

Thank you.

Scott Spradling:

Bill, thank you very much.

Scott Spradling:

Kris McCracken, you'll be on deck on Zoom, but I'd like to recognize Joseph Favazza and Arthur Sullivan. Annette Escalante, Kathleen Suza are the next three.

Joe Favasa:

Good evening, I'm Joe Favazza. I'm the president of Saint Anselm College. I recognize the long and fruitful relationship and partnership with CMC, and we're both mission-driven institutions who exercise that mission to care and educate in the dignity of human beings and also to build up the common good.

Joe Favasa:

And as another institution that manages the complexity of being Catholic in governance structures, I'm sure some of you are aware of that at Saint Anselm. I just want to say that I fully support this combination. I believe that it's a way to extend that mission and to build capacity for that mission across the state of New Hampshire. I have no concerns at all about diluting that mission through this combination.

Joe Favasa:

Secondly, I want to speak to something that was said earlier, and it's really about workforce development. Saint Anselm has a signature nursing program. It's important to CMC. It's important to the state of New Hampshire. And CMC and Dartmouth Hitchcock have been both partners in terms of providing clinical experiences to our nurses.

Joe Favasa:

We've collaborated, and we want to collaborate in the future. We are committed to growth. We've invited CMC particularly to be part of a presidential nursing commission as we look at opportunities to build that workforce in the future.

Joe Favasa:

I'm so glad that we've had the opportunity to submit a joint application for a federal funding to build a state of the art nursing simulation on the CMC campus, and I look forward to that collaboration in the future. So I think I just want to say I support this, I think it's a way to continue to build the workforce, the medical workforce, for the state of New Hampshire, and it'll give us great opportunity for the future. Thank you.

Scott Spradling:

Thank you. Kathleen Suza.

Kathleen Suza:

Hi, thank you. My name is Kathleen Suza from Manchester. Recently I submitted some papers to the attorney general showing Dartmouth's involvement with abortion, with abortion training. And in the past their trials of [RU486 01:51:26], which led to the nationwide approval of the abortion pill. We submitted letters from the Bishop and Dr. Pepe, which we believe led pro-life members of the public to be silent because of ignoring Dartmouth Hitchcock's involvement.

Kathleen Suza:

I'd like to bring some attention to more recent information. The Valley News, which is here, had an article showing Dartmouth doctors arguing against a ban on late-term abortions before the legislature. The bio sheets of some Dartmouth Hitchcock residents show support for planned parenthood, abortion providers, and women's rights. Their bios are here. A union leader article showing Dartmouth doctors and residents speaking against four important pro-life bills before the New Hampshire legislature this year. Testimony is here.

Kathleen Suza:

Sign up sheets, showing Dartmouth Hitchcock doctors and personnel testifying before the Senate and house against a bill to require aborted babies that survive to get care. A letter from the diocese supporting new Hampshire's budget prohibition on funding abortion facilities, Dartmouth personnel wanted it funded.

Kathleen Suza:

Beside that is the clipping showing the diocese approved trip by Catholic students to the march for life, showing the [difference in mission 01:52:59]. Despite assurances from Dr. Pepe in person that they had secured agreement from Huggins and [inaudible 01:53:08] not to perform abortions, that guarantee has disappeared under this proposal. I'm out of time so I'll just hand the rest of it in, and I thank you.

Scott Spradling:

Okay. We'll gladly take your testimony. Thank you, Kathleen. Any statement or comments at this point? Dr. Pepe?

Dr. Pepe:

Sure. So CMC has and always will respect the dignity of life from conception to natural life, natural death. This will not change it. It hasn't changed with GraniteOne Health, two secular organizations in a Catholic institution. The secular organizations remain secular. The Catholic organizations remain Catholic.

Dr. Pepe:

And I'll just rather than get into all the details, I would just say that that we've had the guidance from the Vatican and the US Conference of Catholic Bishops in both the congregation, the doctrine and the faith, in 2014, outlining the principles of collaboration with non-Catholic institutions.

Dr. Pepe:

And the NCBC, the National Catholic Bioethics Center, helped us follow those principles, and the Bishop also looked at that. And he instituted his [foreign language 01:54:27], or no objection, but he also went on to say that this represented a unique opportunity to grow and strengthen Catholic healthcare in New Hampshire.

Dr. Pepe:

For example, in the Upper Connecticut Valley, Catholics and non-Catholics will have easier access to Catholic health services here in Manchester, including the very unique, Catholic Women's Wellness and Fertility Center and NaProTECHNOLOGY. That, along with the new addition of the ERDs, the sixth edition, part six, also states that Catholics have historically collaborated with non-Catholic institutions to

promote the common good. And it goes on to say that collaborations represent a unique opportunity to further its mission. This combination does that.

Dr. Pepe:

And lastly, I would just say that the corporate arm of the Bishop, CMC Health System, is separate and distinct, and those reserve powers are undiluted. The Bishop has complete say over our Catholicity and will always preside over our ethical religious directors for Catholic Healthcare Services. And if there's ever a controversy over whether something is or is not an ERD issue, the Bishop has final say.

Dr. Pepe:

Thank you.

Scott Spradling:

Thank you. Arthur Sullivan.

Arthur Sullivan:

My name is Arthur Sullivan, I'm a native of Manchester, New Hampshire obviously. And I represent my business, which is Brady Sullivan properties. I'm going to tell you a little bit of a different slant I have about being here tonight, is that first of all, I'm the going to say that CMC provides the very best care that I've ever had and they've been there for me in the past.

Arthur Sullivan:

But I think about the economic impact of a merger like this, of bringing a stronger hospital into our community. I'll tell you that we own thousands of apartments in Manchester, Greater Manchester area, as well as millions of square feet of office and commercials space. I'll tell you for the first time in a long time, and recent, maybe because of the pandemic, we've had more people asking about the healthcare and moving to Manchester, or businesses coming in, how their employees are going to look at our healthcare system and wanting to be in our community.

Arthur Sullivan:

That's very important to me and that's obviously very important to our community. So it's a little different slant to look at the economic impacts. So for that reason, I'm very, very much in favor of this merger and acquisition to occur.

Arthur Sullivan:

Thank you very much.

Scott Spradling:

Thank you.

Scott Spradling:

Annette, you're on deck. Can we go to Zoom real quick and catch Chris McCracken? Kris, we're going to [inaudible 01:57:10]. [crosstalk 01:57:10].

Scott Spradling:

Oh, go ahead. You have two minutes.

Kris McCracken:

Thanks so much. I'll be brief.

Kris McCracken:

I'd just like to share a statement as relates to the proposed combination of Dartmouth Hitchcock and Catholic Medical Center. My name is Kris McCracken, and I have the pleasure of serving as the CEO at Amoskeag Health. As many of you know, we're a federally qualified health center, and as such, we serve a high risk population. Many of whom live at or below 200% of poverty, maybe uninsured, have financial barriers. And many of whom have limited English proficiency.

Kris McCracken:

As a family practice, our ability to refer our patients for specialty care, testing, secondary, and tertiary care is critical. And we have been fortunate to enjoy a long-term relationship of over 25 years with both of these fine organizations.

Kris McCracken:

These partnerships enable us to make those critical referrals for services not within our scope and provide financial and [in-kind 01:58:05] support for the work that we do. The strength of the two organizations and their viability long-term is important to the safety net system in our region.

Kris McCracken:

We have had indications from both parties that they will continue their long-term commitment to both supporting the organization and the patients that we serve. And in turn, we would like to offer our support for this endeavor to strengthen our healthcare infrastructure.

Kris McCracken:

And we thank you for your time.

Scott Spradling:

Thank you. I'd like to call up Annette Escalante.

Scott Spradling:

Lucy Hotter and Harriet Caddy are on deck.

Annette Escalante:

Hi everyone. Oh, okay. That was me. My name is Annette Escalante and I am the Senior Vice President for Farnum Center in Manchester. And Farnum is a program of Easterseals, New Hampshire.

Annette Escalante:

I am here to talk about the collaboration that we've had with CMC and Dartmouth. I just want to talk about a few things that we've been working together on that's really highlighted the populations that

we serve. Easterseals serves veterans and military clients. One of the great things that has happened with CMC is that we have a really good care coordination program, not just for patients who are veterans, but also for staff who are veterans that work at that facility.

Annette Escalante:

The other thing I just wanted to highlight is that Easterseals of course has clients who have special needs and disabilities, and we know that a lot of the care that they've been receiving has been either or in, in any of these facilities. But I would like to just highlight a little bit about the behavioral health piece.

Annette Escalante:

And of course, the relationships that Farnum Center has with both organizations. And that is of course with The Doorway.

Annette Escalante:

It's been really critical for us in Manchester to be able to have that relationship with CMC, including the emergency department, being able to provide tapers for [BUP and Orphan 02:00:08]. And then of course, the MOU that we have with [Respite 02:00:15], where we're able to take folks immediately from the emergency room or anyone in Manchester that needs a safe place to go.

Annette Escalante:

These relationships are really critical and crucial for folks who have an SUD disorder, and it's also really critical to continue to have the collaboration with the current partners so that it's not really creating a new system but it's bringing in the folks who are already doing the work, which is really important. I just wanted to say thank you.

Scott Spradling:

Harriet caddy.

Alex Walker:

Could I just-

Scott Spradling:

Oh, I'm sorry, Alex, yeah?

Alex Walker:

[crosstalk 02:00:49] on that, just to underscore the partnership with Farnum and with Easterseals. It's a wonderful partnership, and thank you for mentioning The Doorway, which is... One of the things that I'm very proud of, and proud of what we did as a team, when the doorway in Manchester was struggling a little bit and the governor asked CMC to come in and take over the management and operation of The Doorway.

Alex Walker:

And Tim Susi and I had that conversation, we committed to it on the spot, and we had promised at the time to get it open by May 15, that was May 15, 2020. And so it was a challenge to get that stood up in the time that we did, given everything we had going on in the spring of 2020.

Alex Walker:

But we're so proud of what we do at The Doorway. We're looking forward to the next chapter in that as safe station, it gives way to an expanded doorway services. And so that's something that we are super committed to at CMC and will continue to be under this combined health system.

Scott Spradling:

Thank you, Alex. Harriet.

Harriet:

Thank you, Scott, and thank you all for having this opportunity to speak.

Harriet:

Bigger is not always better. I was born in my grandparents' home in Northeast Kingdom of Vermont. Mom tells a funny story of grandpa coming home from the poker game feeling pretty good, singing. Now he was the father of 15 children, and grammy went out and said, "Shh, Dolores is having the baby."

Harriet:

So grandpa was quiet until I was born at 9:00 AM, and then grammy brought me out and he carried me around the house singing. That was what I grew up with. Home births, large families, and doctors that were family. When I had Scarlet Fever at five, Dr. Warren came to the house. Mom had moved the bed in the kitchen because all we had was wood heat.

Harriet:

And Dr. Warren laid on the bed beside me. They didn't know if I'd live because my fever was so high. Well, Dr. Warren fell asleep, and I crawled out bed and ran to the big wooden barrel where water flowed constantly from the spring, and splashed myself. And Dr. Warren woke up and grabbed me. And he said, "Oh no," but I lived. It took my fever away. So what I'm saying now is bigger isn't always.

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Harriet:

What I'm seeing now is bigger, is now better. You will know that you will never be able to provide the kind of home care that was provided in my small community, nor will you have the doctors that know their patients and families, as well as the doctors did in my little town. I only hope you'll have real consideration for giving us back community doctors.

Scott Spradling:

Thank you, Harriet.

Alex Walker:

Thank you for that. I'll just say just our primary care doctors at CMC, we have a different model than our partners at DH, and it's something that will continue following the combination. And our primary care docs are in the community in a number of different, smaller practices in and around Manchester, Hooksett, Bedford. And we could spend a long time here tonight talking about how well they know their patients, how much they care about their patients. And your story's a beautiful one, but I just didn't want to let the moment pass without pointing out what an extraordinary job our primary care docs do. And I know the folks at the community group practices at Dartmouth, they're community group practices for a reason, local care. And that's what we're trying to achieve with this combined system. Keeping care close to home.

Scott Spradling:

Harriet, thank you. Alex, thank you. We just have a handful of people here. I'd like to try to push through and get through the last folks that are here. And I have a few text questions. So if I could call up John Broderick and Barry Brensinger. And in the meantime, while they're coming up, a couple of text questions that came in pretty early, that I can give to you. From Shannon McKinley, "How can there be a clear separation between intrinsically immoral procedures occurring in the DHHS facility and CMC financial assets? If CMC or Granite One is jointly and severally obligated on all debt obligations of DHH. The question is, once you are jointly obligated on your debt obligations, wouldn't you no longer have a clear separation of your financial assets?"

Alex Walker:

Great question. Joe, you want to take it?

Dr. Pepe:

So this was looked at by the National Catholic Bioethics Center, the renowned Catholic ethicist there. And what they found was that there was no what they call formal cooperation or illicit cooperation. I won't get into more of that jogging, but suffices to say that it's, best way I can put it is it's like when you pay your taxes, some of that money may go to illicit procedures, but most of it does not. But Catholics pay taxes and they do so because that type of corporation is justified. And that's the best way I can describe it. Once again, that was looked at by Catholic ethicists. I'm not a Catholic ethicist, but that's why we got a team of experts to look at that. And they found that there was no Catholic moral issues in that regard.

Scott Spradling:

Thank you very much. A follow-up question now from Devon Chaffee, "How will this combination help improve access to reproductive healthcare when many of the DH providers will now be subject to the directives of the Catholic church and the bishop?"

Joanne Conroy:

So we have actually created a model where, what is under the umbrella of the Catholic mission and adhering to the ethical and religious directives at CMC will be kept in intact. And then those secular services that we're currently are offering at other facilities will also be available to the general public. Our focus is really meeting the patient where they are for the services they want. And the beauty of this is we have two opportunities for patients to select their care. And we are both committed to maintaining that and offering choices for our patients across the State.

Scott Spradling:

Thank you very much. I have a few more text questions, but I'd like to get to John Broderick.

John Broderick:

Thank you very much. I won't be more than an hour, an hour and a half. You always want to be last, right? Anyway, I will be brief. In the interest of full disclosure, I worked for the last four plus years for Dartmouth Hitchcock. The most impactful four plus years of my professional life. I cannot begin to thank Dartmouth Hitchcock enough. And I mean that. For the last five years, I've been traveling Northern New England speaking at over 250 or 300 middle schools in high schools, a campaign that Dartmouth Hitchcock has hand-written. And it has so opened my eyes about mental health in America and mental health in this region of the country. And the reason I am so supportive of this combination is for the very reasons that Alex Walker talked about tonight.

John Broderick:

Millions of dollars, new dollars will be spent on mental health and substance use disorder. One in five adolescents in the United States, one five has a mental health issue. Half of those begin by age 14. We're not doing enough in mental health, although Dartmouth Hitchcock has been leading that parade for a long time. And they had made the most important work of my life possible. I lived in the city by the way, from 41 on years, raised my family here. I had my practice here. This combination is the single most exciting development in healthcare in all of my years here. And I say that because I know CMC and I specifically know Alex Walker well. I trust him totally. And I've come to know Joanne Conroy at Dartmouth Hitchcock. I feel the same way about the CEO. But the people at Dartmouth Hitchcock are extraordinary, talented, decent.

John Broderick:

[inaudible 02:11:14] who spoke to you, head of psychiatrist, one of my heroes, his word is gold. This combination will advance mental healthcare and substance use disorder care throughout the State and especially in the Southern region. And I totally endorse it and hope it's approved. Thank you.

Scott Spradling:

Thank you, sir. Barry Brensinger.

Barry Brensinger:

Good evening. I'm Barry Brensinger. And in tonight's contest of who's lived in Manchester the longest, I'm a loser at only 42 years. In those 42 years, I've enjoyed raising a family here, building a business and participating with many of the great people in this community in building our community, whether it was working with friends to bring the Manchester division in the Hampshire Charitable Foundation to town, joining my good friend, Arthur Sullivan in Manchester, proud to support our public schools, or, and I say this with great pride, serving as vice chair of the board of Catholic Medical Center back when the good Dr. Dupre was at the helm.

Barry Brensinger:

Along the way, I've learned about the power of partnerships of intelligent, well-intentioned, hardworking people coming together to do good things for community. And I've experienced the responsibility that I believe we all have to contribute to community, to build community. And as I hear

you tonight, and think about this, this isn't just a healthcare issue as Mike Skelton alluded to, this is about building community. It's about creating job opportunities. It's about the way your partnership will bolster so many other organizations in this community and the way you will build community through improving our health. So at the end of the day, to me, I'm sure there is still unanswered questions. I have complete confidence in your ability to address them. And I simply say to myself, if this merger takes place, will those that I care about in Manchester be better off or worse off in five years from now, in 10 years from now? I'm certain they'll be better off and I support your merger.

Scott Spradling:

Barry, thank you. I'd like to call up George De Rocio and Jason Hennessy. And while they're working the way up to the microphones, I do have a letter from Dean Kamen at DEKA. "On behalf of DEKA Research and Development and our employees, I am pleased to offer this letter of support for the proposed combination between Dartmouth Hitchcock Health and Granite One Health. As I understand it, the systems would combine to create a New Hampshire based fully integrated healthcare system that will benefit patients, payers, employees, and communities across New Hampshire.

Scott Spradling:

DEKA Research and Development Corp is a New Hampshire corporation based in Manchester. We employ over 400 for whom we provide healthcare coverage through a plan option, self-funded plan. Access to high quality and affordable healthcare is vital to our efforts to recruit and retain a diverse, stable and healthy workforce in New Hampshire. But just as important, this combination creates an incredible resource and partnership opportunity with BioFabUSA, our new biomedical manufacturing company focused on the research development and creation of artificial tissue growth.

Scott Spradling:

Manchester is the world headquarters for the emerging field of regenerative medicine and the potential partnership with world class medical facilities, literally across the river cannot be overstated. The synergies are limitless and could be a boon for Manchester's high tech economy and the growth of regenerative technologies. For all these reasons, I strongly support this endeavor. Sincerely Dean Kamen." George.

George De Rocio:

Hi, my name is George De Rocio. So I was born in Manchester 73 years ago, but I bet there's some in this room and that were here longer. Surprisingly, I don't remember that day. One of the issues that I had, I noticed at the beginning of the presentation that, I'm going to call it the big board that oversees the whole thing, a decision by them overrides decisions made by the board of CMC. My question is there ought to be a mechanism so that if the CMC board is having an issue that the larger board wants to override, this mechanism can be invoked to make sure that what CMC is concerned with is not simply overridden.

George De Rocio:

That may be a minor detail to some, but you look 5, 10, 15 in 20 years down the road. And that's the sort of question that could make a big difference over time. My other comment is in terms of the leadership of a Catholic hospital, to who is the fidelity owed not? To the institution because the institution needs to be seen from a certain point of view. Fidelity to Jesus Christ is what's important. Thank you very much.

Scott Spradling:

Thank you. Jason Hennessey followed by Robert Duval.

Jason Hennessy:

Good evening. So I don't have the pleasure of living in Manchester. My name is Jason Hennessey. I'm the president of New Hampshire Right to Life and I live in Amherst. But I come here to represent our over 10,000 members, several of whom do live in Manchester and have contacted us to let us know that they're very concerned about this so-called combination. These members want a strong Catholic pro-life healthcare system like CMC, but they believe that this combination does not fit with CMCs charitable mission. These missions are different because they don't even agree on who their patients are. CMC's values are in line with the Catholic church's values, which explicitly recognized the humanity of the pre-born.

Jason Hennessy:

On the opposite side, Dr. Conroy has indicated that in the valley news, that up to 5% of the pregnancies that entered Dartmouth are aborted. This actually came to a head recently in this legislative year on multiple bills, like HP 625, where on one side you had Dartmouth expending their resources, like their VP of government affairs and the chair of the OB department testifying against the bill. And you had the CMC through the Catholic diocese, expending resources, testifying for the bill. So when Dartmouth controls CMC, who's going to win? There's insufficient protections here.

Jason Hennessy:

So you heard tonight that there are reserve protections, but if you look at the combination agreement, the system board is perpetually controlled by Dartmouth Hitchcock. And then in sections 342 and 552, the system board controls the approval over the budgets of CMC, the appointment of trustees, the strategic plans, the procedures, and they have the ability to reallocate resources. With these kind of levers, how effective is CMC going to be able to accomplish their mission if Dartmouth decides to flex their muscles and deny them budgets, and deny them strategic plans.

Jason Hennessy:

Furthermore, one question I'd like to pose to the panel is if the protections are so efficient, then why have the two primary analysis, the NCBC and the Kenon lawyer analysis been kept secret? And by the NCBC analysis, I mean, the full analysis, not just the shorter version. So in conclusion, I would like to say that pro-lifers in New Hampshire want to keep Catholic pro-life healthcare here in Manchester, and we want it to be free to pursue there and expand its mission. The current proposal does not do that. Thank you.

Scott Spradling:

Jason, thank you. Dr. Pepe, and then Mr. Duval.

Dr. Pepe:

I think my answer from the last time explained some of that. The ERDs clearly state that collaborations with non-Catholic organizations can occur and once again represents a great opportunity. And the CDF, the Congregation of the Doctrine of Faith says the same thing and they outline principles of that collaboration. So you have things from the United States conference of Catholic bishops and the Vatican

both stating ways that you can collaborate. This was looked at by Catholic ethicists and found to be morally sound.

Dr. Pepe:

And so that's why the bishop in his sole determination, which again, the ERD say that it is the bishop's sole determination that he's responsible for approving such a collaboration with his [inaudible 02:21:04]. And he did so. He was, again, consulted very early. And so was the NCBC. So there are parts of our organizations that are different, but that doesn't mean we cannot get along in this pluralistic society as Catholics have done throughout the ages.

Scott Spradling:

Dr. Pepe, thank you. Robert.

Robert Duval:

Thank you. My name is Robert Duval. I've been a resident of Manchester for 65 years, and I really appreciate this opportunity for comment tonight. In particular, because my father was on the medical staff of CMC for over 40 years. And I can recall him saying, growing up, two things about medicine, one that the continued existence of a Catholic hospital in Manchester was very important to Manchester. And secondly, that all of healthcare is about treating the patient. So I had really two questions in my mind when I came here. The questions was, will this merger enhance the continued existence of CMC as a Catholic institution in Manchester? And the second question was, will the quality access and value of that care be enhanced? Now I've heard enough to satisfy myself that the answer to both of those questions are yes, but I invite a response from the board. Thank you.

Scott Spradling:

Thank you. While they're answering, I'll call up our last speaker, Patrick Tufts.

Alex Walker:

Why don't I start and with Dr. Pepe and Dr. Conroy weigh in. And so, yes. What we're creating is a health here in New Hampshire that will provide world class care close to home at lower cost. That's our commitment and we believe deeply in it. I think you've heard a lot tonight about how we are going to go about doing that. And I'll just let Joe and Joanne say a little bit more on that topic.

Dr. Pepe:

So we had the same concerns about our Catholic identity, right from the beginning. And that's why we worked very hard to make sure from the very beginning that we picked a partner that would respect our Catholic identity. And they have. Throughout all these negotiations, they've never once pushed back on our oversight of our Catholicity, ERDs and so forth. One thing that we wanted to make sure, we're entrusted to keep that Catholic identity at CMC. We don't want to be like St. Vincent's hospital in New York that did not reach out and collaborate. And as a result went out of business and millions of Catholics lost their only hospital. We also don't want to be like some of the Boston Catholic hospitals, that for a dollar amount, their Catholic identity can be bought.

Dr. Pepe:

This combination makes sure that our Catholic identity is preserved [inaudible 02:24:53]. And that's the best thing that we can do. We're human, we can make mistakes. And that's why we have our director of Catholic identity auditing after the closing. We also have the NCBC coming back and looking at the operationally, how we do this to make sure that we're doing it right. And the bishop will be overseeing all of that and will be reporting to him. So we will continue to keep CMC Catholic forever.

Joanne Conroy:

Your final point about access, quality and costs. We wouldn't be doing this if we didn't think we could deliver on that commitment. We look at it every single time from the patient's perspective. We know that when we come together as health systems, specifically, when we serve rural populations, when we work together, we improve the quality. We know that as we work together to eliminate unnecessary testing and maybe undervalued services that we're going to decrease the cost. And finally, probably the most important piece is really the patient experience. Both organizations are committed to making sure that patients feel respected, patients feel cared for. And that is actually really very important to the reputation of both organizations. That's something we take very seriously, not only across the Manchester community, but across the entire region that we serve.

Dr. Pepe:

Thank you. Patrick Tufts.

Patrick Tufts:

Well, for once my tardiness is paid off, I get the last word. So I just want to say that I believe this combination is in the best in not just of Manchester, but also the State of New Hampshire. Again, my name is Patrick Tufts and the president of the Granite United Way. I'm the director of 211 New Hampshire and I also serve as the chair of the Governor's Commission on alcohol and other drugs. The reason why I believe this combination is a good thing is because I trust these organizations. I trust these work organizations because they've earned that trust. The Granite United Way, 211 and the Governor's Commission has worked closely with these organizations on lots of things that have been mentioned tonight. These organizations have been the first to raise their hand when we had to build a doorway system to address the opioid and behavioral health crisis in our State.

Patrick Tufts:

We took 550,000 calls last year at 211 for help, trailing only the pandemic and COVID calls were calls for help with addiction and behavioral health issues. I believe these organizations are going to continue to build capacity to address the behavioral health crisis in greater Manchester and in the State. And I believe that because I've seen them do the hard work, the hard work that you don't always see. We're not always just talking about combinations, but I've seen them do the work with the public health networks. I've seen them do the work with the IDNs. I've seen them do the work with the Doorways. Organizations great not for profits have stood up tonight, like [inaudible 02:28:21] health, Waypoint, Manchester Mental Health, Easterseals, NeighborWorks. Others like Families in Transition, Healthcare for the Homeless.

Patrick Tufts:

These are organizations that have made a difference every day out in the community. And these organizations have been with us every step of the way. So I believe the combination is a good thing

because I trust. I trust because I've seen the work in action. So I just want to thank you for the time tonight and best of luck.

Scott Spradling:

Thank you very much. That brings this public forum to a close. I'd like to bring Tom Donovan up for a few final thoughts. For those of you whose questions through the chat that I may not have gotten to, I apologize. We did run almost 30 minutes past our time to ensure that everyone here was able to ask a question who showed up here tonight. So thank you very much. This was a wonderful conversation and I'll leave it to Tom for some final thoughts.

Tom Donovan:

Thank you everyone. It's late, so I'm going to be brief. First of all, Manchester, we should be proud that we were able to hold a civil conversation on a very important topic for our community. So all of us should feel good about what we did tonight. Too often our rhetoric has become coarse and we're unable to hold conversations like this. And we did it. Now we're still taking comments. If you didn't get a chance to ask your question tonight, please reach out to us. You see on your screen, our email address and our mailing address. You can mail a letter to us at 33 Capital Street, Concord, NH 03301, that's to the charitable trust unit. Or you can email us at charitable2, that's the number two, @doj.nh.gov. So thank you for coming out tonight. Drive safely and goodnight.

PART 5 OF 5 ENDS [02:30:44]