

In The Matter Of:

Delaware Health Care Commission

Bayhealth & Beebe Freestanding Emergency Department

Public Hearing

May 16, 2019

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Original File Delaware Health Care Commission 05-16-19 Hearing.txt

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DELAWARE HEALTH CARE COMMISSION

IN RE: Bayhealth and Beebe Freestanding
Emergency Department Public Hearing

Delaware Technical Community College
Owens Campus
21179 College Drive
Carter Partnership Center
Room 529 Lecture Hall
Georgetown, Delaware 19947

Thursday, May 16, 2019
10:30 a.m.

BEFORE: LEIGHANN HINKLE
CAROLYN MORRIS
JOHN G. WALSH

ALSO PRESENT: JOANNA S. SUDER, ESQ.,
Deputy Attorney General for
the Delaware Health Care
Commission

LATOYA WRIGHT, MBA,
Management Analyst III

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1 MR. WALSH: Good morning,
2 everyone.

3 My name is John Walsh. I'm a
4 member of the Delaware Health Resources
5 Board and the Chair of this Certificate of
6 Review Committee. This is for Bayhealth
7 and Beebe Freestanding Emergency Department
8 Applications.

9 At this time I'll ask the
10 Committee members to introduce themselves.

11 And the purpose of today's
12 hearing is for the Certificate of Public
13 Review Committee to consider the
14 applications from Bayhealth and Beebe
15 Healthcare and to receive public comments
16 to the freestanding emergency departments
17 in Sussex County, Delaware.

18 Upon consideration, this
19 Committee will make a recommendation
20 regarding both applications to the Delaware
21 Health Resources Board for their final
22 decision.

23 MS. HINKLE: Good morning.
24 I'm Leighann Hinkle.



1 MS. MORRIS: I'm Carolyn
2 Morris.

3 MS. WRIGHT: I'm Latoya Wright,
4 staff support to the Board.

5 MS. SUDER: Thank you.

6 And for those of you who do not
7 know me, I am Joanna Suder. I am the
8 deputy attorney general for the Health
9 Resources Board.

10 So I have some introductory
11 matters to go through. And then we will
12 hear presentations from Bayhealth and
13 Beebe.

14 Pursuant to Delaware law,
15 16 Del Code 9305(4), notice of the Board's
16 intent to review a completed application
17 was sent on January 16th, 2019, directly to
18 health care facilities in the state and to
19 others who request direct notification.
20 Notice was also published on January 16th,
21 2019, in the Delaware State News and The
22 News Journal.

23 The notification identified the
24 applicants, indicated the nature of the



1 application, specified the period during
2 which a public hearing in the course of the
3 review may be requested, and indicated the
4 manner in which notice will be provided of
5 the time and place of any hearing. On
6 January 18th and January 28th, 2019, the
7 Delaware Health Care Commission received
8 requests for a public hearing from
9 Bayhealth, Beebe and Nanticoke.

10 I would like to have the
11 following exhibits marked which will be
12 part of the record.

13 Exhibit 1 is The News Journal
14 and Delaware State News Affidavits of
15 Publication of Notice of Intent to Review
16 Completed Applications.

17 Exhibit 2 is notice sent
18 directly to all health care facilities in
19 the state and others who request direct
20 notification.

21 Exhibit 3 is The News Journal
22 Affidavit of Publication of Notice of
23 today's hearing.

24 Exhibit 4 is the Delaware State



1 News Affidavit of Publication of Notice of
2 today's hearing.

3 Exhibit 5 are written comments
4 and/or presentations from Bayhealth, Beebe
5 and Nanticoke.

6 Exhibit 6 is a copy of the
7 Certificate of Public Review Application,
8 one for Beebe and one for Bayhealth.

9 And Exhibit 7 is a copy of the
10 Board's points for consideration.

11 The Board now invites
12 representatives from the applicant to step
13 forward and provide a short presentation on
14 their application and the proposed project.
15 I ask that you please state your name
16 before you begin speaking, as we are
17 keeping a record of all comments received.

18 And we are going to start with
19 a presentation from Bayhealth first.

20 MR. VAN GORP: Hi.

21 Good morning.

22 Thank you for the opportunity
23 to present our application to you for a
24 freestanding emergency department, part of



1 a medical complex that we have planned for
2 Route 9 in Sussex County to bring
3 additional primary care services, specialty
4 services, as well as a freestanding
5 emergency department, to Sussex County.

6 My name is John Van Gorp. I'm
7 the senior vice president for planning and
8 business development at Bayhealth. I'm
9 also your pseudo-MC for our presentation,
10 because there will be a few of us that will
11 be presenting this morning. Bill
12 Strickland, which is our chairman of the
13 board at Bayhealth, and Terry Murphy, our
14 president and CEO of Bayhealth, will be
15 presenting to talk about the vision and the
16 strategies associated with our facility.
17 And then I'll finalize the presentation
18 with some of the planning aspects
19 associated with that.

20 And without further ado, then,
21 I will introduce our chairman of the board,
22 Bill Strickland.

23 MR. STRICKLAND: Thank you,
24 John.



1 Good morning.

2 My name is Bill Strickland. I
3 am the chair of the Bayhealth board of
4 directors. It is a pleasure to be part of
5 this presentation this morning.

6 Back in January of 1997,
7 Milford Memorial Hospital and Kent General
8 Hospital formed a new entity -- Bayhealth.
9 Shortly after that merger was consummated,
10 Bayhealth began a very thoughtful and
11 strategic plan towards improving health
12 care in Sussex County.

13 The first step that was
14 recently realized was the construction of
15 the new hospital.

16 The second part of that was:
17 How do you improve pediatric care? So the
18 collaboration with Nemours was the second
19 prong, if you will, of that strategic plan.

20 The next part of that plan is
21 the Route 9 project, because it strengthens
22 and increases access to health care for
23 Sussex County residents.

24 And the fourth part of that is



1 increasing the availability of primary care
2 physicians. A subcomponent of this project
3 is to house primary care physicians who can
4 provide access to health care.

5 In my professional life at
6 L&W Insurance, we provide employee benefits
7 to many downstate businesses. And we hear
8 a common theme when we meet with employees.
9 And that is: "I have a hard time finding
10 available primary care physicians. I have
11 a hard time accessing care." This Route 9
12 project addresses those ongoing concerns.

13 As a lifetime Milfordian, it's
14 very gratifying to see the results coming
15 to fruition of that Bayhealth merger.

16 Health care has improved, as
17 evidenced by the new health care facility.
18 The Route 9 project is the second part of
19 what I looked at as a very strategic and
20 importantly well thought-out financial
21 plan.

22 I would strongly encourage you
23 to support our application.

24 It's now my pleasure to turn



1 this over to our CEO, Terry Murphy.

2 MR. MURPHY: Thank you, Bill.

3 My name is Terence Murphy. I'm
4 the president and CEO of Bayhealth.

5 I'm going to cover some of our
6 operational strategies to manage health
7 care costs, which I think is important.
8 I'll give a little background on Bayhealth.
9 I'll talk about our strategies for Route 9
10 and briefly discuss impact on others, which
11 I think is important.

12 So just for background,
13 Bayhealth is the second largest health
14 system in the State of Delaware. We were
15 pleased last year to have our bond rating
16 upgraded by Standard & Poors. So we have a
17 rating of AA-. And we are one of three
18 health systems in the state, joining
19 Christiana and Nemours, as having our
20 nurses part of a magnet designation by the
21 American Nursing Credentialing Center. We
22 use the most national prolific electronic
23 health records, which connects patients
24 with their health information. And we



1 announced recently that in 2021 both our
2 hospitals in Kent and Sussex County will
3 become teaching hospitals, which is
4 important.

5 Our mission is to improve the
6 health of our community one life at a time.
7 And we have collaborations with Penn
8 Medicine for cardiovascular surgery,
9 orthopaedics and cancer care. As Bill
10 mentioned, we have a partnership with
11 Nemours Children's Health Systems to bring
12 pediatric specialists to Kent and Sussex
13 County on our Sussex Health Campus, which
14 heretofore people have had to access that
15 by driving up to Wilmington.

16 For six years we've been
17 involved with Beebe and Nanticoke in a
18 program -- in a project entitled "Healthier
19 Sussex County" in which we collaborate and
20 work very well together jointly on
21 community health issues and improving the
22 health of Sussex County residents. And
23 those have been in areas such as obesity,
24 cancer care, substance abuse and mental



1 health. We have a lot of collaboration.

2 The last I want to mention --
3 and I want to draw your attention to a
4 slide -- relates to our -- okay. So I'm
5 not an IT expert.

6 Can you just pull me back?

7 So the last I want to mention
8 is a project that we're involved in called
9 "eBrightHealth." EBrightHealth is an
10 organization that includes the Christiana
11 Care Health System, Bayhealth, Beebe
12 HealthCare and Nanticoke.

13 And particularly, three years
14 ago, we joined what's called an Accountable
15 Care Organization, an ACO. And this is
16 important, because we began participating
17 in something called the Medicare Shared
18 Savings Project in which all of our
19 hospitals as part of that four hospital
20 group within the ACO takes risks for the
21 cost of care for the Medicare population.
22 We are taking risk.

23 So I want to draw your
24 attention -- because I think this is



1 extremely important as we talk about
2 managing health care costs and, in
3 particular, emergency department care and
4 the cost of care. So if you look on the
5 left-hand side, Medicare, as part of this
6 program, measures our cost per member for
7 our respective Medicare population. That's
8 on the left side. Two drivers of costs --
9 hospital discharge and ED visits -- are
10 also calculated.

11 If you look at the very far
12 slide on the right -- sorry about that.
13 I'm going to move over here.

14 If you look at the very far
15 part of the slide on the right, that is the
16 Medicare population and the cost of
17 treating the Medicare population in what I
18 would call an "unmanaged environment" in
19 which its traditional fee for service --
20 and the care is not being managed by,
21 again, an accountable care organization.
22 So you can see generally that is higher
23 cost and higher utilization.

24 In the middle column are ACOs



1 across the country that are working to
2 manage and take risk at managing the
3 Medicare population. And you can see
4 generally in managing the population well
5 it will cost less and it will have a better
6 utilization on some of the high cost
7 drivers.

8 To the far left, our column is
9 Bayhealth. And I'm pleased for the January
10 through December 2018 year. Bayhealth had
11 the lowest Medicare cost per member per
12 month in managing our Medicare population.
13 And that was also driven by a very low
14 emergency department visit ratio per 1,000
15 members of our Medicare population that
16 we're assigned to.

17 So Bayhealth has managed very
18 well the Medicare population. And that
19 includes taking risks for the cost of the
20 care of the Medicare population and
21 managing that.

22 So what do I mean by "managing"
23 the health of our population, in this case,
24 the Medicare population?



1 There are important keys. We
2 have engaged primary care physicians.
3 Dr. Bryan Villar is here today. We have
4 engaged physicians. We have expanded
5 access for later hours for our primary care
6 offices. We have care coordinators within
7 our physician practices to manage the
8 health of the population and really
9 evaluate improving annual wellness visits
10 and screenings and the like, all because we
11 are taking risk for managing the cost of
12 the care of the Medicare population, which,
13 of course, is a large component of what we
14 see in Sussex County.

15 And we use data analytics.
16 Working with Medicare, we get data. So in
17 a -- the key to this, I think, is that with
18 a well-managed environment, farther on the
19 left side, with an organization that is
20 taking risk with strong primary care
21 physicians who are engaged, approving a
22 freestanding emergency department to
23 improve access will not necessarily impact
24 the cost of care because we are at risk for



1 that and managing that population very well
2 compared to nonmanaged environment.

3 Just quickly, our Route 9
4 strategy is to improve access to much
5 needed primary care physicians. Sussex
6 County has the lowest physician to
7 population ratio in the state. Our -- we
8 operate our primary care offices to have
9 expanded hours and provide availability for
10 same day appointments.

11 And as I mentioned earlier, in
12 2021 the residency program that we will
13 begin that we have been approved for is in
14 family medicine, internal medicine. 2022
15 will be emergency physicians and emergency
16 medicine. And the following year for
17 general surgery training of residents as we
18 become a teaching hospital.

19 It's also important that we
20 provide needed access to the freestanding
21 emergency department in a fast growing area
22 that's also aging, provide access to
23 physician specialists and also the
24 diagnostic services to support both the



1 facility and the community around Hudson
2 Road and Route 9.

3 As relates to the impact to
4 other hospitals, I think Bayhealth and
5 Beebe both recognize the need for
6 additional freestanding emergency
7 department emergency services as the
8 population continues to grow. And our
9 site, we believe, minimizes the impact on
10 Nanticoke Health Services.

11 So our plan is to improve
12 primary care, provide a much needed
13 emergency care in a fast growing and aging
14 part of Sussex County that may have
15 difficulty accessing other emergency
16 departments, and to minimize the impact on
17 other providers.

18 And we ask for your approval on
19 our application.

20 Thank you for your time.

21 MR. VAN GORP: Thank you,
22 Terry.

23 The next part of this will be
24 kind of going through your slide



1 presentation. There is a slight edit to
2 one of the slides, which is Slide 24, I
3 believe, basically taking a map and putting
4 a line in it just to help make a point a
5 little bit more clear.

6 So what we're going to talk
7 about this morning is -- there's a pretty
8 picture of our freestanding emergency
9 department that we are proposing for
10 Route 9.

11 Bayhealth does have experience
12 with freestanding emergency departments.
13 We've operated one for close to six years
14 in Smyrna. And this concept has been
15 successful there. We're looking forward
16 here to Route 9.

17 So things we'll talk about a
18 little bit in terms of a quick overview of
19 the project. And one of the things I -- at
20 least what my interpretation of or
21 impressions are that might be helpful is
22 what are some of the similarities and what
23 are the differences between our
24 applications that might be able to help you



1 in your decision process.

2 So the next slide that is
3 presented is just general location of our
4 facilities located on Route 9 just east of
5 Harbeson halfway between Route 1 and
6 Georgetown.

7 The next picture is just what
8 our slide -- excuse me -- what our site
9 will look like when the facility is placed
10 upon -- on our site.

11 So the area in green -- there's
12 a little white line around it. That is
13 essentially our -- the full site. We're
14 developing close to half of the site that
15 we have available.

16 Now, when planning for this
17 campus, we want to ensure that we address
18 managing appropriately to reduce
19 overutilization of the emergency care,
20 which is why it's important to remember
21 that this is part of a larger complex, not
22 just a freestanding emergency department.

23 The program that we have laid
24 out for the facility will consist of the



1 emergency department. There are ten
2 treatment bays in total. It will also have
3 imaging to support that, a full service
4 lab. Both lab and the imaging will also
5 service ambulatory patients that come in
6 with prescription, not necessarily needing
7 emergency services.

8 The other important component
9 of this project is the physician component,
10 as we discussed. Primary care offices
11 right now designed to accommodate up to six
12 primary care physicians. Specialty care
13 offices, some full time, some rotating
14 through, to provide a full complement of
15 services for the area residents.

16 Now I would like to address, as
17 I mentioned, some of the key similarities
18 between Beebe and the Bayhealth
19 applications. Because once we determine
20 what our program was, once we bought the
21 land, we submitted our COPR, essentially
22 the same time as Beebe.

23 From a planning perspective,
24 there appear to be many similarities that I



1 at least think are consistent between the
2 two applications. So we kind of listed
3 them here.

4 We wouldn't be here, I don't
5 think, if we didn't think a freestanding
6 emergency department was needed on the west
7 side of Route 1.

8 We both agree that people over
9 the age of 65 utilize ED services more than
10 other age groups. And there is a large
11 contingent of retirees in Sussex County.

12 A couple of the other items.
13 I've included a few quotes from Beebe's
14 applications for Millville's freestanding
15 emergency department and their Georgetown
16 freestanding emergency department that we
17 agree are consistent themes.

18 Population growth is a
19 consistent theme in both in that the
20 eastern side of the state is growing more
21 than the western side. You'll see that in
22 its presentation. And Beebe reflects that
23 in their comments. In their service area,
24 the population has grown by 15.8 percent,



1 more than double that of the western side
2 of the county.

3 What was in the Millville
4 application, which is not necessarily --
5 which is not in their Georgetown
6 application, for whatever reason, was a
7 discussion about the visitors, the tourists
8 that come to the area. They made a
9 comment: One must also consider visitors
10 to the area, not just permanent residents.
11 As many as 1.4 million tourists visited
12 Sussex County that year, referencing 2016.
13 All of which we agree with and took into
14 consideration in our plan.

15 With the growth and the
16 population, the traffic infrastructure
17 hasn't necessarily supported that. The
18 growth in Sussex County has not been
19 matched with improvements with
20 transportation infrastructure, which we
21 agree with.

22 And there are other comments in
23 their Georgetown application. Route 9
24 remains a two-lane road. During peak



1 travel times from Georgetown to Lewes, this
2 drive time can take up to 50 minutes, which
3 we also have seen.

4 In their Millville application,
5 they discuss the Rehoboth and Indian River
6 Bays, as well as the crowded Highway 1,
7 create roadblocks to accessible care.

8 And, then, one of the important
9 things to consider is the EMS travel from
10 ambulance. The travel time taking a
11 patient to the emergency department is one
12 thing, but that ambulance is out of service
13 until it gets back into the area that it
14 covers. So the travel time back on patient
15 transport to the emergency department in
16 Lewes can take up to 90 minutes to the
17 Millville location during the busy tourist
18 season, again taking that ambulance out of
19 service.

20 So however -- so those are some
21 of the similarities. There are some key
22 differences between the applications, the
23 biggest of which is where the facility is
24 located.



1 This map reflects the service
2 area or, I guess -- what we started looking
3 at when we looked in this area. Where are
4 we going to place our facility?

5 We performed an assessment,
6 looking at: Where is the population?
7 Where are the physicians? Where are the
8 ambulatory facilities? And who has access
9 to care?

10 We notice that when we mapped
11 out the physician diagnostic centers in
12 Sussex County there is a donut hole
13 essentially in the area of Harbeson. So it
14 kind of circles around this area.

15 There are a couple of providers
16 in that area -- an ophthalmologist, a
17 concierge physician, which is one that
18 restricts his panel in exchange for a
19 higher fee, but not exactly types of
20 services that improve access to service.

21 So we placed our -- we decided
22 that a good location for our facility would
23 be in the center of this donut hole,
24 filling out the donut.



1 The majority of the service we
2 noticed are on the east side of Route 1,
3 which is a major barrier to access due to
4 the time it takes to cross. And we made
5 that argument in our application.

6 So to improve access to primary
7 care services, specialty care, emergency
8 care, we found that the location in the
9 middle of the circle would be the best. It
10 would give residents the alternative to
11 care instead of crossing Route 1.

12 And when we looked at the
13 population of the area, we also noticed
14 that most of the population of the area is
15 within the circle. Other than to the east,
16 there's really not a whole lot of
17 population on the outskirts until you get
18 to Highway 13 to the Seaford/Bridgeville
19 area. Everything essentially between there
20 is very rural, not a lot of growth.

21 So we use that circle to define
22 our service area. And this is located --
23 essentially Route 1 serves as a border
24 heading southbound towards Millville to



1 Georgetown and Milton to the north.

2 Let's see. This area is about
3 the size of Middletown. The Middletown ZIP
4 Code, I should say. And it is projected to
5 have the highest population growth in the
6 state, particularly among seniors.

7 And when you look at this, this
8 slide slows both the total population and
9 the 65-plus population. Forty-eight
10 percent growth in the 65-plus population
11 has occurred since 2010. Seventeen percent
12 growth overall. And you can see it's
13 projected to grow sizably in the next five
14 years. Another eighteen percent growth
15 among seniors and eight percent overall.
16 This compares to 3.7 percent growth being
17 projected for the State of Delaware
18 overall. So this is a high growing area.

19 So when you segment it even
20 further, the vast majority of the growth is
21 really taking place in an area west of
22 Route 1 and east of Route 30, which is the
23 area that kind of slices our service area
24 there in the middle.



1 The population is essentially
2 growing west from Route 1 westward and from
3 Milton southward. There is very little
4 population, very little growth west of
5 Georgetown, which we just discussed.

6 And when we talk with community
7 residents, we researched the data. We were
8 not aware of residents really complaining
9 about traffic or barriers to access going
10 west from Georgetown.

11 Beebe doesn't reference it in
12 their applications. Given both the
13 Millville and Georgetown applications, they
14 both reference traffic problems essentially
15 taking place on Route 1.

16 With Route 1 and being the
17 traffic being down to the access to barrier
18 to the east -- and Georgetown being really
19 the only community of significant
20 population on the west -- kind of just led
21 to the credence of this as the appropriate
22 location to house our facility in the
23 center of this population base.

24 And the growth is validated by



1 the number of new housing developments
2 approved by Sussex County for the area
3 around our site.

4 You can see the developments
5 already in place to the northwest -- excuse
6 me -- the northeast. And the new
7 developments are all taking place just to
8 the west of that. So they -- again, giving
9 more credence to the fact that development
10 and population is moving westward.

11 We are building and planning
12 for the future with the growth moving
13 toward our site. And from what we've seen
14 in terms of the public records of Sussex
15 County, we have not seen new developments
16 planned for as of yet around Georgetown.

17 So the slide on Slide 20
18 essentially summarizes why we think this is
19 a good location for our services.

20 And we in the next slide kind
21 of identify why it's preferred to
22 Georgetown. Georgetown is at the western
23 edge of that service area. Route 1 is the
24 barrier to access, not distance, to the



1 hospital. And the majority of the service
2 area population lives east of Route 30.
3 And, again, without impacting or minimizing
4 the impact of Nanticoke Hospital serving
5 that population to the west of Georgetown.

6 So one of our key differences
7 that we've mentioned is the service area.
8 We define our service area. But that is
9 different and not necessarily agreed to by
10 Beebe of what the service area is.

11 So this is just mapping our
12 service area on a ZIP Code map of Sussex
13 County. Compare/contrast that to the
14 service area identified in Beebe's
15 application. Significantly larger.
16 Revolves around ZIP Code-defined areas,
17 those zip codes being Ellendale,
18 Georgetown, Harbeson and Millsboro.

19 And as we get to Slide 24, this
20 is the replacement slide.

21 While Beebe's service area is
22 significantly larger, we don't believe it
23 adequately services the majority of the
24 population. When taking both service areas



1 into account, the majority of the
2 population is still east of Route 30.

3 And while Beebe made extra
4 mention of the poor and the indigent they
5 would be serving by having a location in
6 Georgetown, there are actually more
7 residents at or below 138 percent of the
8 poverty level, which is the Medicaid-
9 defining threshold, east of Route 30 and
10 closer to Bayhealth's proposed emergency
11 department than there are west of Route 30.

12 So the table on the right kind
13 of gives the -- shows the population to the
14 east and west of that Route 30 line that
15 slices through the service areas.

16 Despite what we believe is the
17 more appropriate location, we are
18 projecting a much lower volume,
19 highlighting another key difference between
20 the applications. The projected volume for
21 Georgetown is approximately 90 percent of
22 Bayhealth's hospital in Sussex, which, you
23 know, has been established and around for a
24 significant period of time.



1 Through Bayhealth's experience
2 with its freestanding emergency department
3 and managing it care through primary care,
4 we believe that we can control utilization
5 to a much better extent than what is being
6 proposed or projected by Beebe.

7 Other differences. And I think
8 Terry alluded to our financial position.
9 I'll gloss over that in the interest of
10 time.

11 I'd like also to just -- some
12 of the discussions between primary care
13 versus walk-in clinic. There's a lot of
14 discussion. And you'll hear about the
15 walk-in clinics being an effective control
16 and utilization of Beebe's services.

17 As Mr. Murphy showed earlier
18 with Bayhealth's primary care network
19 participating in the Medicare HMO, we've
20 been able to effectively manage ED
21 utilization at least compared to other ACOs
22 and much less than regular Medicare. And
23 we believe that primary care is a strategy
24 that we should approach in reducing



1 utilization.

2 We believe that walk-in clinics
3 are very useful and effective at treating
4 low-level diagnoses and episodic care. But
5 they are not necessarily designed to manage
6 patients and the patient care experience.
7 We believe that is why they don't
8 necessarily impact Beebe utilization.

9 The quote from Beebe is similar
10 to what we have experienced. In Dover we
11 had four to five walk-in clinics develop
12 over the last five years. We have not seen
13 or experienced a significant drop in ED
14 utilization at our hospital. However, we
15 have seen effective management through the
16 primary care physicians.

17 So, in summary, a Route 9
18 medical complex enhances access to primary
19 care, enhances access to emergency
20 services, improves the utilization of those
21 services, improves access to value-added
22 services, and improves the overall service
23 experience for the residents.

24 And our location is at the



1 heart of the applicable service area.

2 And I'll pause at this time. I
3 don't know if it's an appropriate time to
4 talk about the response to the Beebe
5 opposition letter.

6 MS. SUDER: Sure.

7 MR. VAN GORP: So I would like
8 to just take a couple of minutes to rebut
9 some of the information provided by Beebe
10 in their Letter of Opposition from last
11 week.

12 They make five points in their
13 letter. I'll try to address these quickly.
14 These are the five points that are listed
15 here on this slide.

16 Beebe is making use of some
17 traffic maps. I think you'll see some in
18 their presentation coming up. We were not
19 provided those traffic maps -- or the
20 underlying reports reporting those traffic
21 maps. So we can't really talk about the
22 methodology associated with it.

23 We will acknowledge that
24 depending on the time of year or what time



1 of day or what time of the week will impact
2 driving times, particularly in the beach
3 areas. We would argue that one cannot
4 always accommodate or schedule their
5 emergencies during those times when traffic
6 times are good.

7 The statements in their
8 opposition letter to Bayhealth allude that
9 traffic is not really a concern or barrier
10 to access at Route 1. Conversely,
11 statements in their application supporting
12 Georgetown and Millville allude that
13 traffic is a concern. I don't think either
14 of us would be here if we didn't think
15 traffic was an issue that needed to be
16 addressed through either one of our
17 freestanding emergency departments.

18 And for those who have driven
19 in the beach areas, you can draw your own
20 conclusions as to whether traffic on or
21 around Route 1 is a barrier.

22 There will be discussion in the
23 letter -- and I'm assuming in their
24 presentation -- about the density of the



1 population and the population centers, like
2 Georgetown and Millsboro. Beebe makes the
3 argument that Georgetown is a town of about
4 25,000 people. But I want to make clear
5 that there is a difference between the ZIP
6 Code area in which the post office has a
7 ZIP Code boundary and usually applies
8 whatever the largest city is in that ZIP
9 Code and applies that as a label.

10 So there's a ZIP Code area that
11 is labeled as Georgetown and then there's
12 the City of Georgetown. So this line shows
13 the ZIP Code boundary of the Georgetown ZIP
14 Code which stretches, you know, west and
15 east in a big circle around Georgetown.

16 This slide shows the City of
17 Georgetown boundaries. The City of
18 Georgetown has a population of 7,360, at
19 least according to the Delaware Population
20 Consortium. The rest of the population is
21 dispersed in the unincorporated areas of
22 Sussex County and the ZIP Code.

23 We cannot validate Beebe's
24 numbers. There's two numbers per the ZIP



1 Code population in there -- one that we
2 were able to pull from. We also put
3 Beebe's numbers in there.

4 So Beebe would like you to
5 believe that the population lives in the
6 City of Georgetown. In fact, the majority
7 of people live outside of Georgetown. And
8 significantly more people live to the east
9 of Highway 113 than to the west.

10 Beebe showed an aerial similar
11 to this to state that there are few housing
12 developments around this site and that
13 we're not located where the population is.

14 If they would have expanded the
15 picture a little bit further, you would
16 have seen -- and I'm just repeating a
17 graphic that we had before. There is
18 significant population just to the east of
19 our location with new developments moving
20 steadily to the west.

21 So we are planning this
22 facility for the future. We are planning
23 this growth will occur to the west of the
24 development and it will continue in that



1 direction.

2 Beebe's letters stated that I
3 made an accusation without support
4 regarding wait times in the emergency
5 department. I personally thought that
6 people generally don't like to wait in the
7 emergency department. We struggle with
8 wait times. Wait times are usually a
9 problem in any hospital.

10 However, this slide is provided
11 to show the information that I relied upon
12 when I made my comment about increasing
13 wait times at their hospital. And they
14 provided this information in their own
15 application between Millville and
16 Georgetown.

17 Finally, Beebe is showing
18 Bayhealth having significant growth in the
19 ED visits in 2018 as reported to the Health
20 Care Association. And we did report these
21 numbers. But there is a major caveat to
22 what we did in our reporting.

23 Historically, up through and
24 including 2017, Bayhealth had reported only



1 the emergency department visits of its two
2 hospitals. Beginning in 2018, Bayhealth
3 started including its Smyrna ED visits into
4 the numbers it submits to the Delaware
5 Health Care Association, causing a
6 significant jump that you'll see and
7 accurately reflected in Beebe's letter.

8 If Smyrna is taken out of the
9 numbers so that each year is compared on an
10 apples to apples basis, the compound annual
11 growth rate is less than one percent per
12 year and is actually lower than Beebe's
13 growth rate with their emergency
14 department. So you can see it's relatively
15 flat over the six-year period that the --
16 that Beebe provided.

17 As we have shown, we've been
18 successful at trying to manage utilization
19 of Beebe services, which I think is
20 actually reflected when you really compare
21 apples to apples, the year to year growth.

22 With that I conclude my
23 comments.

24 MS. SUDER: Next we will hear



1 from Beebe.

2 MR. SYDNOR: Good morning.

3 My name is Alex Sydnor. I'm
4 the vice president for external affairs and
5 chief strategy officer of Beebe Healthcare.

6 Thank you, Health Resources
7 Board, for your review of these
8 applications and the opportunity to share,
9 again, our proposed emergency department
10 for Georgetown.

11 And thank you to the public for
12 your interest in the work that we are
13 proposing.

14 I'm joined here today by the
15 chairman of our board, David Herbert; our
16 interim president and CEO, Rick Schaffner;
17 and several members of our executive staff.
18 I thank them also for their participation
19 as we share our plans for improving access
20 to emergency care in Georgetown.

21 We our proposing to build a
22 freestanding emergency department in the
23 Town of Georgetown. When we did our
24 analysis, we also saw a donut hole. We



1 proceeded differently.

2 This is a map of the three
3 hospitals in Delaware with Milford Memorial
4 at the top, Nanticoke in blue on the left,
5 and Beebe on the right, and estimated
6 15-minute drive-time maps to those three
7 emergency departments.

8 And we have included the
9 freestanding emergency department that's
10 under construction down in Millville that
11 the HRB approved.

12 And we perceive that there is
13 in fact a donut hole for emergency care in
14 Delaware. And it is in the center of the
15 county in Georgetown where we are currently
16 located. And it also encompasses the Town
17 of Millsboro that's along Route 113.

18 We think that emergency care is
19 an important service to be offering in the
20 county and this is the appropriate location
21 for it given the location of other
22 emergency services and estimated drive time
23 to reach those services.

24 We have heard comment from



1 Bayhealth about growth. We all agree upon
2 this. The growth in the county is
3 significantly greater than in the state.
4 And most of that growth along Route 1 and
5 even the 113 corridor where we're currently
6 located is very similar -- about eight
7 percent. It's a little bit less by about
8 half a percent here along the 113 corridor.
9 It's significant in the community. And
10 across these ZIP Codes, there's a
11 significant population clustered around 113
12 in Georgetown and Millsboro and Ellendale.

13 And that's the community we
14 really think needs better service and
15 better access to emergency care
16 specifically, again, given the drive-time
17 maps, to reach the existing emergency
18 departments that are currently operating
19 and planned for in Sussex County.

20 The growth, of course, does
21 include a high growth of the population 65
22 and older. And we do require more health
23 services as we get older. And emergency
24 care is one of those.



1 When we think about the need of
2 the population, one of the statutory
3 criteria of the Health Resources Board --
4 of course, it is first and foremost -- the
5 need of the population.

6 When it comes to emergency
7 care, timely access is one of the most
8 critical factors. And that's why we
9 propose building an emergency department
10 here in Georgetown so that we are filling
11 that true donut hole gap of emergency
12 services.

13 Roadway improvements have not
14 kept up with the growth in this area. We
15 want to keep people from having to drive
16 west towards Route 1 and keep them in
17 Georgetown, Millsboro, along the 113
18 corridor where the gap currently exists.

19 When we plan for emergency
20 services, as we are doing our analysis, we
21 relied upon a number of data services,
22 including the Health System 100 Report,
23 which projects emergency department growth.
24 This has been ongoing for a number of



1 decades, you know, reaching as high as
2 forty-nine visits per hundred residents.

3 Our projections is based on who
4 we think would be likely to choose
5 emergency care in Georgetown is projected
6 at about forty-eight visits per hundred
7 residents. So it's consistent with what we
8 see in national trends.

9 We do understand that some of
10 these patients are coming from out of the
11 area. So we assume in our projections
12 about 14 percent of those visits are
13 visitors to the area or tourists who visit
14 us throughout the year.

15 And not all of the projections
16 that we anticipate is not necessarily new
17 emergency care. It's better emergency
18 care. It's more convenient access to
19 emergency care. So we understand from our
20 own data about 18 percent of the folks who
21 normally come and drive east down Route 9,
22 crossing Route 1, to the emergency services
23 that we offer in Lewes would actually
24 receive them here more conveniently in



1 Georgetown.

2 Another one of the statutory
3 criteria is always understanding whether or
4 not there are less costly services
5 available in the area. And there has been
6 some growth in that both Nanticoke and
7 Beebe operate walk-in centers here in
8 Georgetown. This graphic here depicts the
9 growth of the walk-in volumes that we've
10 seen in the four walk-in centers that we
11 operate in Georgetown and into Millsboro.
12 So two along this 113 corridor that we're
13 trying to improve access to.

14 This year, actually, 2019, the
15 number of visits to our walk-in centers
16 will actually exceed that to our emergency
17 department in Lewes. These centers are
18 open seven days a week until 7 p.m.
19 Average cost is about \$125 per walk-in
20 visit.

21 We think this is a real
22 critical service level that we will
23 continue to operate, even if we are
24 approved to expand emergency care in



1 Georgetown. We do this at some cost to the
2 organization, as they are not a profitable
3 service. But we think it's part of our
4 mission to make sure that this kind of care
5 is available.

6 And we have seen a reduction in
7 those low-level, low-acuity cases in our
8 emergency departments. In Lewes it's
9 declined by 18 percent. So those are
10 Level 1 and 2 -- those cases that should be
11 able to be cared for in a primary care
12 office or in a walk-in center. They are
13 declining in our emergency department. So
14 although we cannot exactly draw causality,
15 there's definitely correlation with the
16 growth of other forms of care that's
17 reducing the amount of non-emergent care
18 that's happening in the Lewes ED. And we
19 anticipate to continue to see that kind of
20 a trend as we continue to expand access to
21 appropriate levels of care.

22 The Medicaid population, which
23 I know is a great concern for the state,
24 has also seen a decline for those low



1 non-emergent cases visiting the ED in
2 Lewes. And, you know, had those folks gone
3 to a walk-in center or primary care office,
4 that would have been a savings to the state
5 of \$151,000 based on this utilization
6 change in ED.

7 So we are creating access to
8 different levels of care. This is the
9 depiction of our growth in emergency room
10 visitation on the left over the last couple
11 of years. We are pleased that, although
12 it's been creeping up, it is actually below
13 the compound annual growth rate of the
14 population that we serve. So as the
15 population grows, ED utilization is not
16 growing at the same rate. It's growing at
17 a lower rate. We think that is success.
18 And we will continue to work towards that
19 success going forward.

20 This is a quick display of the
21 different levels of care that are treated
22 in an emergency department. There's always
23 concern about cost and making sure we are
24 utilizing -- providing appropriate



1 utilization. I know there's concern
2 expressed in opposition from Nanticoke
3 about ED visits of 2- and 3,000 dollars.
4 That's not our experience in our -- in
5 Lewes ED.

6 First and foremost, it's
7 important to see that -- in the Lewes ED,
8 for example, we see less than thirteen
9 percent of folks who come in are Level 1
10 and 2. Those are those cases that can be
11 cared for in a walk-in center. It's really
12 the Level 3, 4, 5 and 6 that we're trying
13 to improve access for. Eighty-seven
14 percent of the population we're providing
15 appropriate level of care through an ED.
16 And just looking at the Georgetown
17 metropolitan area at our Lewes ED, about
18 eighty-four percent of the folks who come
19 to our ED are actually Level 3 and above.
20 They're ones who do need an emergency
21 department. It's that population. And
22 eighty-four percent of the population
23 seeking emergency care from this market
24 where we're seeing right now that we want



1 to improve care for by providing that care
2 right here in Georgetown.

3 Again, we have mapped out what
4 we would anticipate to be estimated
5 15-minute drive times from the location
6 that we're proposing here in Georgetown.
7 And we think we have filled the donut hole
8 for emergency care while also not
9 duplicating services and access to services
10 that are currently existing.

11 The Health Resources Board, you
12 know, attempts to, you know, help guide the
13 state in rational health care services. We
14 think this is important data. We don't
15 want to duplicate care. We don't want to
16 duplicate services that are already
17 available. And we believe that a location
18 here in Georgetown does that very well in
19 making care available.

20 The other issue that we want to
21 raise in this depiction is that a
22 Georgetown emergency department is really
23 equidistant to the three existing hospitals
24 in the state. So if a patient does come to



1 an ED here in Georgetown and does need to
2 be transferred to a hospital for more acute
3 care to be provided in an emergency
4 department, they have equidistant travel to
5 any of the three hospitals in the state.
6 So we can maintain patient choice and get
7 them efficiently -- cost efficiently to
8 their next stay, if that's where they need
9 to go.

10 Another one of the statutory
11 criteria to consider in location in
12 deciding in building of facilities is that
13 existence -- relationship to existing
14 health care. We interpret this in two
15 ways.

16 And one is the relationship to
17 adjacent services. Where we are
18 proposing -- right across the street from
19 where we're sitting -- building an
20 emergency department, there is existing
21 primary care and walk-in care. There is a
22 VA clinic, the La Red Federally-Qualified
23 Health Center, and Sun Behavioral Health.

24 We are here at Del Tech, you



1 know, with a large number of students.
2 There is two pharmacies within that
3 development -- one inside the Walgreens;
4 outside of the Walgreens within a half a
5 mile. So also adjacent services for
6 someone discharged from the ED.

7 You know, coming to an
8 emergency department here or coming to this
9 location, patients would have that choice
10 of, you know, level of service from primary
11 care to walk-in care to emergency care all
12 here.

13 Additionally, of course, you
14 know, the relationship with existing health
15 care is how we are related to be the health
16 care -- the health care being, you know, a
17 longstanding member of the health care
18 community here. We have an active
19 relationship with EMS and Basic Life
20 Support and transfer agreements, etc. So
21 although it's freestanding, it is certainly
22 not not integrated into the existing health
23 care relationships.

24 All right. Going back to the



1 impact on cost. Again, statutory criteria
2 of our application that we must consider.
3 We look at this from a couple of
4 perspectives -- one, unit-based cost and,
5 two, total cost of care. Certainly
6 building another freestanding emergency
7 department in Georgetown will not change
8 the unit-based costs, so the cost of
9 actually receiving the care.

10 We really feel that, based on
11 the drive-time maps that we've depicted,
12 that what we're offering for the county is
13 to rationalize and match supply with demand
14 for emergency care which is not available
15 here in Georgetown.

16 We think that improved
17 access -- timely access, especially for
18 emergency care -- will ensure that patients
19 get what they need in a timely fashion so
20 the patients don't worsen.

21 It is our mission to provide
22 the care in our communities that we serve.
23 We think this is the care that is needed
24 here in the center of the county.



1 Clearly investment in primary
2 care is key to continue to have
3 availability of lower cost services. As
4 has been noted, there is a lower ratio of
5 primary care to residents in Georgetown, or
6 in Sussex County, actually, than the other
7 counties in the state. We are endeavoring
8 to also add new PCPs. I think that we all
9 need to recognize the fact that there are
10 not enough primary care doctors leaving
11 college -- medical colleges anywhere in the
12 country. We need to think differently
13 about how we deliver care.

14 Walk-in care is part of that
15 strategy that we have to integrate for --
16 at least for the non-emergent cases, which
17 we think we've done successfully.

18 Keeping the growth of emergency
19 department utilization in our community
20 lower than the growth rate of the
21 population. We think that's successful.

22 When the HRB considers its work
23 in, you know, rationalizing facilities, we
24 encourage you to not restrict the access to



1 care for emergency care if you're in the
2 center of the county. Clearly they're
3 outside of the scope of the HRB. But what
4 has significant impact on utilization is
5 plan design. And we need to hope, I think,
6 that all of our insurers, as we know we do
7 with our own employees, increase the cost
8 of a copay to an ED so that they are
9 incentivized essentially to utilize the
10 most appropriate level of care.

11 Just a few quick facts about
12 the project itself. It is a 14,000-square
13 foot emergency department of 21 exam and
14 treatment rooms, advanced diagnostic
15 imaging available, and a pharmacy on site.

16 We will build a helicopter pad
17 on site. So if someone does need transfer
18 to a further away tertiary center, that
19 would be possible. Capital costs are just
20 over \$20 million.

21 Statutory criteria and
22 financial viability. Again, we look at
23 this in -- from two perspectives. We think
24 the HRB is considering this from two



1 perspectives. One, can we afford to do it?
2 And can we maintain it? Yes, we can afford
3 to do it. We have plans to produce tax
4 exempt bond offering to finance this. We
5 have a BBB bond rating, which was upgraded
6 a year and a half ago, and have an
7 affirming opinion that we can borrow this
8 money without impacting our bond rating.
9 So that's important.

10 Also important is that the
11 project is sustainable on its own so that
12 there will not be any interruption in care
13 going forward based on the revenues we
14 believe it would generate on its own.

15 Again, not all that is new
16 revenue, new utilization, as some of that
17 would be from visitors outside the area and
18 also from visitors who are receiving care
19 from one of the other EDs in the community.

20 Quality is of utmost concern.
21 Georgetown's emergency department that we
22 are proposing will be Joint Commission
23 accredited. We will offer tele-health
24 services, like we do in Lewes. We will



1 seek recognition under the Emergency
2 Medical Service for Children, like we do in
3 Lewes. We have tele-health available in
4 Lewes through A.I. duPont Hospital for
5 pediatric patients. We will offer that as
6 well here.

7 Timely access is significant.

8 Measure of quality in emergency
9 medicine. And we -- you can see here we'll
10 continue to measure and monitor performance
11 in that regard. And we anticipate actually
12 being in a freestanding emergency
13 department to be able to offer quicker
14 service because you're not combining those
15 most acute patients there and don't have
16 the acute care hospital behind you.

17 Again, just background on
18 Beebe. We do conform with the HRMP --
19 Health Resources Management Plan -- as an
20 independent, nonprofit, community hospital.
21 We are a charitable organization. We're an
22 active provider of care to Medicare and
23 Medicaid patients. We are taking care of
24 our community. We have a very generous



1 charity care policy. And we'll continue to
2 operate that way with the freestanding
3 emergency department. We participate with
4 DHIN in providing information on all of our
5 care so that providers throughout the state
6 can access those records through the use of
7 our EMRs.

8 We've also been an innovator in
9 care coordination in coordinating care
10 starting back in 2013. We're the first
11 Delaware hospital to participate in the
12 Medicare Shared Savings Program. We
13 participated in that independently starting
14 in 2014 before we joined together in
15 eBrightHealth's ACO.

16 We also participate in the
17 CMS's Bundled Payment for Care Improvement,
18 which is an episode-based care improvement
19 which we take risk on. Also to improve
20 utilization and cost per patients.

21 We offer an Advanced Care
22 Clinic for post-discharged patients. Any
23 patient who leaves our ED or emergency
24 department who does not have a primary care



1 can be scheduled for a visit at our post-
2 care or Advanced Care Clinic.

3 We also call a hundred percent
4 of our ED discharges and inpatient
5 discharges to ensure that they have
6 follow-up visits, that they don't have
7 questions about their medications, that
8 they can obtain their medication, and any
9 other questions about their discharge
10 instructions, to make sure that their --
11 the care they receive is continued post-
12 discharge and that we coordinate any kind
13 of follow-up that they need to ensure that
14 they return to the optimum level of care.

15 Our Beebe C.A.R.E.'s program,
16 which started in 2012, I believe, is also a
17 program dedicated really to those high
18 utilizers. So those really outlier
19 patients who are visiting an ED three times
20 in a six- to ten-week period. Anyone who's
21 got that kind of utilization, we have a
22 team of nurses and social workers that we
23 assign to them. We've shown really
24 remarkable results in helping them get on



1 to a healthy path and lower their need for
2 acute care by managing their care. They
3 are the real extreme high-cost patients,
4 very fragile folks who really need a very
5 complex set of services and care to help
6 keep them stabilized. And that's been a
7 very successful program that would be
8 available to patients who are discharged
9 from the Georgetown ED if they fall into
10 that sort of high utilizer category.

11 All of these programs focus on
12 managing care, coordinating care and
13 lowering unnecessary utilization. We're
14 very proud of the work that we do. We do
15 feel that we have a very good case here in
16 improving emergency services in the true
17 donut hole here in Georgetown along the
18 Route 113 corridor where there is
19 nonemergency care and drive times are the
20 greatest and that we're not creating, you
21 know, duplicate services that are already
22 available in the state.

23 Thank you.

24 MS. SUDER: The Board now



1 invites members of the public to step
2 forward and provide comments on the
3 application. I will call you up by name,
4 but I also ask that you state your name for
5 the transcriptionist as well.

6 So first we have Robert Walls.

7 MR. WALLS: May I retract my
8 statement or my public comment?

9 MS. SUDER: Are you Robert
10 Walls?

11 MR. WALLS: Yes.

12 MS. SUDER: Sure.

13 Mr. Sydnor, if you would like
14 to provide comment. You're signed up to
15 provide comment.

16 MR. SYDNOR: Oh. Am I next?

17 MS. SUDER: Yes.

18 MR. SYDNOR: Okay. Sorry.

19 Hi. My name is Alex Sydnor.
20 I'm the vice president for external affairs
21 for Beebe Healthcare. You probably know
22 me by now.

23 I did provide written comments
24 on the application from Bayhealth. We



1 do -- as Beebe opposed the application
2 proposed by Bayhealth to construct a
3 freestanding emergency department outside
4 of Harbeson on Route 9, we do believe that
5 it will actually duplicate services that
6 are currently available.

7 I'll just show you drive-time
8 map estimates for the proposed location
9 that we have proposed here in Georgetown.
10 We've taken the same drive-time
11 calculations and laid it over the proposed
12 location by Bayhealth along Route 9. And
13 what we see in this analysis is that there
14 is significant overlap in services -- about
15 a third of the population that would be
16 within a 15-mile -- or 15-minute drive time
17 to their location is already within the
18 same drive-time analysis of the Lewes ED.

19 We think -- as we consider
20 about cost and utilization and
21 incentivizing overutilization, we think
22 about facilities that provide need where it
23 actually exists versus where it is
24 essentially duplicating services. We



1 really feel that the Health Resources Board
2 should deny the application from Bayhealth
3 because of the overlap of care and the
4 overlap in services that are currently
5 located in Lewes.

6 We think that the application
7 from Beebe makes a heck of a lot more sense
8 when we consider emergency care in
9 particular and the availability of those
10 services here in the center of the county,
11 as we've already depicted. Again, similar
12 15-minute drive-time estimate maps do not
13 show significant overlap with existing
14 services. We think that this is a much
15 better case for providing care where it is
16 needed in the community. And the Bayhealth
17 application provides a significant amount
18 of overlap.

19 They noted in their application
20 and their presentation to you today the
21 clustering of services here in Georgetown
22 along Route 1. We feel that that's because
23 that's where the people are. That is where
24 the density of population is. That's where



1 the convenience of travel is. But yet here
2 in Georgetown there is not emergency care.
3 There are the clinical services here.
4 They, of course, exist in Lewes. It would
5 be appropriate to put primary care on
6 Route 9 where they are proposing it because
7 there isn't that there.

8 But where we have primary care
9 and walk-in care, we have a FQHC. We have
10 a VA clinic here in Georgetown. What we
11 don't have is emergency medicine. And we
12 think that that is the more appropriate
13 location from what Bayhealth has cited as a
14 value.

15 When they consider the density
16 around the Bayhealth location, they site
17 four new housing developments. We really
18 don't think that four new housing
19 developments warrants emergency services.
20 It's not a very significant growth pattern
21 that they have articulated.

22 Considering what you look at as
23 you drove in today, the commerce and
24 population that is here along the Route 113



1 corridor is the better location.

2 MS. SUDER: Okay. Next we have
3 Terry Megee.

4 MR. MEGEE: I'm Terry Megee,
5 owner of Megee Motors in Georgetown. I'm a
6 lifelong resident of Georgetown. I've been
7 here 63 years. And I'm talking on behalf
8 of supporting an ER here in Georgetown.

9 I was born in Milford Memorial
10 Hospital. And I have two children that
11 were born in -- at Peninsula General
12 Hospital in Salisbury. I have a son and a
13 wife that had surgery at Nanticoke
14 Hospital. And I have three grandbabies
15 that were born in Beebe Hospital. So I
16 realize the importance of an ER all around.

17 And really, when you're here in
18 Georgetown, you're in the middle of all
19 three. Your goal is to get to an emergency
20 center as soon as possible. About 45
21 minutes from Salisbury and about 45 minutes
22 from the new hospital -- Atlantic
23 General -- down in Berlin. But we're about
24 30 minutes away from Beebe. We're about



1 30 minutes away from Bayhealth Milford.
2 And we're about 30 minutes away from
3 Nanticoke in Seaford.

4 My dad started selling
5 Studebakers here. In 1948 the business
6 started. And I'm second generation. My
7 children are third generation. So we've
8 been in Georgetown. And we employ about 30
9 people now.

10 But when I look at the Town of
11 Georgetown that has over a hundred
12 businesses with all their employees, I look
13 at -- we've got a prison that has about 800
14 prison mates and their employees. We look
15 at the employees here at Del Tech and the
16 students. We look at three schools -- two
17 elementary schools and a middle school --
18 that have about 3,000 students. And we
19 look at all the state, county, town and
20 federal employees here in Georgetown. So
21 the population grows daily.

22 We have about -- I think
23 there's about 30,000 people a day that
24 drive through Georgetown on Route 113.



1 There's about 11,000 a day that drive by my
2 dealership. There's about 19,000 a day
3 that drive around the Georgetown Circle.

4 So I've got a need for an
5 emergency center closer to home. We had
6 two employees that had heart attacks at the
7 dealership. One made it and one didn't.
8 And I'm thinking an ER here in town would
9 have given that other one a chance. So I
10 wish you'd take that into consideration
11 when you're deciding about an ER.

12 Thank you.

13 MS. SUDER: Next we have Bill
14 West.

15 MR. WEST: Well, good morning.

16 I'm Bill West, mayor of
17 Georgetown. I'm up here today to talk
18 about 19947. Yeah, 19947 is a small one
19 when it comes to the town limits. But if
20 you look at the overall 19947 and how it
21 affects my emergency services, the
22 ambulance is on the go, constantly running
23 back and forth, to cover this whole area
24 and get to whichever hospital the person



1 wants to go to, unless they're in desperate
2 need of emergency services and then we get
3 them where we need to as fast as we can.

4 A little bit about my
5 background is I started off as a policeman
6 in this Town of Georgetown from '78 to '82.
7 I saw the need at that time for an
8 emergency center to help save lives and to
9 be here to support the people in this
10 community. In 1982 I went on the state
11 police. And I've done my 25 years on the
12 state police. I have now come back home to
13 public service. And I'm the mayor of
14 Georgetown.

15 During 1980-81, I run on the
16 ambulance. And there was two separate
17 instances right down here on Route 18, no
18 farther from two miles from here, of having
19 to do CPR. If we had something like
20 that here -- I'm not saying we could have
21 saved them. But the opportunity existed
22 for them to get here for emergency services
23 that affects their pace. Doing CPR at that
24 time all the way to Milford Hospital to



1 Bayhealth was extremely painful and
2 tiresome to try to do CPR all the way up
3 there.

4 So talking about the things in
5 Georgetown and what's going on in the
6 19947, yes, just east of Route 30 there's a
7 development of a senior citizens'
8 retirement center -- 200 homes that's just
9 been built. They're all in the ambulance
10 category for Georgetown.

11 You come back towards
12 Georgetown. You've got Sports at the
13 Beach. You've got 700 kids playing ball.
14 Over this past two years, I've seen nothing
15 but ambulance calls for head injuries. It
16 would have been a lot easier for them to
17 come here and be treated and then sent on.
18 But I think, once they got here, like to
19 the hospital that they went to, it was
20 found that they weren't as bad as they
21 thought they were and they didn't have to
22 be helicoptered up to some place bigger.

23 So as you come back from Sports
24 at the Beach, you come to the new soccer



1 fields that are being built out on
2 Sand Hill Road. Seven hundred kids again
3 any weekend once that gets up and running.
4 A chance for injuries that need to be
5 transported. What better place to come
6 than to come out of there and turn west and
7 come right here. It would be a lot quicker
8 for the families. Because we have families
9 from New York -- well, at the ball
10 fields -- so we have families from Canada
11 with their child playing ball. Isn't it
12 easier to tell them how to get here than it
13 is to fight in that traffic? So I'm
14 looking at that with my past experience
15 with law enforcement.

16 Then you look at the
17 racetrack -- the Georgetown Speedway. It's
18 taken off tremendously. There is cars
19 that -- the last race they had there -- the
20 big show cars -- there's usually only
21 30 cars. There was a 103 cars. And they
22 don't run all 103, so they have
23 qualification to get down to what they can
24 suit to be on the track.



1 Wouldn't it be easier for the
2 people from Canada or New York or
3 Pennsylvania, wherever they're from, to
4 come here for an emergency situation, if
5 need be? I hope there's not any. But if
6 there was, wouldn't it be easier to come
7 right down the highway and get here to do
8 that?

9 Cheer. Cheer out on Sand Hill
10 Road is building a brand new complex for
11 more senior citizens. As we all know, we
12 get older. The need to be for emergency
13 services does exist. And I think for them
14 to come out with the Georgetown ambulance
15 and come straight to here would be a lot
16 better. It would -- the response time
17 would be quicker and the response to the
18 emergency services would be quicker. And
19 that's what I'm looking at -- is to cut
20 down -- the ambulance is overrun at this
21 time. And I'm looking to try to develop
22 things that will help them lessen their
23 load that they have.

24 We have a development on



1 Sand Hill Road also that's being put
2 together. This time it's supposed to be a
3 hundred homes. I think there's like 40 in
4 there right now. And that's in the 1994
5 district -- or -47 district.

6 The Oaks on South Bedford
7 Street across from 16 Mile by the Marvel
8 Museum, that's -- at this time there's a
9 hundred condos being built there. Once the
10 condos are built, there's going to be a
11 hundred single-family homes being built
12 there. So there's an additional increase
13 in Georgetown's numbers.

14 Behind Walmart we've just
15 approved the developer there to build a
16 hundred town homes and a hundred
17 single-family homes. So this town is
18 growing. And I think the need exists for
19 this to happen.

20 Cinderberry. Cinderberry is
21 the 55 and older community in town limits.
22 When I become mayor in 2014, they had,
23 like, twenty extra lots. They're down to
24 six. So people have built their houses in



1 there. That's the aging community that
2 needs a service. So why not Georgetown?

3 Thank you very much.

4 MS. SUDER: Steven Rose.

5 MR. ROSE: Thank you very much.

6 Good evening. My name is Steve
7 Rose. I'm president and CEO of Nanticoke
8 Hospital. And I appreciate you giving me
9 opportunity to speak today.

10 So hello to everybody that's
11 here. And thanks for attending and sitting
12 through this.

13 I don't have any slides, but I
14 do have a couple of comments. You have
15 received our letter in terms of opposition
16 to the freestanding EDs.

17 So let me just say from the
18 beginning a little bit about Nanticoke. So
19 we don't have the sort of the payer mix and
20 the patients that some of the other
21 hospitals have. We are envious of
22 Bayhealth and their A rating. We're BBB.
23 So it's like Beebe is.

24 But a couple things about us,



1 though. We -- like, we just received our
2 leapfrog rating. We are a B. We got a B
3 grade. We are the only other hospital
4 besides Christiana that got a B rating.

5 We just received notice that we
6 received the -- from Healthgrades the
7 Patient Safety Award again for three years
8 in a row. So we're pretty proud of that.

9 And, most importantly, though,
10 is that we are now been identified as the
11 IBM Watson Top 100 hospital. There is only
12 one hundred hospitals in the entire country
13 out of 3,156 hospitals. Pretty amazing.
14 We are only the second hospital on the
15 Delmarva Peninsula to receive that type of
16 recognition. It's probably the most
17 prestigious recognition in health care.
18 Christiana is the only other one to receive
19 that.

20 So our focus has really been on
21 quality patient care, safe patient care and
22 patient service, not so much on bricks and
23 mortar. But we are very proud of our
24 mission and what we do in the western side



1 the county. And we are in a little bit of
2 a precarious position because of our
3 bearings. Over 60 percent of our patients
4 are on Medicare. The rest of them are
5 Medicaid. We have a few commercial payers.
6 And we have a large portion of our
7 population that don't pay anything. So
8 it's really tough for us to sort of balance
9 that budget.

10 And so it -- for us, this is
11 also a business proposition. So when Beebe
12 talks about 24,000 visits, we assume that
13 some of those visits from the ED is going
14 to come from us. And yet we are a Level 3
15 trauma. There's a lot of expense that goes
16 into Level 3 maintaining the services,
17 having those physicians available. And if
18 we lose our visits, then that jeopardizes
19 us from being a Level 3 trauma. Not only
20 that, but we receive about 66 percent of
21 our emergency room visits -- you know,
22 admissions come from the emergency
23 department. So if we start eroding those
24 visits, then that really reaches the bottom



1 line. And I think that whole idea of what
2 our mission of what we're doing in Western
3 Sussex County really does become
4 jeopardized. So we got to be really,
5 really careful about where we think we're
6 going to add emergency room services and
7 where we're going to put things.

8 Everyone is competing with
9 everybody else. I think it's pretty
10 interesting that Bayhealth is talking about
11 building on Route 9 and Beebe is opposed to
12 it because it's a duplication of services,
13 yet they can come to Georgetown and say
14 it's not a duplication of services to us.
15 So I think this whole thing is a really
16 slippery slope. And I appreciate the fact
17 that -- wouldn't every town love to have an
18 emergency department in their backyard?
19 But where does that end? Where are we
20 going to go with all this?

21 And, you know, every time I've
22 talked to Governor Carney, he talks to me
23 about, you know, the cost of health care
24 and his concern. One of his biggest budget



1 items is health care. A few years ago the
2 State of Delaware tried to propose that
3 Medicaid patients would only be -- they
4 would only reimburse us for three ED visits
5 per year for a Medicaid patient. But
6 that's not the way that we treat patients.
7 We treat patients by keeping them healthy.

8 I think it's a great idea for
9 Bayhealth to want to put more primary
10 offices in. That's the future. I think
11 immediate care is a great thing to do. And
12 emergent care is -- that's keeping the cost
13 down. That's really helping out. But
14 freestanding EDs -- it's well documented
15 that that is a very expensive endeavor.
16 That's not helping us. And all of us, I
17 think, in Delaware -- all hospitals are
18 committed to that Triple Aim. The Triple
19 Aim is saying, look, we want to improve the
20 experience for patients, we want to improve
21 the access for patients, and we want to
22 reduce the cost of health care.

23 You know, Nanticoke -- over the
24 past 18 months, we have seen 2,000 less



1 Medicaid visits. We're trying to get that
2 Medicaid visit down. That's really what's
3 going to impact the budget for Governor
4 Carney, not building more EDs. It's
5 reducing ED visits. It's keeping people
6 healthy, keeping them in the primary care
7 theme. And by doing this, we're really
8 going to jeopardize that health care cost.

9 So I think that, for the most
10 part -- think about the cost. Think about
11 the impact to Nanticoke. Think about the
12 overall issue -- what that will do to us.
13 And I think -- really think about just what
14 it means to Delawareans and health care. I
15 think we can do a better job by increasing
16 our access to primary care, looking at all
17 those issues and really trying to help
18 patients achieve a healthier lifestyle by
19 reaching the Triple Aim.

20 Thank you very much.

21 MS. SUDER: I.G. Burton.

22 MR. BURTON: Good afternoon.

23 I am a county council
24 representative to District 3. District 3



1 includes Milford, Milton, Lewes and the
2 eastern part of Georgetown. The population
3 growth is explosive in my district, as well
4 as District 4. Now, District 4 is
5 Rehoboth, Bethany, Ocean View and Milton.

6 We, the county, have recently
7 completed our comprehensive land use plan.
8 This document took over two years to
9 complete, and it looked out to the year
10 2045. It clearly shows the growth in areas
11 of both District 3 and District 4. The
12 document is on our website, if you can find
13 it, at Sussexcountyde.gov.

14 The report estimates that there
15 is a possibility of Sussex County's
16 population going to 485,000 people.
17 Currently, it's 314,000 people. Although
18 we cannot accurately predict where these
19 new residents will reside, the current
20 growth pattern clearly shows that east of
21 Route 30 is the area experiencing the
22 highest growth. And there is no indication
23 that this will fall out of favor anytime
24 soon. So both Sussex County and DelDOT is



1 planning for the growth in that area.

2 I asked the planning and zoning
3 department to tabulate the approvals of
4 subdivisions for the last ten years in a
5 five-mile radius from the site -- from the
6 Bayhealth site in question. The number of
7 residential dwelling units in this five-
8 mile circle is 6,057. That's just homes.
9 That's not people. That's homes.

10 What we can't calculate is the
11 amount of the demand or the developer's
12 interest in this area. We see this every
13 day at just the planning and zoning
14 department and developers coming in with a
15 plan on a certain parcel of land that
16 hasn't yet gone through the system. I
17 mean, it's incredible the demand that's
18 happening just in that area.

19 These numbers could be greatly
20 surpassed. Just in -- the number of -- the
21 6,057 can quickly go by when you start to
22 calculate the pent-up demand for the
23 housing stock, the prices being paid by
24 developers, and the farmers either



1 inability to farm profitably or their
2 interest in farming given the development
3 pressures.

4 When you knock on 4,000 doors
5 twice, which is what I did, you get a sense
6 of what's important to the residents in
7 this area. First and foremost, of course,
8 is the traffic. And I would question the
9 15 minutes. I mean, if you live in this
10 area, I don't think there's a 15-minute
11 road left. But that was the No. 1
12 concern -- the traffic. Right? And
13 secondly is the quality of life. And third
14 is the quality of health care. This
15 application addresses all three of them.
16 The quality of life is directly attributed
17 to the quality of health care, and the
18 quality of health care is directly impacted
19 by the accessibility of health care.
20 Bayhealth's location on Route 9 in
21 Cool Springs is the correct place for this
22 facility.

23 Thank you very much.

24 MS. SUDER: Dr. Villar.



1 DR. VILLAR: Good afternoon.
2 Good afternoon, esteemed
3 members of the Delaware Health Resources
4 Board.

5 My name is Dr. Bryan Villar.
6 I'm a family physician. And I've been in
7 practice a little bit over 12 years here in
8 Sussex County. Ten years here in
9 Georgetown. I see patients from infancy up
10 to geriatric age.

11 I'm here today in support of
12 the Bayhealth freestanding emergency room
13 department on the corner of Route 9 and
14 Hudson Road. In fact, I live in Harbeson.
15 And God forbid, if I'm home and I get my
16 first heart attack, I'm five minutes away,
17 not fifteen minutes away.

18 I've seen Sussex County grow in
19 the past 12 years, especially in my
20 practice. I have about 3,000 patients
21 under my care. In fact, because of the
22 growing need for primary care in Sussex
23 County, Dr. Jehan Riar, internal medicine,
24 joined my practice two years ago to help



1 with the demand.

2 Many of my patients are
3 retirees and of Medicare age. The majority
4 of my patients not only here live here in
5 Town in Georgetown, but they also live in
6 the surrounding towns east of Georgetown,
7 Milton and Harbeson. As the area grows, so
8 does the traffic. Busy intersections,
9 multiple stoplights, make it even more
10 difficult for my patients to get immediate
11 care and accessible care, emergency care
12 when they need it.

13 The nearest emergency room east
14 of Georgetown area is Beebe Hospital on
15 Savannah Road in Lewes. Access to get to
16 the emergency room in a timely manner is
17 difficult due to the traffic congestion,
18 multiple intersections, especially if the
19 patients have to drive to the emergency
20 room. My patients here on the West Side of
21 Georgetown use Nanticoke Emergency Room,
22 which is readily available and much more
23 easier to get to.

24 As the age of the population



1 gets older, the Hudson Road freestanding
2 emergency department creates an easier
3 location for patients to access, especially
4 if they live closer.

5 So, in closing, the
6 freestanding emergency department would be
7 a benefit to our community. And I hope
8 that this Board agrees with the Bayhealth
9 application and approves it.

10 Thank you.

11 MS. SUDER: Okay. Mr. Boges,
12 B-o-g-e-s.

13 MR. BOGES: Hello, everyone.
14 My name is Gus Boges. I am an emergency
15 room -- my experience is through the
16 emergency room throughout the area. And
17 I'm here to discuss what a freestanding ED
18 is and compare it to a walk-in area.

19 A freestanding emergency
20 department is an ED. It can handle
21 everything of an ED, as Bayhealth says.
22 They have experience up in Smyrna for the
23 past six years running as a freestanding
24 emergency department. We handle everything



1 in the emergency department that the
2 community needs here down in Sussex from
3 having a heart attack, from having an MI,
4 to -- we also -- a TPA patient, if they're
5 having a stroke.

6 And you are asking what if --
7 most of those patients come in. They don't
8 come in by ambulance. They are driven in
9 by the families. Only 15 to 17 percent of
10 emergency visits are done by EMS squad.
11 The rest are family driven -- are driven
12 in. So being five minutes closer, ten
13 minutes closer, is a big importance to the
14 family, especially if you're the one having
15 that stroke.

16 A walk-in clinic, they handle
17 certain things, such as ankle sprains, bug
18 bites, bumps and bruises, earaches, fevers.
19 I'm -- and I'm reading right off of a
20 website of what they said they can handle.
21 A freestanding emergency department can
22 handle any emergency that comes down the
23 road from a motor vehicle accident to a
24 loss of a limb.



1 There has been billing
2 questions from emergency department
3 compared to a walk-in. A freestanding --
4 there's two types of freestanding emergency
5 departments -- hospital-based and
6 independent-based, which is for -- more of
7 a for-profit. The hospital-based has to
8 follow every rule and regulation that the
9 government puts out, such as the NTAL
10 (phonetic) laws. The independents do not.
11 They -- if you don't have the correct
12 insurance, if you have Medicaid, they don't
13 need to accept you. Fortunately, on the
14 East Coast, we do not have that. Those
15 types of freestandings are more out in the
16 Midwest or in Texas.

17 So having a freestanding
18 emergency department within a community,
19 such as Georgetown, is a definite benefit.
20 And I support the Bayhealth freestanding
21 emergency department.

22 MS. SUDER: Tita Lewis.

23 MS. LEWIS: Good afternoon.

24 My name is Tita Lewis. I am



1 retired. And if I had to say what am I,
2 I'm a volunteer. I volunteer at my church.
3 I serve as a volunteer at Bayhealth. I am
4 the president of the auxiliary at Sussex
5 Campus. I run a food pantry in the
6 community. And I'm a master gardener.
7 Basically, I love where I live.

8 As a resident of Milton with
9 friends and family in Eastern Sussex
10 County, I see a real need for additional
11 medical services.

12 I was with neighbors last
13 night. And that was the main topic of
14 conversation.

15 The housing in and around
16 Milton has seen a tremendous growth in the
17 time that I have moved here. And what once
18 was a farm is now a housing development.
19 What used to be to be a sleepy, country
20 road dotted with a few houses is now
21 covered with developments. The road I
22 access once was a nice sleepy, little,
23 quiet road, but now it's very busy.
24 There's a lot of growth on all the roads



1 that feed out to 9. And I think an
2 emergency facility in this area would bring
3 swift life-saving assistance to many people
4 in this area. My hope is that you will
5 approve Bayhealth's request because I
6 believe it will make the community better.

7 MS. SUDER: Bobby Fischer.

8 MR. FISCHER: Hi. Good
9 afternoon. It is afternoon. So we
10 shouldn't go on too much longer.

11 My name is Bobby Fischer. I
12 live in Lewes. I'm a retired businessman.
13 I was born in Sussex County. I was born in
14 Milford Memorial Hospital in 1948.

15 It's been very interesting to
16 hear all the hospital presentations today.

17 I'm here to support the
18 Bayhealth ED on Route 9. It's critically
19 important that this project be approved to
20 help serve the rapidly expanding demand for
21 health care in Sussex County.

22 I, like many other Sussex
23 Countians, use Bayhealth. Milford Hospital
24 is in Sussex County. My primary care



1 physician is in Milford and affiliated with
2 Bayhealth. That's not really unusual if
3 you live in Sussex County. The explosive
4 growth in Eastern Sussex County from Milton
5 to Long Neck and Rehoboth Bay puts this new
6 ED facility right in the heart of that
7 expansion.

8 All of us who live in Lewes
9 know it's very difficult to get in and out
10 of town. At many times Route 1, Savannah
11 Road and Kings Highway are packed with cars
12 in the winter. And in the summer there can
13 be gridlock. It can take -- this is an
14 example. In Rehoboth in the summer, it can
15 take two hours to get in and out of
16 Rehoboth -- to get in or out -- two hours,
17 three hours. It's really crazy. It's an
18 understatement to say the roads have not
19 kept up with the development.

20 Why not give all Sussex
21 Countians the opportunity to receive high
22 quality health care close to their homes,
23 including those of us who use Bayhealth.
24 The growth in Sussex will support multiple



1 EDs. The plan that Beebe has to put an ED
2 in Millville is fabulous -- very much
3 needed. Putting an ED in Georgetown, great
4 idea. Nothing wrong with it. Putting the
5 ED on Route 9 at Cool Springs is a
6 wonderful idea because it's in heart of
7 that growth. Sussex County will support
8 these facilities. They're not mutually
9 exclusive.

10 Competition is a good thing. I
11 think that Governor Markell and Governor
12 Carney both have said that in health care
13 more competition is the only thing that may
14 bring down costs. So competition isn't a
15 bad thing for the hospitals.

16 It's not about the hospitals.
17 It's about the patients. It's about the
18 people that need the health care.

19 These new facilities will
20 attract new physicians, new professionals,
21 and result in better care. They act as a
22 great engine to improve the quality of
23 growth.

24 This facility is needed. It'll



1 be busy the first day it opens. Take the
2 long view when it comes to these
3 facilities. They will serve our community
4 for many years to come.

5 Please vote to approve the
6 Bayhealth project.

7 Thank you very much.

8 MS. SUDER: Paul Cowan.

9 I thought I was the last person
10 on the list. Sorry.

11 My name is Paul Cowan. I'm the
12 chief of emergency medicine at Beebe
13 Healthcare. I'm also one of the Sussex
14 County associate medical directors. So in
15 that role I provide medical control for
16 EMS. And I've done that for the last 15
17 years.

18 One of the comments that the
19 medics have made to me both from their
20 command structure, who's actually in the
21 back of the room here, and from their field
22 medics is: How come you don't have an
23 emergency department in Georgetown?

24 For a long time, I didn't have



1 an answer for them. And recently, I've
2 said, hey, we've gotten one. We've got one
3 planned. And they're excited about it.

4 I think if you were an
5 independent health care planner and you
6 were charged with placing an emergency
7 department in this county that made the
8 most sense to get up in Georgetown -- to
9 get up in Georgetown for a couple of
10 reasons. One, you simply look at a map.
11 And we've seen lots of maps, lots of donut
12 holes. Donut holes makes me think about
13 Medicare funding. But we see gaps in
14 coverage. Certainly Georgetown is the area
15 where we don't have great coverage in this
16 county.

17 And, then, think about the
18 other services that are already built that
19 are adjacent to it. And one of the things
20 that we haven't mentioned is that these
21 services -- when we say they're adjacent to
22 them, we're talking about walking. You can
23 walk from our freestanding emergency
24 department in Georgetown to the walk-in



1 center that's immediately next door.
2 There's primary care offices that are
3 immediately next door. You can walk to the
4 psychiatric facility immediately next door.
5 You can walk to the VA clinic. You can
6 walk to La Red. It's a health care
7 conglomerate there that makes perfect
8 sense.

9 I've also heard some comments
10 about the importance of walk-in care and
11 whether you can actually replicate that
12 care. You need more walk-in care if you
13 have more primary care. And I'm here to
14 suggest you need all three. You need
15 primary care, you need some sort of walk-in
16 or emergent care, and you need emergency
17 care. And they are uniquely different.
18 Yes, there's some crossover, but they're
19 uniquely different. And they're very
20 important to continually take care of our
21 patients.

22 If you think about it, if you
23 call your primary care doctor's office
24 today and say, "I'm having chest pain,"



1 what are they going to say? "Don't come
2 here." They're going to tell you to go
3 somewhere else. They're either going to
4 tell you to call 911 or they're going to
5 tell you to go to a hospital or a walk-in
6 center. Same thing if you're short of
7 breath. Heck, even if you cut your finger
8 when you're making dinner tonight, nobody
9 will see you. You have to come to a
10 walk-in center. You have to come to an
11 emergency department. It is what it is.
12 And it's very important. And as everything
13 else in health care has become specialized,
14 so is the delivery of care both in our
15 emergency departments and in the walk-in
16 centers and in the primary care. So
17 they're uniquely, uniquely different.

18 And then -- so, obviously, I'm
19 speaking in favor of the -- our
20 freestanding in Georgetown. I have grave
21 concerns about the Bayhealth proposal in
22 Harbeson.

23 Listen, from a business
24 standpoint, it makes perfect sense.



1 There's not a business guy in this room who
2 doesn't understand why it makes sense.
3 That's where the population is growing.
4 And you want to put a health care facility
5 there.

6 If you're concerned about the
7 utilization of health care dollars, maybe
8 it's a little bit different, because it's
9 clearly -- you're going to replicate
10 services. You're seven miles from the
11 emergency department in Lewes as opposed to
12 Georgetown, which is essentially, as you
13 know, could be 16 miles from everywhere but
14 certainly much farther from everywhere. It
15 just doesn't make great sense if you are
16 concerned about health care utilization
17 dollars.

18 And the last comment I have
19 about it is it also becomes a paradigm
20 shift for the state, because this is the
21 first time that I can remember where health
22 care organizations -- we always kind of
23 compete. But we don't compete. This is
24 the first time we're competing by sticking



1 bricks and mortars in the other person's
2 primary catchment area. And that happens
3 elsewhere in the country. It does not
4 drive down cost health care cost. It
5 actually accelerates cost because we do
6 things to access but ultimately expand the
7 cost. So I don't believe it's in the best
8 interest of the state to approve the
9 Harbeson site.

10 Thank you.

11 MS. SUDER: Sheldon Hudson.

12 MR. HUDSON: Good afternoon.

13 My name is Sheldon Hudson. I'm
14 the town manager of the Town of Millsboro.
15 As the town manager, I generally function
16 as the CEO of Millsboro.

17 According to the 2018 Report on
18 State Planning Issues, the Town of
19 Millsboro ranks first out of the 25 Sussex
20 County cities for the number of residential
21 building permits issued -- a leading
22 indicator of population growth. This is
23 especially noteworthy given that Sussex
24 County is, of course, the fastest growing



1 county in the state.

2 According to Buxton, a Texas-
3 based analytics firm, there are over 70,000
4 residents within a 25-minute drive of the
5 Town of Millsboro. Gillis Gilkerson, the
6 Salisbury-based developer who built the
7 Town of Millsboro's Delmarva Health
8 Pavilion, says the number is even higher --
9 more than 100,000 individuals within 20
10 minutes.

11 Board members, I am hereby once
12 again requesting that Beebe reconsider its
13 plans to build a freestanding emergency
14 department in Georgetown. Otherwise, I
15 would ask the Board request that Beebe
16 revise it application in such a way so as
17 to indicate the facility would be built in
18 an alternate location.

19 Needless to say, my concern is
20 that the demand for emergency services
21 would decrease in Millsboro if and when a
22 freestanding emergency department were to
23 be built in Georgetown, thereby obviously
24 making it more difficult for the Town of



1 Millsboro to recruit a medical center to
2 build such a facility in Millsboro, which,
3 again, ranks number one out of the 25
4 Sussex County cities for the number of
5 residential building permits issued.

6 Thank you.

7 MS. SUDER: Is there anyone
8 else who would like to provide comment that
9 did not sign in?

10 MR. WALSH: There is one item
11 that must be read into the record.

12 As it relates to Beebe's
13 response to the follow-up questions
14 submitted to Beebe on April 3rd, Question
15 No. 3, the request to report emergent and
16 non-emergent ED visits, the Review
17 Committee would like to request that Beebe
18 answer the question using acuity levels
19 instead of billing codes.

20 For reference and
21 clarification, ED visits are assigned an
22 acuity level ranging from 1, high acuity,
23 to 5, low acuity, for the purposes of
24 determining emergent versus non-emergent



1 cases are defined by Acuity Levels 1, 2 and
2 3, whereas non-emergent cases are acuity
3 Levels 4 and 5.

4 I hope that's perfectly clear
5 to everyone.

6 MS. SUDER: We can provide that
7 in writing, Mr. Sydnor.

8 Pursuant to 16 Del Code
9 9305(3), the Board may review an
10 application up to 120 days from the date of
11 notification of intent to review the
12 completed application when a public hearing
13 has been requested. The time frame may be
14 extended up to 180 days if within 60 days
15 from the date of notification of intent to
16 review the application the Board notifies
17 its intent to do so.

18 The time for public comment on
19 this application has ended. There will be
20 no further public comment. The Committee
21 will conduct discussions and deliberations.
22 All of this will occur in public forums
23 open to the public and will be noticed.
24 The Committee will hold as many meetings as



1 necessary to make a determination to bring
2 before the full Board.

3 And this concludes the public
4 hearing.

5 Thank you all.

6 (The hearing adjourned at
7 approximately 12:20 p.m. this same day.)

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C E R T I F I C A T E

STATE OF DELAWARE :
:
SUSSEX COUNTY :

I, Robert Wayne Wilcox, Jr.,
Registered Professional Reporter and Notary
Public, do hereby certify that the
foregoing record, Pages 1 to 97 inclusive,
is a true and accurate transcript of my
stenographic notes taken on May 16, 2019,
in the above-captioned matter.

IN WITNESS WHEREOF, I have hereunto
set my hand and seal this 16th day of May,
2019, at Wilmington, Delaware.



Robert Wayne Wilcox, Jr., RPR

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