

In the Matter Of:

Department of Health & Social Services

Bayhealth Freestanding Emergency Department Public Hearing

July 28, 2020

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DELAWARE HEALTH CARE COMMISSION

IN RE: Bayhealth Freestanding
Emergency Department Public Hearing

Virtual Meeting

Tuesday, July 28, 2020
9:30 a.m.

BEFORE: LEIGHANN HINKLE
PAMELA PRICE
DR. ELIZABETH BROWN

ALSO PRESENT:

JOANNA S. SUDER, ESQUIRE
Deputy Attorney General for
The Delaware Health Care Commission

LATOYA WRIGHT, MBA,
Manager of Statistics and Research

NICOLE GARLAND, VIDEO MONITOR

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1 MS. WRIGHT: Hello. Good
2 morning, everyone.

3 This is Latoya Wright from the
4 Health Resources Board and staff support.

5 We're here today, this morning
6 to have the Bayhealth Freestanding Emergency
7 Department Public Hearing.

8 We do ask that you please put
9 your phones on mute and your computer
10 speakers on mute if you are not speaking. It
11 will avoid a lot of the background noise that
12 we're hearing.

13 I'm going to do a roll call to
14 see if we have our staff from the Health
15 Resources Board on the line.

16 I will first introduce myself.
17 Again, Latoya Wright.

18 We should have our Deputy
19 Attorney General on the line, Joanna Suder.

20 MS. SUDER: Yes. I'm here.

21 MS. WRIGHT: And if we can have
22 the Subcommittee Members introduce
23 themselves.

24 MS. HINKLE: Hi. Good morning.



1 This is Leighann Hinkle.

2 MS. WRIGHT: Hi, Leighann.

3 DR. BROWN: And good morning.

4 This is Dr. Liz Brown from DMMA.

5 MS. WRIGHT: Hi, Dr. Brown.

6 MS. PRICE: Hi. This is Pam
7 Price.

8 MS. WRIGHT: Hi, Pam.

9 And we also have today on the
10 line our court reporter, Gloria.

11 MS. SUDER: This is Joanna
12 Suder, Deputy Attorney General, for the
13 Health Resources Board.

14 Latoya, can you please mute
15 everyone who is not speaking just so we can
16 get rid of some of this background noise.

17 MS. WRIGHT: Yes. Everyone is
18 going to have to -- I'm not sure if everyone
19 has to unmute themselves once I do that. But
20 I'm going to go ahead and mute all for right
21 now.

22 MS. SUDER: Thank you.

23 This is Joanna Suder, Deputy
24 Attorney General, again.



1 I believe Board Member Leighann
2 Hinkle is going to get us started off today.
3 And, then, I will take over from there.

4 So, passing it off to Leighann.

5 MS. HINKLE: Thank you. So, my
6 name is Leighann Hinkle. And I'm the Chair
7 of the Committee this morning.

8 Before I begin, I need to
9 confirm some information.

10 So, Notice of Intent for the
11 CPR Application was November 19, 2019.

12 The CPR Application was
13 received on February 12, 2020.

14 A request for a Public Hearing
15 was on March 9, 2020.

16 The Notice of Public Hearing
17 was published in The Wilmington News Journal
18 and The Delaware State News on July 10, 2020.

19 The written public comments
20 were received from Bayhealth and Peninsula
21 Regional Health System.

22 The court reporter has been
23 requested and introduced. And we are now
24 ready to begin.



1 So, again, my name is Leighann
2 Hinkle. I'm a member of the Delaware Health
3 Resources Board and Chair of the Certificate
4 of Public Review Committee for Bayhealth
5 Freestanding Emergency Department.

6 The purpose of today's hearing
7 is for the Bayhealth Certificate of Public
8 Review Committee to hear public comments on
9 the application submitted by Bayhealth to
10 construct a Freestanding Emergency Department
11 on the corner of Route 9 and Hudson Road in
12 Sussex County.

13 Upon consideration, this
14 Committee will make a recommendation to the
15 Health Resources Board for their final
16 decision.

17 Joanna.

18 MS. SUDER: Thank you,
19 Leighann. Joanna Suder, Deputy Attorney
20 General for the Board.

21 Pursuant to Delaware law, 16
22 Delaware Code, Section 9305, Subsection 4,
23 notice of the Board's intent to review a
24 completed application was sent on March 6,



1 2020, directly to all healthcare facilities
2 in the State and to others who request direct
3 notification.

4 Notice was published on
5 March 6, 2020, in The Delaware State News and
6 The Delaware News Journal.

7 The notification identified the
8 Applicant, indicated the nature of the
9 application, specified the period during
10 which a Public Hearing in the course of the
11 review may be requested, and indicated the
12 manner in which notice will be provided of
13 the time and place of any hearing.

14 On March 9, 2020, the Delaware
15 Healthcare Commission received a request for
16 a Public Hearing from Beebe Healthcare.

17 At this time, I would like to
18 have the following exhibits marked, which
19 will become part of the record in this
20 review.

21 Board Exhibit 1 is The Delaware
22 News Journal and Delaware State News
23 Affidavits of Publication of Notice of Intent
24 to review completed application. Both were



1 submitted on March 6, 2020.

2 Board Exhibit 2. Notice sent
3 directly to all healthcare facilities in the
4 State and others who requested direct
5 notification, also sent on March 6, 2020.

6 Board Exhibit 3. News Journal
7 Affidavit of Publication of the notice of
8 today's hearing. That was done on July 10,
9 2020.

10 Board Exhibit 4 was the
11 Delaware State News Affidavit of Publication
12 of notice of today's hearing. Also July 10,
13 2020.

14 Board Exhibit 5 includes
15 written comments, which were received from
16 Beebe Healthcare and Peninsula Regional
17 Medical on behalf of Nanticoke Hospital.

18 Board Exhibit 6 is a
19 Certificate of Public Review Application
20 submitted by Bayhealth.

21 And Board Exhibit 7 is a copy
22 of the Board's Points of Consideration.

23 I would like to ask the members
24 of the Certificate of Public Review Committee



1 if they have received all of the application
2 documents and read all of them.

3 MS. HINKLE: Yes. This is
4 Leighann. I have.

5 DR. BROWN: Yes. This is Liz
6 Brown. I have.

7 MS. SUDER: And Pam?

8 MS. PRICE: Yes. This is Pam
9 Price. And I have.

10 MS. SUDER: The Board now
11 invites representatives from the Applicant to
12 step forward and provide a short presentation
13 on the application and the proposed hospital
14 -- proposed project. I apologize.

15 I ask that you please state
16 your name before you begin speaking as we are
17 keeping a record of all public comments
18 received.

19 Nicole, I will pass it to you.

20 MR. VAN GORP: I guess I'll go
21 ahead and get started.

22 My name is John Van Gorp. I'm
23 a Senior Vice-President for Planning and
24 Business Development at Bayhealth.



1 And thank you for the
2 opportunity to discuss Bayhealth's
3 application for a Freestanding Emergency
4 Department, which is a component of a larger
5 medical complex on Route 9 in Sussex County
6 to bring additional primary care physicians,
7 specialists and diagnostic services to area
8 residents.

9 The Freestanding Emergency
10 Department that we are proposing with this
11 application not only improves access, quality
12 and service, but reduces ED utilization and
13 costs. And we're going to be presenting this
14 in four parts.

15 Bill Strickland, our Chairman
16 of the Board at Bayhealth, will convey the
17 Board's vision for this project.

18 I will deliver a statement by
19 Terry Murphy, President and CEO of Bayhealth,
20 who is on medical leave and unable to
21 participate, but to discuss our strategy of
22 compliance with the Health Resources
23 Management Plan.

24 Then, I will follow that up



1 with our formal presentation of the project
2 and the need for this service.

3 And, then, Thom Herrmann, CEO
4 of Intuitive Health, will discuss how this
5 unique delivery model can reduce ED
6 utilization and costs.

7 And now I would like to
8 introduce Bill Strickland to kick us off.

9 MR. STRICKLAND: Thank you,
10 John.

11 Good morning, everyone. My
12 name is Bill Strickland. I am the Chair of
13 the Bayhealth Board of Directors.

14 Back in early 2013, the
15 Bayhealth Board requested of our
16 Administration a vision to create for growing
17 our presence in Sussex County and our ability
18 to serve the residents of Sussex County.

19 Paramount in that vision was
20 the improved access to quality healthcare.
21 The strategy was well executed, resulting in
22 a new hospital in Milford, which, by all
23 measurables, has been a great success.

24 The second prong of that



1 strategic vision was to better serve the
2 youth of Lower Delaware.

3 This fall, a Nemours Clinic on
4 our Sussex Campus will be open to accomplish
5 that objective.

6 And the third part of the
7 strategic vision was the Route 9 Medical
8 Complex.

9 As we go forward, it has been
10 extremely gratifying for me to witness
11 Bayhealth's leadership role in developing a
12 plan and executing a plan to provide Lower
13 Delaware with access to quality healthcare.

14 Now, as Board Chair, I'm more
15 committed than I've ever been to seeing this
16 vision become a reality.

17 The important part of this
18 effort, we acknowledge, will be a balance
19 between creating access to healthcare,
20 quality healthcare, but also, importantly,
21 reducing costs.

22 The proposed Hybrid ED as part
23 of the multipurpose Route 9 Medical Complex,
24 I think is a great example of that balance.



1 Our Board of Directors has
2 unanimously approved the Hybrid ED and the
3 Ambulatory Center.

4 And I respectfully request that
5 the Committee approve our application.

6 At this point, I will turn it
7 back to Mr. Van Gorp, who will be speaking on
8 behalf of our CEO, Terry Murphy.

9 John.

10 MR. VAN GORP: I will now share
11 a statement by Terry Murphy, our President
12 and CEO:

13 I would like to thank the
14 Review Committee for their time and
15 consideration of our application for a
16 Freestanding ED on Route 9.

17 Let me begin by stating that
18 Bayhealth was listening, as our previous
19 application from last year was being
20 discussed by this body.

21 We take the role of health
22 planning very seriously and feel that our
23 current application fully addresses the
24 Health Resources Management Plan by, one,



1 addressing community need and improving
2 access.

3 Two, reducing healthcare costs.

4 And three, improving the
5 overall quality of care to the people of
6 Delaware.

7 First, regarding community need
8 and access, our application addresses an
9 unmet need in one of Delaware's fastest
10 growing populations. An area with issues of
11 access to care, Bayhealth is proposing a
12 comprehensive approach to serving the
13 healthcare needs of Sussex Countians through
14 the development of our Route 9 Ambulatory
15 Complex.

16 Our Route 9 strategy allows us
17 to bring a comprehensive approach to care
18 under one roof. We will improve access to
19 much needed primary care services by
20 recruiting up to six providers in the
21 facility with a vision of expanded hours, and
22 provide availability of same day
23 appointments.

24 Bayhealth is investing heavily



1 to bring physicians to the community by
2 introducing a Graduate Medical Education
3 Program beginning in 2021 that will provide
4 residency training and family medicine and
5 internal medicine. We look for many of the
6 doctors to stay in the community.

7 We will improve access by
8 providing a wide variety of physician
9 specialists at the site, including
10 cardiology, orthopedists and general surgery.

11 Our physicians and patients
12 will have full access to the Telehealth
13 platform. Bayhealth has made significant
14 investments to the Telehealth services to the
15 community.

16 We will improve access to
17 diagnostic services by providing CT,
18 ultrasound, X-ray and a full service lab on
19 site. And we will improve access for
20 providing ED and walk-in services through the
21 Hybrid ED.

22 All segments of this strategy
23 will be coordinated to guide the patient to
24 the appropriate level of care needed, all in



1 one convenient location.

2 Further, our complete system
3 will support this campus and the community it
4 serves.

5 Second, we believe our
6 application addresses the most innovative way
7 to control healthcare spending without
8 sacrificing access for this part of Sussex
9 County.

10 Our data shows that Bayhealth
11 and its physicians have the lowest per member
12 per month costs and the lowest emergency room
13 utilization in the State in managing the
14 health of our Medicare patients as part of a
15 statewide Accountable Care Organization.

16 This ACO includes the other
17 Delaware acute care hospitals who have the
18 collective goal of improving quality but
19 lowering costs.

20 This slide shows how Bayhealth
21 compares to other ACOs across the country and
22 how we compare to regular Medicare Fee for
23 Service Programs with significantly lower
24 utilization and costs.



1 Additionally, we are proposing
2 an emergency care delivery model that
3 includes a Hybrid Emergency Department that
4 is a full scale Freestanding ED, that only
5 charges emergency room rates for those who
6 are true emergencies. All others will be
7 charged a walk-in rate.

8 The result is real dollar
9 savings to payors and improved access to the
10 community it will serve. This is a model
11 that is shown to reduce overall emergency
12 room visits and healthcare spending in other
13 markets, but will be unique to Delaware.

14 With our experience with
15 managing ED utilization with our care
16 partners in the eBright ACO and this new
17 Hybrid ED delivery model, it addresses the
18 cost issues without scarifying needed access
19 for the fast growing and older population.

20 Third, we believe that this
21 facility will positively impact healthcare
22 quality by reducing overcrowding and the need
23 for existing emergency rooms to go on
24 diversion status.



1 In a recent Journal of Health
2 Economies study entitled "Swamped: Emergency
3 Department Crowding and Patient Mortality,"
4 authored by Lindsay Woodward from the
5 University of South California, the study
6 concluded by stating, "The results suggest
7 that ED crowding expedites patient step. If
8 the average patient is exposed to 10 percent
9 fewer than other patients, this reduces the
10 likelihood of dying in the next 30 days by
11 24 percent. It reduces the likelihood of
12 dying in the next 6 months by 17 percent. ED
13 crowding contributes to patient mortality."

14 We believe the Hybrid ED we are
15 proposing not only preapproves access,
16 quality and service, but reduces ED
17 utilization and costs and addresses the
18 Health Resources Management Plan.
19 Bayhealth's best position to elevate the
20 provision of healthcare services for Sussex
21 Countians.

22 I thank this Committee for
23 challenging us to rethink how we deliver care
24 to our community. And we are excited to



1 present you our application and appreciate
2 your consideration.

3 Thank you.

4 So, that concludes the
5 statement from Mr. Murphy.

6 I would like to now move
7 forward with our formal part of the
8 presentation.

9 So, while we are proposing a
10 Freestanding Emergency Department, again, it
11 is a big component of a larger comprehensive
12 ambulatory model with a major focus on
13 increasing the primary --

14 COURT REPORTER: Mr. Van Gorp,
15 could you please repeat that? There is a lot
16 of noise.

17 MR. VAN GORP: We're proposing
18 a Freestanding Emergency Department that is a
19 component of a larger ambulatory model. But
20 a key part of this is primary care and having
21 access to primary care is key to keeping ED
22 utilization low.

23 This complex will also have a
24 variety of specialists, diagnostic services,



1 as well as the Freestanding Emergency
2 Department.

3 Next slide. This will be no
4 ordinary ED. We are proposing an ED that is
5 a Hybrid ED, combining the cost effectiveness
6 of a walk-in center with the full treatment
7 capabilities of an ED.

8 All patients presenting to the
9 ED will receive a medical screening exam and
10 a determination will be made as to whether
11 they require walk-in or emergency care
12 services. Only patients who medically
13 qualify as an emergency patient will be
14 charged the emergency department rate. Those
15 who are walk-in patients will be charged a
16 walk-in clinic rate, essentially a 24-hour
17 walk-in clinic in the emergency ED in one
18 location. The result is improved service and
19 overall reduction in ED utilization and
20 costs.

21 We'll go into how this works
22 shortly, but I want to first address the
23 point of why we chose the location that we
24 did and the need for this service.



1 The location of the facility
2 was determined after an assessment of the
3 area that we performed periodically to
4 determine if a population has access to
5 needed medical services.

6 We noticed and we met physician
7 and diagnostic centers in Sussex County.
8 There were services in a big circle, if you
9 follow from Lewes to Milton to Georgetown to
10 Millsboro creating a donut hole in the area
11 of Harbeson on Route 9.

12 Further, we noticed the
13 majority of services are on, or east of Route
14 1, which is a major barrier to access due to
15 the time it takes to cross or navigate.

16 We found that the location --
17 next slide -- in the middle of the circle
18 would be the best location for an ambulatory
19 center, to improve access to medical care for
20 the fast-growing area west of Route 1 and
21 give residents an alternative to care instead
22 of crossing the busy Route 1.

23 Next slide. And we use that
24 circle to, essentially, define our service



1 area, which is shown here, which shows west
2 from Route 1, south to Millsboro, west to
3 Georgetown and north to Milton.

4 Next slide. This area, about
5 the size and population of the Middletown Zip
6 Code, has had and is projected to have the
7 second highest population growth in the
8 State, particularly among seniors, trailing
9 only Middletown. This slide shows the
10 historical and projected growth and
11 population in Middletown and our proposed
12 service area.

13 Next slide. When you segment
14 the service area further, the vast majority
15 of the growth is taking place in the area
16 west of Route 1 and east of Route 30, which
17 is the line that separates the green from the
18 brownish color on this slide.

19 The table shows that historical
20 and projected growth for the areas. The area
21 east of Route 30 has had and is expected to
22 have over 75 percent of the growth in the
23 population in this area, mostly in the
24 unincorporated areas of the service area.



1 Next slide. This growth is
2 validated by the number of new housing
3 developments approved by Sussex County for
4 the five-mile radius around our proposed site
5 with approximately a thousand residential
6 permits approved per year for the last three
7 years. Several new developments have been
8 approved immediately around our site and more
9 are being discussed and negotiated. The area
10 is growing exponentially.

11 Next slide. With growth comes
12 traffic. And most people in Delaware are
13 aware of the traffic headaches of Route 1,
14 particularly as you approach the beach
15 community.

16 The information on this slide
17 is from DelDOT. The intersection of Route 1
18 and Route 9 is insufficient to handle the
19 current traffic load. Drivers should expect
20 to sit through multiple traffic signals. It
21 takes two to two-and-a-half times as long to
22 travel Route 1 during peak times.

23 We discuss in our application
24 that Route 1 is a significant barrier to



1 access to care, particularly in an emergency.
2 It is extremely difficult for people on the
3 west side of Route 1 to access the emergency
4 room when minutes matter. Ambulances
5 carrying patients from west of Route 1 not
6 only have the delays in reaching the
7 hospital, but then experience delays in
8 returning back across Route 1 to be available
9 for area residents. This could be alleviated
10 with the introduction of our proposed Hybrid
11 ED.

12 Last year, both Beebe and
13 Bayhealth acknowledged the need for a
14 Freestanding ED west of Route 1. Here are a
15 couple of quotes from Beebe's Georgetown
16 application addressing similar concerns as
17 Bayhealth.

18 Next slide. Quotes in their
19 application, "The growth in Sussex County has
20 not been matched with improvements in
21 transportation infrastructure."

22 "During peak travel times,
23 travel from The Circle in Georgetown to Beebe
24 Healthcare in Lewes can take up to



1 50 minutes."

2 Next slide. Similar statements
3 were made in Beebe's Millville application
4 that echo our arguments. "The crowded
5 Highway 1 creates roadblocks to accessible
6 care."

7 "EMS travel time back from a
8 patient transport to the Emergency Department
9 in Lewes can take up to 90 minutes during the
10 busy tourist season."

11 "Route 1 is a barrier to
12 accessing emergency service and is why it
13 serves as the Eastern border of our proposed
14 service area."

15 Next slide. Having Bayhealth's
16 proposed Hybrid ED available on the west side
17 of Route 1 will not only improve access and
18 convenience, but will also help improve
19 service and quality of care by decompressing
20 the existing EDs at Beebe and Bayhealth
21 Sussex Hospital.

22 The result is improved
23 throughput and lower wait times at all
24 facilities.



1 Further, there should be a
2 significant reduction in ambulance diversion,
3 easing the stress on EMS and emergency
4 services in Sussex County.

5 Overcrowding of EDs also
6 impacts mortality rates, as we talked about
7 previously. A major study released earlier
8 this year, the introduction of an additional
9 ED in an area reduced wait times, patients
10 leaving without treatment and diversions.
11 This resulted in lower mortality rates of all
12 EDs in the area.

13 Next slide. Reduced wait times
14 is a significant benefit of Freestanding EDs.
15 This chart shows the wait times at Beebe and
16 Bayhealth Sussex compared to Bayhealth's
17 Freestanding ED in Smyrna.

18 Patients going to our Smyrna
19 Freestanding Emergency Department can expect
20 to wait over an hour less than either Beebe
21 or Bayhealth Sussex. By having a Hybrid ED
22 and converting many of those patients to a
23 walk-in service, the wait time should be even
24 less at the Route 9 facility.



1 With the additional ED, the
2 other hospitals will benefit operationally
3 from improved throughput and improved
4 service. Beebe acknowledged the benefits of
5 decompression in their Millville and their
6 Georgetown applications as mentioned in these
7 quotes on this slide. With decompression,
8 service should be improved at all EDs.

9 Next slide. Improved service
10 typically equals improved quality. Care is
11 provided faster when needed. Our proposed
12 facility is a true emergency department,
13 providing the vast majority of services
14 provided in a hospital ED.

15 By having better and more
16 timely access to emergency care on the west
17 side of Route 1, patients in an overdose or
18 other critical situation where minutes matter
19 have improper patient outcomes.

20 Further, patients will have the
21 benefit of Bayhealth's Planetree model of
22 care, a holistic approach to care entrusting
23 sociological, psychological, spiritual, as
24 well as physiological needs of the patient.



1 Patients will also receive the
2 benefit of care coordination through the
3 Bayhealth system in the event additional
4 services are needed outside of the ED.

5 Next slide. While I have
6 discussed improvements in access, service and
7 quality, the unique attribute of our proposal
8 is the incorporation of a walk-in component
9 to lower utilization of ED services, which,
10 in turn, lowers the costs of care.

11 We are not aware of anyone on
12 the East Coast doing what we are proposing.
13 However, we did become aware of a company in
14 Texas that is providing the type of service
15 that we were hoping to do. This company is
16 Intuitive Health.

17 Bayhealth has signed a Letter
18 of Intent with Intuitive to assist in the
19 development of a Hybrid ED should it be
20 approved.

21 Thom Herrmann, CEO of Intuitive
22 Health, is here to explain how this truly
23 unique service for Delawareans would work,
24 and define the savings this project will



1 bring to the community.

2 But before I turn it over to
3 Thom, I would just like to summarize on the
4 next slide that we believe this revised
5 application addresses all the key components
6 of the Health Resources Management Plan, as
7 shown here.

8 With that, I will turn it over
9 to Mr. Herrmann.

10 MR. HERRMANN: Thank you for
11 the introduction, John.

12 Good morning to everybody.

13 John, will you pull up the next
14 slide, please, or Nicole. Sorry.

15 As John mentioned, I am the CEO
16 of Intuitive Health. We partner with health
17 systems around the country to operate
18 combined ER urgent care facilities, our ER
19 and walk-in facility.

20 The first slide here is just a
21 look at some of, I guess, the initial reason
22 for our new model, which was, when you look
23 at healthcare spend in the United States,
24 there's a tremendous amount of waste that is



1 spent on avoidable ER care.

2 So, over the last ten years,
3 there has been a rapid increase in the
4 utilization of ER services. And over that
5 same period of time, it has been determined
6 that many of those patients seeking care in
7 the emergency department could have sought
8 care in a lower acuity setting.

9 This study that was done by --
10 actually was published in The American
11 Journal of Emergency Medicine suggested that
12 over roughly \$90 billion dollars a year could
13 be saved by shifting those patients from an
14 ER setting to a lower acuity walk-in type
15 setting.

16 Next slide, please. One of the
17 reasons why there continues to be so much
18 inappropriate utilization has to do with the
19 fact that patients are confused about where
20 to go.

21 So, we had a survey that was
22 conducted, where over 700 potential patients
23 were interviewed. And they were asked about
24 eight common conditions, everything from a



1 heart attack to a general physical exam,
2 where is the most appropriate site of care to
3 seek treatment. And you can tell from this
4 graph that, on the book ends, patients were
5 pretty clear if they're having a heart attack
6 that they should probably go to the emergency
7 room, or if they needed a general physical
8 exam, it was probably more appropriate to go
9 to their primary care physician.

10 But as you get to the middle,
11 things like bone fractures, severe cuts, back
12 pain, fevers, there's a lot of confusion as
13 to the most appropriate site of care. And
14 this is despite the fact that health systems
15 and payors have spent, literally, millions of
16 dollars every year trying to educate patients
17 on where to seek care and when.

18 And I will tell you, this is
19 not just an issue for the unfamiliar
20 healthcare utilizer. This is also a problem
21 for folks that have been in the industry.

22 One of the things that
23 attracted me to Intuitive Health and the
24 model of providing emergency services and



1 urgent care in the same location was that, as
2 a father of three, there have been several
3 circumstances where I've had one of my kids
4 come down with a fever or get hurt out
5 playing and I wasn't exactly sure whether
6 they needed to go to the emergency department
7 or the urgent care center. And in my case,
8 knowing the cost implications of going to the
9 emergency center, I generally would go to the
10 walk-in clinic.

11 And one example, my son had a
12 fever, 102.5 at seven o'clock at night. And
13 I felt more than likely it was going to go
14 down, but it was at that threshold where I
15 wanted to be safe. So, I decided to take him
16 to the local walk-in clinic. We were there
17 for about an hour-and-a-half. My son was
18 evaluated by a provider. And the provider
19 essentially said, your son more than likely
20 is going to be fine. This will probably
21 start to resolve on its own. But there are
22 at least a couple of tests that we would like
23 to run that we don't have available here.
24 And so, I recommend you go to the emergency



1 department.

2 So, I've been in the industry
3 for 25 years. And I then had to take my son
4 across town to the emergency department where
5 I spent another three-and-a-half hours only
6 to find out that he was going to be fine and
7 that the fever would resolve on its own.

8 But in that scenario, I knew
9 what a walk-in clinic was. I knew what an
10 emergency center was. And yet, I ran into a
11 situation where I had a very challenging
12 customer service experience with an
13 uncomfortable son. And I ended up getting
14 two bills. One small bill from the walk-in
15 clinic. And one very large bill from the
16 emergency department.

17 If there was an Intuitive style
18 center, the type of center that Bayhealth is
19 proposing here, I could have saved time,
20 would have saved costs to the healthcare
21 system and certainly would have provided
22 better piece of mind.

23 Next slide, please. Our model
24 is really trying to simplify the way that



1 patient access medical care. No need to
2 self-triage anymore. If you have any sort of
3 immediate care concern, you can come to one
4 very conveniently located location where
5 you're going to have easy parking, easy to
6 get in and out of. You're open 24 hours a
7 day, seven days a week. You don't require an
8 appointment. You can see a provider
9 generally in less than ten minutes. And if
10 it turns out that you need life-saving
11 emergency care, we have all of those services
12 available; CT, X-ray, ultrasound, moderately
13 complex lab, ER physicians, all in a single
14 convenient location.

15 But if it turns out you only
16 needed a lower level urgent care type of
17 service, you're going to get billed as though
18 you were a walk-in care patient.

19 So, when you look at the things
20 that patients care about on the right-hand
21 side here, hours, wait time, acuity
22 capability, simplicity and value, you can
23 tell that this combined emergency walk-in
24 care model really stands out from the other



1 options available to the community.

2 No need to self-triage. And
3 you only pay for the care you need, I think,
4 is a compelling value proposition to the
5 members of the community.

6 Next slide, please. We went
7 through the process of trying to estimate the
8 cost savings to the community by having this
9 combined emergency walk-in model. And this
10 is just a look at the calculations.

11 So, existing emergency visits
12 in the last 12-month period that was looked
13 at, there were roughly 18,589 visits. It's
14 believed, based on a consultant's report,
15 that there may be some increased utilization
16 or increased demand by having this service
17 available. And they estimated that to be
18 about 2,231 additional visits.

19 And so, the new total number of
20 potential ER visits in the community would be
21 about 20,000. Of those 20,000 we're
22 projecting that roughly 9,161 would seek care
23 at this new Hybrid facility.

24 But because of our model, we



1 recognize that, of those 9,000 patients that
2 come in, a good chunk of those patients are
3 not going to require ER level services, and,
4 therefore, they are going to be converted to
5 a walk-in visit. And we estimate that's just
6 a little under 4,000. And so, if you back
7 out, the increase in demand, the 2,231, that
8 is a net reduction of 1,656 ED visits.

9 In our estimate, in that bottom
10 box below, we estimated that each ED visit
11 that's avoided is a savings of, roughly,
12 \$1,400. So, that would equal \$2.5 million.
13 Whereas, those patients now are going to be
14 billed as a walk-in visit, and we just
15 guesstimated on a high end. We put \$185 in
16 for this calculation. That would offset
17 those savings by \$300,000 resulting in an
18 annual savings of over \$2 million to the
19 community.

20 Next slide, please. So, the
21 benefits to patients, I think, are pretty
22 clear. No need to self-triage. Any time you
23 have an immediate care need, show up to one
24 convenient location knowing that you're going



1 to get the highest level of services you
2 require but only have to pay for the services
3 that you actually need. We're open 24 hours
4 a day. You're going to see a provider in
5 generally around five minutes. We're going
6 to get you in and out of the facility very
7 quickly. For a walk-in, our average is
8 around 40 minutes. For ER, it's a little bit
9 higher. It's around two hours. And you're
10 going to get the right bill.

11 So, the vast majority of the
12 time, you're going to receive a bill that's
13 going to be urgent care. Our average
14 nationally is about 80 percent of our
15 patients are billed as an urgent care rate,
16 as opposed to an ED level. So, it's the
17 right care at the right price conveniently
18 located.

19 For the payor and employer
20 side, it is cost-effective utilization.
21 Their patient comes to this type of a
22 facility. They know that the chances of them
23 receiving a walk-in visit rate, as opposed to
24 being billed as an emergency visit are very



1 high. As I mentioned, that happens about
2 80 percent of the time at our centers, which
3 ultimately is going to result in lower
4 expenses to the employer.

5 There is also not going to be a
6 duplication of charges. You're not going to
7 have the situation where a patient shows up
8 at a walk-in clinic only to find out they
9 need to have a second service at an emergency
10 department.

11 So, by saving that time and
12 money, it's a chance to get patients back to
13 work quicker. Ultimately, it is improved
14 utilization, lower costs and back to work
15 sooner.

16 Thank you.

17 MR. VAN GORP: I believe that
18 concludes our formal presentation.

19 MS. SUDER: Thank you, John.

20 Joanna Suder, Deputy Attorney
21 General for the Board.

22 The Board will now invite
23 Members of the Public to step forward and
24 provide comment on the application.



1 I do have a sign-in list. I
2 will be reading names from that list. I
3 would ask that you please state your name
4 before you begin speaking as we are keeping a
5 record of all comments received.

6 First, we have Dr. David Tam
7 from Beebe.

8 DR. TAM: Good morning. First,
9 I would like to do a sound check.

10 Can you hear me okay?

11 MS. SUDER: We can.

12 DR. TAM: Thank you very much.

13 Ladies and Gentlemen of the
14 Health Resources Board, my name is Dr. David
15 Tam. I am the President and CEO of Beebe
16 Healthcare.

17 And we are here today because
18 we are speaking on behalf of Beebe Healthcare
19 in strong opposition to this application to
20 the Delaware Health Resources Board by
21 Bayhealth for a Freestanding ER on the corner
22 of Route 9 and Hudson Road.

23 I do have some prepared
24 comments, but I will modify them now that I



1 have seen the presentation made by the
2 Applicants of this proposal.

3 First, if I may, the opposition
4 I have or that Beebe Healthcare has is based
5 upon three contentions.

6 Number one, the fact is that,
7 this same Board reviewed literally less than
8 one year ago a similar proposal for a
9 Freestanding ED just a few miles away and
10 determined that there is no need for a
11 Freestanding ED in this location.

12 There has been no change in the
13 requirement since. In fact, the data trends
14 that we have seen over the last five months
15 demonstrates that ED requirements have gone
16 down. And, in fact, there are less people
17 accessing the EDs throughout the country,
18 certainly here in Sussex County at Bayhealth,
19 Nanticoke and Beebe Healthcare.

20 And as a result of that, this
21 service area has also shown that we actually
22 need more of what the HRB has said in the
23 past. We need more walk-ins. We need more
24 primary care and we need more specialty care



1 services. And as a result, as you all know,
2 we continue to build and grow those kinds of
3 services in Georgetown, just a few miles
4 away, as well as in other parts of Sussex
5 County.

6 So, the first contention is,
7 truly, that there is no need at this time,
8 based upon the HRB's own assessment less than
9 one year ago, for a need for a Freestanding
10 Emergency Service or Emergency Department,
11 which is what this hearing is all about.

12 Our second contention is, this
13 Hybrid model is flawed and is not consistent
14 with what Delaware needs and what this area
15 needs.

16 If you looked at the data, and
17 I'm looking at my notes here because it was
18 the first time I was able to see the
19 presentation made with respect to the
20 Freestanding ED and the conversion to walk-
21 ins. It states that there is approximately a
22 40 percent conversion from Freestanding ED to
23 walk-in type business here in this model.

24 The fact of the matter is, we



1 have done an analysis at Beebe, and it is
2 consistent with other locations where the
3 actual conversion to the type of care that
4 can be performed at a walk-in as compared to
5 an emergency room is closer to 10 to
6 20 percent.

7 In other words, people here in
8 Delaware actually use the emergency room in a
9 consistent and appropriate manner.

10 And so, to be perfectly frank,
11 creating a Freestanding ED where someone is
12 actually triaged -- and I'm a pediatrician so
13 I understand exactly what Mr. Herrmann was
14 talking about -- if you have a process where
15 someone is actually triaged and evaluated
16 and, then, determined whether they're ER or
17 walk-in, the fact of the matter is, having
18 this kind of a Hybrid model impairs or
19 worsens the ability to get appropriate care
20 quickly to an ER level care when needed in
21 Sussex County.

22 And so, to be perfectly honest,
23 the fact is, that having a Freestanding ED
24 and Hybrid walk-in model is not consistent



1 with the type of care that is being delivered
2 in Sussex County. It may actually worsen or
3 delay the type of care that is necessary for
4 that patient to get better.

5 I would also then state that,
6 based upon the financial savings model, the
7 financial savings model was still based on
8 the 40 percent conversion rate. And I would
9 contend that this needs to be looked at more
10 carefully because our data has shown that
11 this is actually more of a ten percent
12 conversion or a possibility of conversion.

13 And so, if that number is truly
14 ten percent and not 40 percent, that savings
15 demonstrated or projected in that study would
16 not be appropriate or applicable here in
17 Delaware as compared to what is proposed by
18 Intuitive, a retail model.

19 The last thing I'll mention is
20 that, we have more than adequate resources
21 for extended walk-in services in the area.
22 Once again, following the decision made by
23 this very same Health Resources Board, we
24 have worked hard to increase the amount of



1 walk-in care, primary care and specialty care
2 in the Sussex County area and along that
3 corridor that is the area of description and
4 contention with respect to Route 9, Route 1
5 and Route 13.

6 There is no need for a
7 Freestanding ED, as, once again, defined and
8 determined by this very same Board. And it
9 is our contention at Beebe Healthcare, that
10 having a Freestanding ED/walk-in care is
11 probably not the best appropriate utilization
12 of resources. In fact, the data appears
13 flawed and certainly is not consistent with
14 how healthcare is delivered here in Sussex
15 County, in Delaware.

16 As you know, I am relatively
17 new to the area, having been the President
18 and CEO of Beebe Healthcare for the past five
19 months. And I have identified with our team
20 that the ER services are actually declining
21 in terms of need and, as such, we have
22 shifted to creating substantial increased
23 access for walk-in and primary care using
24 everything from telemedicine to increased



1 access in our actual physical sites.

2 This is what Delaware, and this
3 is what Sussex County needs, not another
4 retail partner that will take the information
5 that we have and create potentially more of a
6 problem with walk-in care and patients
7 getting the appropriate level of emergency
8 care and potentially increasing our costs
9 rather than decreasing them.

10 On the basis of these
11 contentions, Beebe Healthcare strongly
12 recommends that this request/proposal for a
13 Freestanding ED in this area is denied by the
14 Health Resources Board.

15 In fact, we applaud the growth
16 of continued walk-in office space and
17 specialty care. But the ED is not necessary
18 in this area.

19 Thank you.

20 MS. SUDER: Thank you, Dr. Tam.

21 Next up we have Dr. Paul Cowan.

22 DR. COWAN: Are you able to see
23 and hear me okay?

24 MS. SUDER: We can hear you,



1 Dr. Cowan. We cannot see you.

2 DR. COWAN: How about now?

3 MS. SUDER: Now we can.

4 DR. COWAN: Perfect. Thank
5 you.

6 My name is Paul Cowan. I'm an
7 Emergency Medicine Physician in Lewes. I
8 have been practicing emergency medicine here
9 for the last 18 years.

10 In full disclosure, I'm the
11 Chief of the Department. I'm also a member
12 of a private practice that provides emergency
13 services.

14 I have three quick points. I
15 promise they will be quick.

16 The relevance of me being in
17 private practice is that, I've watched very
18 closely the levels of care that we've
19 provided in Lewes and, quite frankly,
20 Harbeson for the last 18 years. So, I'm
21 somewhat an expert in that area.

22 Dr. Tam is correct. Currently,
23 less than ten percent of the patients seen in
24 Lewes are Level 1/Level 2 visits. Even if



1 you added Level 3 visits, that number is less
2 than 20 percent. So, analysis would suggest
3 that 40 percent of the patients in Harbeson,
4 I believe, is full.

5 And as you've heard from during
6 the presentation, Beebe has developed a
7 significant access to walk-in centers in the
8 area, perhaps that's not otherwise developed
9 elsewhere in the State. But as the walk-in
10 centers have developed over the years, the
11 number of lower acuity patients has
12 significantly dropped in our department. So,
13 I don't believe the number, 40 percent, is
14 accurate in Harbeson, based on my experience.

15 My second comment is really the
16 elephant in the room. They've elected to
17 attempt to build a Freestanding Emergency
18 Department 7 miles from the largest emergency
19 department in the County.

20 You know, when you think about
21 Bayhealth, they describe their primary
22 service area as North of the New Castle
23 County line to -- I guess now they're
24 describing the beach as their service area.



1 My question to them is, why you
2 would build a Freestanding Emergency
3 Department adjacent to your competition when
4 you have such a huge swath of the State that
5 is relatively uncovered right now.

6 If you think about the movement
7 of their Milford site from Downtown Milford
8 to east on Route 1, they have further
9 alienated the patients on the Western side of
10 both Kent and Sussex Counties.

11 So, it doesn't seem like they
12 -- there's clearly not a need seven miles
13 from an emergency department for a
14 Freestanding. My question is, when do they
15 plan to build a Freestanding on the Western
16 side of the area to meet their current needs.

17 And my last comment is to the
18 Members of the Resource Board themselves.
19 It's hard to believe that, less than a year
20 ago, you didn't see the need for a
21 Freestanding Emergency Department in
22 Georgetown. And I respect your time and
23 opinion with that. But given that, it's hard
24 to believe that you could be moved to build



1 an emergency department that's that much
2 closer to an already established hospital.

3 So, I thank you for your time.

4 MS. SUDER: Thank you,
5 Dr. Cowan.

6 Next up is I.G. Burton.

7 MR. BURTON: Can you hear me?

8 MS. SUDER: Yes, we can.

9 MR. BURTON: My name is I.G.
10 Burton. And I'm the County Councilman for
11 District 3, which encompasses this area.

12 I want to thank you for this
13 opportunity to speak. And I'll tell you, I
14 have a lot of facts in my speech, but mostly
15 it comes from the heart because I live in
16 this area.

17 I am an elected official
18 representing District 3, which covers the
19 Southeast portion of the County.

20 This proposed location for the
21 Bayhealth complex is in the heart of my area
22 of responsibility. If anyone knows what's
23 occurring as far as land use and public
24 outcry, it's me.

1 This area is experiencing
2 explosive growth, both in commercial and
3 residential development.

4 The planned residential growth
5 in the next ten years within a five-mile
6 radius of this site is projected by Sussex
7 County Planning and Zoning Department to be
8 6,057 homes.

9 Using the average household
10 size of 2.5 people per home, that calculates
11 into just over 15,000 people just within this
12 five mile circle.

13 Since the last application
14 until today, in the same circle there have
15 been an additional 840 dwellings that have
16 either been approved or pending. And an
17 additional 365,000 square feet of commercial
18 space that has already been approved.

19 The growth in Sussex County is
20 not taking place in municipalities. It is
21 taking place in the unincorporated areas of
22 Sussex County.

23 Sussex County is experiencing
24 the most explosive growth in two areas. One



1 is the area that this emergency room -- this
2 Bayhealth project is proposed, followed by a
3 close second to Millville that was just
4 approved for Beebe's Southern Freestanding
5 Emergency Room.

6 So, thank you for approving
7 that. But it's second in growth to this
8 area. The number of residential and
9 commercial units around the Bayhealth site do
10 not reflect the interest by developers and/or
11 the ongoing negotiation between the landlords
12 and developers, landowners and developers.

13 The lands completely
14 surrounding this site are being viewed as
15 possible development opportunities.

16 The Freeman Company has sent a
17 letter of support for this need in this area
18 to support their future plans.

19 The Freeman Company are the
20 developers of Bayside Americana, Bear Trap
21 Dunes and Sea Colony. All three of these are
22 large-town-center type developments. This is
23 what they do, large town centers.

24 If these lands were to be



1 developed similar to their other
2 developments, I would not want to speculate,
3 but the impact would be huge and dramatically
4 increase the population around this site
5 above the 15,000 that we've already talked
6 about.

7 This entire area is being
8 pursued for development. The Director of
9 Waste Management and Operational Compliance
10 for Artesian, a utility company for water and
11 sewer, is Rodney Wyatt. And he stated to me
12 that this area is the second hottest area in
13 the State, with Middletown being number one.
14 Artesian is investing over \$50 million to
15 serve this area with new sewer treatment,
16 sewer and water treatment plants. They
17 recently just constructed a water tower just
18 off the site.

19 These type of investments would
20 not be made if they didn't think there was
21 more opportunity and the ability to pay for
22 it through end users.

23 There's also a new bike trail
24 that bisects this area, connecting



1 Georgetown, Lewes, Milton and Rehoboth. This
2 Sussex County amenity has greatly added to
3 the desirability of this area. It is in my
4 opinion that this area will continue to
5 experience this growth because of its
6 location, close to the beach without the
7 crisis of the beach.

8 However, if you are a resident
9 in this area and want access to emergency
10 services at Beebe, you have to drive across
11 Route 1 and the Five Points intersection with
12 the problems associated with that choice.

13 Route 1 is both a physical
14 barrier and a mental barrier. There are no
15 overpasses over Route 1, causing uncertainty
16 and backups year-round. Nor are there plans
17 for an overpass or relief route over to Route
18 1.

19 With all of the growth that is
20 projected west of Route 1, the traffic on and
21 trying to get across Route 1 will only get
22 worse.

23 I have lived on the west side
24 of Route 1 and near the Five Points



1 intersection for the last 28 years. Downtown
2 Lewes has always been considered by my wife
3 and myself as our town.

4 However, in the recent years,
5 although we still consider it our town, we
6 choose not to patronize it as often as we
7 would like due to the impossible road
8 congestion. Getting up to the light at Five
9 Points is sometimes three and five cycles.
10 Then, to cross on to Savannah Road, which
11 draws down to a one-lane road going into
12 Lewes, only to stop again and again by a
13 series of more lights and traffic all trying
14 to get to the same area, is stressful and an
15 unpredictable task. When choosing to drive
16 in Lewes, we always consider these factors.

17 Unfortunately, when it becomes
18 a medical issue, the road network is the
19 same.

20 East of Route 1 is different
21 than west of Route 1. Getting from one side
22 to the other is almost impossible. The
23 growth is and will continue to be west of
24 Route 1. We must accept this fact. And we



1 must have services where the growth is.

2 In reading Beebe's response
3 stating that locating a healthcare -- and
4 this is a quote, "Locating a healthcare
5 service on Route 9 adjacent to the Town of
6 Harbeson having a population of 2,123 does
7 not improve the access for the majority of
8 the residents of Sussex County." It's, quite
9 frankly, disingenuous and disappointing
10 coming from an organization that I hold in
11 such high standard.

12 The decision you made when you
13 approved Beebe's location for the Southern
14 Emergency Campus in Millville should be the
15 same reasons you approve this location. The
16 present growth and future growth of this area
17 deserve access to healthcare.

18 Thank you. Thank you for this
19 opportunity.

20 MS. SUDER: Mr. Burton, we have
21 been asked if you would disclose any
22 affiliations with Bayhealth if you do have
23 them?

24 MR. BURTON: I'm a past



1 Chairman of Bayhealth. And I'm a Member of
2 the Planning Commission at Bayhealth.

3 MS. SUDER: Thank you. Any
4 subsequent speakers, if you do have an
5 affiliation with the Applicant or any other
6 entity, please disclose them before you begin
7 your comments for the record.

8 Next on our list we have
9 Dr. Kelly Abbrescia.

10 DR. ABBRESCIA: Good morning.
11 That was excellent pronunciation.

12 I am Dr. Kelly Abbrescia. Can
13 you guys hear me okay?

14 MS. SUDER: Yes.

15 DR. ABBRESCIA: Excellent. I
16 am affiliated with Bayhealth. I'm the
17 Medical Director for Emergency Services.
18 I've been with Bayhealth for 17 years. And
19 I've been practicing emergency medicine for
20 22 years. And I'm responsible for the three
21 EDs currently at Bayhealth.

22 I wanted to speak about our
23 Smyrna Freestanding ED experience.

24 As you may know, we opened it



1 in 2012 to provide better access to care. It
2 is a fully licensed emergency department.
3 And we see about 18,000 visits a year.

4 We do offer comprehensive
5 emergency services, which means you can get,
6 as was mentioned, labs, X-rays, CTs,
7 ultrasounds, MRIs. We have full availability
8 to do the medical care that we need to do.

9 It was mentioned, we do have a
10 much shorter length of stay than the other
11 EDs at Bayhealth. It is less than
12 100 minutes. That means arrival to discharge
13 is less than 100 minutes. And we have
14 excellent patient satisfaction, probably
15 because of decreased wait times, quick care
16 and quick dispositions.

17 And it also has helped in why
18 we initially built the Smyrna ED, which was
19 to offset volume at Bayhealth Kent. And as
20 you may or may not know, Bayhealth decided
21 three years ago not to go on divert. So,
22 that's a big deal, because we're the only
23 hospital here and ED here. So, if we go on
24 divert, then patients have to travel quite a



1 distance to get emergency care. So, we made
2 that decision. So, no matter how crazy it
3 gets, how many patients are here, we do not
4 divert EMS services, which is quite
5 challenging sometimes, but I completely agree
6 with that. And it really helps having other
7 facilities that the patient can go to.

8 Our patients definitely tend to
9 be lower acuity in Smyrna. About 50 percent
10 are the fast-track patients -- those easy
11 patients -- compared to the Kent campus
12 having about 15 percent and the Smyrna campus
13 ED has about 22 percent.

14 We do accept ambulances there.
15 We never decline them. It was our policy
16 when we started this to accept ambulances
17 when they arrive and not say, "You know what,
18 that sounds too complicated. Why don't you
19 go to a different ER?" And we don't do that.

20 We are available to help
21 stabilize critical patients prior to
22 transfer. And we can do a vast majority of
23 services that the other EDs can perform. It
24 has amazed me, as the Medical Director, how



1 many times we've had to do this.

2 We've had people with
3 significant head trauma after a jack failed
4 on a car. They threw them in the back of the
5 truck and drove straight to Smyrna ED where
6 we had to intubate the patient. We've had to
7 do surgical crikes in the Smyrna ED. And we
8 have complete capability and training to do
9 all of these. We can put breathing tubes in.
10 We can put large IV in the large veins in
11 your groin or neck and give life-saving heart
12 medicines and blood pressure support. We can
13 deliver babies. We can do cardiac pacemaking
14 if your heart isn't beating right. Quite a
15 few things you can do that you wouldn't think
16 would be available in an urgent care.

17 And this is very important.
18 And like I said, it always amazes me when we
19 do have to provide these services.

20 We are all board-certified
21 physicians that work in the Smyrna Emergency
22 Department. And they also have special
23 training with advanced cardiac life support,
24 advanced trauma life support and pediatric



1 advanced life support. So, they can handle
2 anything that walks in the door.

3 This is an example of some of
4 those. Our emergency care, we do quite a few
5 heart attacks, strokes there. We have given
6 the TPA, which is the clot buster for strokes
7 there. We can handle fractures,
8 dislocations. We've had several severe
9 anaphylaxis where your tongue swells and you
10 lose your airway and we're able to save these
11 people's lives. Severe headaches, bleeds in
12 the brain. We do sexual assault exams there
13 and complex breathing ailments.

14 But we're also able to handle
15 the coughs, colds, flus, sinus infection.
16 That's about 50 percent of what we see. You
17 can take the slide down, please. Thank you.

18 We've also had a few episodes
19 where an ambulance was on the way to Kent,
20 or, perhaps, Christiana and they were unable
21 to put a breathing tube in. And having a
22 Freestanding ED allows that ambulance, and we
23 do have a protocol, where they can stop in
24 our Freestanding ED in Smyrna, the physician



1 puts the breathing tube in if the paramedics
2 are having trouble. Or we've also done that
3 cricothyrotomy where they open up the neck
4 and, then, stabilize the patient and allow
5 them to progress to the emergency department
6 for more appropriate care.

7 We talked a bit about
8 diversion. It also decreases EMS transport
9 times, if they're able to get in, drop the
10 patient and get out. They're not waiting for
11 a bed assignment if the EDs are busy. And it
12 allows a rapid turnaround time so they can
13 get out for the next call.

14 I do agree with Dr. Tam that we
15 did see a decrease with the Covid Pandemic in
16 the ED volumes. Obviously, that was due to
17 being told to stay home orders and everything
18 else.

19 It's interesting. I even did
20 several television interviews trying to tell
21 patients because we were seeing that patients
22 with strokes and heart attacks weren't coming
23 in. Well, I'm very happy to say they're
24 back. In fact, all of our EDs, and this was



1 seen across the nation, all of our EDs are
2 back up to normal volume. In fact,
3 yesterday, we saw 30 patients more than we
4 normally see at Kent. So, we were 30 over.
5 It was crazy. So, we're definitely seeing
6 the volumes back.

7 But what Smyrna also provides
8 and what we saw in emergency departments
9 across the nation is, with Covid, a lot of
10 primary care physicians were not seeing
11 patients. Some were providing Telehealth,
12 but not all patients have the IT capability
13 to use that.

14 So, we did have patients coming
15 in, again, needing prescriptions refilled,
16 running out of medications, having complaints
17 that they could not get in to see their
18 primary doctor. And this is, again, where
19 that Hybrid ED is, again, very helpful.

20 We have excellent staffing at
21 Bayhealth, as mentioned. We are hospital
22 employed. Since we became hospital employed
23 with Bayhealth in 2018, we have been able to
24 hire 13 new ED physicians and seven new



1 advanced practitioners, meaning PAs and NPs.

2 I currently have several
3 applications. So, staffing in other
4 emergency departments certainly wouldn't be
5 an issue.

6 And one of the nice things I'm
7 very proud of is, if we do have a patient
8 come to the Smyrna Freestanding ED who needs
9 admission, Bayhealth does provide ambulance
10 transportation at no cost to those patients.
11 That isn't common and doesn't happen at other
12 facilities. So, if you do need transfer, you
13 do not receive a hospital bill for that
14 transfer if you are going anywhere between
15 Kent, Sussex or the Smyrna Freestanding ED.
16 And we would use that same policy for that
17 new Freestanding ED, if it should be approved
18 on Route 9.

19 Does anyone have any questions
20 for me?

21 Okay. Thank you very much for
22 your time. I certainly appreciate that. And
23 we can go on to the next person.

24 MS. SUDER: Thank you,



1 Dr. Abbrescisa.

2 The next speaker is

3 Dr. Jay Woody.

4 DR. WOODY: So, my name is

5 Dr. Jay Woody. And I am the Chief Medical

6 Officer of Intuitive Health. I'm board

7 certified in emergency medicine and have been

8 practicing emergency medicine in traditional

9 hospital settings, Freestanding ERs and in

10 the Hybrid format that we are discussing

11 today. So, I have about 22 years experience

12 doing that.

13 So, I would really just like to

14 focus today a little bit on the model itself,

15 just to make sure everybody understands

16 exactly how that works and sort of the

17 patient flow and how determination of billing

18 walk-in versus ED is made.

19 So, I'm going to kind of walk

20 you through the process very briefly. And,

21 again, this is all about simplifying access

22 to high quality healthcare that is very

23 patient centric, just something that's very

24 important to me and I think most emergency



1 medicine physicians.

2 And this takes all that guess
3 work out of patients having to decide whether
4 to go to walk-in or whether to go to ED. And
5 it definitely diverts ER over-utilization
6 which helps all of us in the community.

7 So, the process is, all
8 patients present to one door, one facility.
9 They are all seen and evaluated by a
10 board-certified emergency physician. So,
11 there is no triaging of patients before they
12 are seen by the provider.

13 The determination of whether
14 the billing is walk-in versus ED is made
15 based on the resources that are required to
16 evaluate this patient.

17 So, like we just heard, this
18 Freestanding ER is a fully licensed emergency
19 department. And so, it has capabilities like
20 CT scan, ultrasound, advanced laboratory,
21 labs such as cardiac enzymes and things like
22 that.

23 So, a patient is seen by a
24 provider. The provider decides what is



1 required to evaluate that patient. And those
2 tests are ordered or modalities are ordered.
3 And, then, based on what is ordered or the
4 resources needed, that is what determines the
5 billing status.

6 And so, for example, the
7 criteria is very objective. And so, without
8 going into details, for example, if it's
9 something that you can only get at a
10 hospital-based ED, such as CT, then that
11 would be ER billing. Everything else outside
12 of that is walk-in, is walk-in billing.

13 And so, one thing that we've
14 done because we want to make sure there's
15 complete transparency for all of the patients
16 so there's no confusion of what type of
17 billing they will receive, if a patient is
18 going to be receiving ED billing based on the
19 evaluation that's needed, we do a secondary
20 acknowledgement with them just to make
21 certain they understand that and they fully
22 are aware of what type of billing they will
23 receive from their visit that day.

24 Again, this is not something



1 that's required, but we feel it's important
2 to make sure all of the patients understand
3 because healthcare billing is so confusing.

4 One other thing that I would
5 like to comment on because it was brought up
6 by a couple of other witnesses is, our
7 experience, and we have a vast amount of
8 experience all across the United States as
9 far as the percent of walk-in visits billed
10 versus ED visits billed. It is much higher
11 than 50 percent, as some alluded to. And I
12 think there is definitely some data that we
13 would be happy to share with the group, if
14 that would be helpful.

15 But across the board, we're
16 seeing 70 to 85 percent of all of our visits
17 and all of our sites throughout the country
18 are walk-in visit only. So, I definitely
19 think that is important to point out, because
20 that translates, as you saw, into millions
21 and millions of dollars of savings. That's
22 something that would be very valuable to the
23 citizens of Delaware.

24 The other thing that this model



1 offers is that it definitely provides more
2 access to care for patients. And in
3 particular, this model is going to provide
4 primary care and Telehealth, all those other
5 things that it sounds like are important.

6 So, again, I am strongly
7 recommending that this is something that
8 could definitely work in Delaware. And we
9 would be very supportive of the application.
10 I think it adds a lot of value and improves
11 access to patients.

12 Thank you. I'm happy to take
13 any questions if the Board has any.

14 MS. SUDER: Thank you. Before
15 we go on to the next speaker, which is
16 Dr. Bryan Villar, I just want to ensure that
17 the comments are not becoming overly
18 repetitive. I believe that the majority of
19 our last witnesses or last speakers have been
20 representatives from Bayhealth.

21 So, Dr. Villar, are you
22 presenting material that we have not already
23 discussed?

24 I believe you are still on



1 mute, sir. Sorry.

2 DR. VILLAR: Hi, good morning.

3 Can you hear me?

4 MS. SUDER: Yes.

5 DR. VILLAR: So, the material I
6 am going to be discussing is pretty much the
7 same material that I discussed last year.

8 MS. SUDER: Sorry. But is it
9 different than what has already been
10 discussed today?

11 DR. VILLAR: It is different in
12 terms of my own experience. So, I would like
13 to speak on behalf...

14 MS. SUDER: Okay. If you could
15 just limit your time. We are running a bit
16 long.

17 DR. VILLAR: Good morning,
18 everyone. I hope you can hear me.

19 My name is Dr. Bryan Villar. I
20 have been practicing in Sussex County as a
21 family physician for 13 years. And I am with
22 Bayhealth, with Bayhealth Family Medicine
23 here in Georgetown. I've been here for over
24 ten years. I see patients from infancy up to



1 the geriatric age.

2 Last year, I voted in support
3 for this Bayhealth plan, for the Freestanding
4 Emergency Room on the Corners of Route 9 and
5 Hudson Road.

6 As we all know, the nearest
7 emergency room to Georgetown is Beebe
8 Hospital on Savannah Road in Lewes, Delaware.
9 And access to the emergency room in a timely
10 manner is difficult due to traffic
11 congestion, which everyone discussed already
12 at multiple intersections, especially when
13 the patient has to drive to the emergency
14 room.

15 As the age of the population
16 gets older, it is going to be more difficult
17 for them to drive to the emergency room as
18 many of my patients are retirees.

19 And as do I, I live in
20 Harbeson. And just like everyone said, the
21 area has grown, and I've seen it grow in the
22 past 13 years, and so does the traffic. The
23 intersection at Five Points is horrible, even
24 at the jughandle in Lewes. They tried to fix



1 it this year, but it has gotten worse mostly
2 every day.

3 So, as we all know, time is
4 critical when patients experience a stroke or
5 heart attack and need immediate intervention
6 that would definitely save the lives that
7 prevent further complications.

8 More importantly to note, it is
9 comforting to know if an emergency department
10 is only five minutes away and not 20 or
11 30 minutes away.

12 I'm sure we all had this
13 experience like I've had in the family.
14 Because I realized last night when I was
15 thinking, it's not just the Medicare patients
16 or the older population that need an
17 emergency facility closer to their home.

18 In my experience, when my child
19 had an accident, you get into the car with
20 your spouse. You're rushing there to get to
21 the emergency room as fast as you can. The
22 whole time your adrenaline is pumping.
23 You're weaving through traffic trying to get
24 there and reassuring your family. We're



1 almost there. We're almost there. Just hold
2 on. We're almost there. But now, realizing
3 that if the emergency room is right there on
4 Hudson, you're not almost there, you're here.

5 So, again, in closing, a
6 Freestanding Emergency Department would
7 benefit our community. And I hope this Board
8 agrees with the Bayhealth application and
9 approves it.

10 Thank you.

11 MS. SUDER: Next up we have
12 Tita Lewis. Okay. Tita Lewis.

13 Okay. Last on the list, and,
14 then, I will open it up for further public
15 comment, is Sheldon Hudson.

16 Mr. Hudson, just a reminder, if
17 you are planning to speak, you are probably
18 on mute, so you would need to unmute.

19 Okay. I guess we will not be
20 hearing from Mr. Hudson.

21 Would anyone else like to make
22 public comment at this time?

23 MS. LEWIS: This is Tita Lewis.

24 MS. SUDER: Yes. Hi.

1 DR. TAM: And Dr. Tam.

2 MS. SUDER: Okay.

3 MS. LEWIS: I know time is a
4 problem. And, basically, I would like to
5 say, I agree strongly with everything that
6 Mr. Burton says. And I talked to a lot of
7 people and all have this concern, neighbors,
8 friends, young and old. We would like to
9 have access. We would like to have options.
10 And I think this request would meet these
11 concerns.

12 Thank you.

13 MS. SUDER: Thank you.

14 Dr. Tam, I believe you wanted
15 to speak?

16 DR. TAM: Yes. Thank you very
17 much. I will not take long. But I wanted to
18 respond to a couple of things that were
19 brought up.

20 First, you know I am a Sussex
21 County resident. This is my community. I
22 moved from California to be a part of our
23 community to improve the healthcare services
24 of this community.



1 I am a little concerned that
2 there are people who are speaking on behalf
3 of the Applicant who are not necessarily
4 community members. But that may be just me
5 and not necessarily understanding the
6 procedures of a public hearing.

7 With that said, a couple
8 things. Number one, the data of utilization
9 being walk-in type versus actual emergency
10 Level 3/Level 4 is not made up. It is our
11 actual data. And that shows that Sussex
12 County residents do an excellent job of
13 knowing that they need to come to the
14 emergency room.

15 And so, really it is not
16 40 percent, but close to ten. In fact, I
17 think even Dr. Abbrescia said 15 percent,
18 that eight room Freestanding ER in Smyrna.

19 And so, I am concerned about
20 some of the data with respect to potential
21 savings in dollar figures. I understand that
22 Intuitive is an excellent company that works
23 with EDs and urgent care conversions. So, I
24 don't know if there was a discrepancy in the



1 information. But we stand by that number.

2 Number two, I agree with
3 everybody that there needs to be more access.
4 But that access, as the Board itself stated
5 less than a year ago, is not a Freestanding
6 ED.

7 Beebe Healthcare did apply.
8 Beebe Healthcare heard from the Board. And
9 Beebe Healthcare is now pivoting to create
10 more primary care, specialty care and walk-in
11 care access to that community.

12 And as a result of that, we
13 have moved forward with Telemedicine and
14 increased building. And it is my
15 understanding that there is no need to get
16 Health Resources Board approval for creating
17 those more appropriate avenues of care.

18 So, if this is all about the
19 Freestanding ED, the numbers haven't changed,
20 the situation has not changed since nine
21 months ago.

22 And, once again, Beebe strongly
23 opposes the application for a free, whatever
24 the model is, in this location.



1 Thank you very much.

2 MS. SUDER: Thank you, Dr. Tam.

3 Is there any other Member of
4 the Public who wishes to comment before we
5 hear from the Applicant again?

6 DR. HOCHSTEIN: This is
7 Dr. Craig Hochstein.

8 Can I make a comment?

9 DR. SUDER: Sure,
10 Dr. Hochstein.

11 Who is your affiliation with?

12 DR. HOCHSTEIN: I am actually
13 the Medical Director of the Freestanding
14 Emergency Department in Smyrna.

15 MS. SUDER: I do want to
16 request that you keep your comments to
17 anything that has not been previously
18 discussed.

19 I believe Mr. Van Gorp is going
20 to do a short presentation following public
21 comment. So, I really just want to keep
22 comments a little more limited. They are
23 going off the rails a little bit.

24 DR. HOCHSTEIN: My comments



1 will take about 30 seconds. And I think it
2 is an important point that hasn't been
3 brought up.

4 We were talking about access to
5 our emergency department. And when Beebe
6 Hospital or Nanticoke Hospital go on divert,
7 it creates a statewide EMS crisis. So, even
8 on a good day en route to get to Beebe,
9 that's great. But there are days Beebe is
10 overwhelmed and they go on divert and those
11 ambulances necessarily have to go somewhere
12 else.

13 That's my only comment.

14 MS. SUDER: Any further
15 comments from Members of the Public not
16 affiliated with the Applicant?

17 Mr. Van Gorp, did you want to
18 speak again?

19 MR. VAN GORP: Yes. I would
20 like to take the time to rebut the letters
21 that have been submitted to the Health
22 Resources Board by Peninsula and Beebe.

23 MS. SUDER: Okay. And just for
24 clarification, we will not be hearing further



1 public comment at this time.

2 We will hear from the
3 Applicant, and, then, I will end the meeting.

4 Go ahead, John.

5 MR. VAN GORP: Okay. Thank
6 you.

7 I'll first start with
8 responding to the Peninsula/Nanticoke
9 Opposition Letter.

10 Next slide. So, Nanticoke's
11 letter has a variety of themes that was
12 submitted to the Health Resources Board, none
13 of which truly addresses Bayhealth's revised
14 proposal, other than to simply say
15 Freestanding Emergency Departments are bad.

16 They talk there of custom
17 managed ED utilization during Medicare Shared
18 Savings Program. Peninsula talks of their
19 Maryland model of care.

20 But one key concession they
21 made in their letter is that our facility
22 will have minimal impact on Nanticoke, which
23 was a major concern last year when the
24 applications were being considered.



1 Next slide. I'm assuming one
2 of the reasons that Nanticoke did not address
3 Bayhealth's revised proposal, it does not
4 appear they even read it. Many of the
5 arguments they make in that letter are the
6 same as last year.

7 Bayhealth considered those
8 arguments and tried to address them with our
9 revised application, which is why we have
10 some level of frustration with this current
11 letter. We agree with their concerns and
12 believe we have addressed that through this
13 project. Freestanding Emergency Departments
14 can result in inappropriate utilization,
15 which is why we have proposed the Hybrid ED.

16 We applaud Peninsula's Know
17 Where You Go Campaign. However, patients
18 continue to inappropriately use emergency
19 care 40 percent of the time.

20 It's not always perfectly clear
21 when you try to seek emergency services and
22 the Hybrid ED takes the need to self-triage
23 out of the patient's hands and ensures they
24 give the best care available while only



1 paying for the level of care they need.

2 Next slide. Nanticoke's
3 laudable efforts, including participation in
4 the eBright ACO, they do struggle to manage
5 ED utilization. Their performance in the
6 eBright ACO trails all the other hospitals.

7 And this table shows the
8 Medicare costs per member per month and the
9 ED visits per thousand per year of the
10 Delaware hospitals participating in the ACO.

11 Nanticoke's Medicare costs per
12 member per month is almost \$200 more than
13 Bayhealth. For every thousand Medicare
14 members attributed to Nanticoke's network,
15 they will use the ED 170 times more than
16 members attributed to Bayhealth's network.
17 We believe the Hybrid ED concept is a more
18 effective tool to help manage ED utilization.

19 Next slide. There are a couple
20 of inaccuracies in the Peninsula letter as
21 well. In touting the Maryland system,
22 Peninsula makes the claim that Freestanding
23 Emergency Departments are not permitted in
24 Maryland. I was confused by this statement



1 because I drive by one in Queenstown whenever
2 I drive to the Bay Bridge.

3 So, I reached out to the
4 Maryland Health Care Commission and received
5 the quote on the screen that they can be
6 established by the CON process just like in
7 Delaware.

8 Next slide. Further, Nanticoke
9 claims that transport costs to hospitals from
10 Freestanding Emergency Departments are billed
11 to patients. That is incorrect. At least at
12 Bayhealth, we incur those costs.

13 And it should be noted that our
14 Smyrna facility transports less than two
15 percent of its patients to a hospital. So,
16 it's a rate less than even our Sussex
17 Hospital. So, there is not a lot of
18 transport that takes place in these
19 facilities. We take care of the patients.

20 Next slide. This slide
21 summarizes our arguments against Peninsula's
22 letter with the exception of our appreciation
23 for their acknowledgement that our Hybrid ED
24 will have minimal impact on Nanticoke.



1 With that, we'll go to our
2 response to the Beebe Opposition Letter.

3 And I know there is a lot of
4 statements saying nothing has changed. But
5 what has changed in our application is, we
6 don't think the environment has necessarily
7 changed. We still think there's a need for a
8 Freestanding Emergency Department, in this
9 case, a Hybrid ED.

10 What has changed is the
11 delivery method to provide that service so we
12 can provide it in a more cost effective --
13 actually, a cost-savings method for the State
14 and for residents.

15 And so, I'd like to present
16 some additional arguments presented by Beebe,
17 who clearly read our application.

18 I believe you're aware that
19 Beebe had submitted applications previously
20 for Freestanding Emergency Departments in
21 Millville, which was approved, opened last
22 year, or, excuse me, opened this year and for
23 Georgetown, which was denied last year.

24 I bring this up because there



1 are arguments made in their applications that
2 are consistent with our application in
3 support of a Freestanding Emergency
4 Department west of Route 1.

5 I also think we are consistent
6 with these themes. At least we were. We
7 wouldn't have both submitted an application
8 if we didn't think a Freestanding Emergency
9 Department was needed west of Route 1.

10 We also agree on there is
11 significant population growth. Traffic
12 infrastructure is a problem. Freestanding
13 Emergency Departments help decompress
14 hospital EDs. All these were quoted in the
15 applications.

16 Some of these quotes were
17 presented in our opening presentation. So,
18 providing that for you as part of this
19 rebuttal record, I'm not going to belabor
20 these.

21 But there are a couple of
22 things on the population side. Let's go to
23 the next slide.

24 The population growth is a



1 consistent theme with both, also that the
2 Eastern side of the State is growing more
3 than the Western side.

4 Go to the next slide, please.
5 It is just a quote regarding the population
6 from their Millville application in this
7 particular case. Growth, growing more than
8 double the Western side of the County, which
9 is why we're focusing on where we are, where
10 the growth is and that are being underserved.

11 Next slide, please. What was
12 in their Millville application was also a
13 section of tourists and the impact on the
14 need for a Freestanding ED that we agree with
15 and believe is applicable. One must also
16 consider visitors to the area, not just
17 permanent residents. As many as 1.4 million
18 tourist visited Sussex County in that
19 particular year. So, there's tremendous
20 resources needed for taking care of these
21 patients.

22 Next slide, please. We both
23 argue that Route 1 is a barrier to access.
24 And actual quotes were presented earlier.



1 So, I'm not going to dwell on these.

2 You can go to the next slide.

3 Travel times from Georgetown, 50 minutes.

4 Next slide. Next slide.

5 Talking about how long EMS travel takes.

6 Next slide, please. And here

7 are quotes regarding the benefits a

8 Freestanding Emergency Department can have on

9 decompressing the hospital EDs. Through

10 their applications, Beebe expected throughput

11 to improve at the Lewes ED as volume shifted

12 to other centers.

13 Next slide. Their average

14 occupancy is at 88 percent.

15 Next slide. So, now, a few

16 months later, Beebe seems to question the

17 need for a Freestanding ED west of Route 1.

18 Route 1 is not necessarily a barrier to

19 access, and expressing concerns about impact

20 on them, at least in their letter.

21 So, I will address some of the

22 specific arguments presented in their letter

23 and the comments made here today.

24 Next slide. In Beebe's letter



1 to the Health Resources Board, they provided
2 reasons for last year's Review Committee
3 report as to why it was recommended our
4 application be denied.

5 Generally, two of the reasons
6 were related to the cost of care, which I
7 will address shortly. And two reasons were
8 related to the impact on other providers that
9 are listed here.

10 I believe Beebe is trying to
11 argue that the comments made by the Review
12 Committee last year pertain to them.

13 Next slide. We challenge that
14 assessment. If one reads the Review
15 Committee's report, all the concern related
16 to impact on existing providers was related
17 to Nanticoke. While the impact on Nanticoke
18 by Beebe was significantly greater due to the
19 proximity in Georgetown, Beebe's proposed ED,
20 Bayhealth got painted with the same brush.

21 The Review Committee made no
22 mention of concern with Bayhealth's impact on
23 Beebe, my guess is, because Beebe was
24 proposing the same thing we were, a



1 Freestanding ED west of Route 1.

2 Next slide. Additionally, in
3 Bayhealth's defense, we did acknowledge in
4 our application that there would be an impact
5 on the Beebe ED, as well as the Bayhealth
6 Hospital Sussex Campus ED. The impact, on
7 one hand, is positive. Both organizations
8 argued there's a need for a Freestanding ED
9 west of Route 1. Both organizations argued
10 that a Freestanding ED can decompress a
11 hospital ED, improve service, reduce
12 diversions.

13 On the other hand, it is the
14 concern of the negative impact on volume and
15 related revenues at Beebe, as well as at
16 Bayhealth ED.

17 But both organizations, Beebe
18 and Bayhealth, seem to agree that Bayhealth's
19 projected volume, as Beebe stated in their
20 letter, just 5,274 patients annually is not a
21 significant impact.

22 Bayhealth's projected volume is
23 far less than what Beebe projected for their
24 Georgetown Freestanding Emergency Department.



1 Therefore, Bayhealth's minimal
2 impact should not necessarily jeopardize
3 Beebe's ability to provide ED services at its
4 hospital or its Millville Freestanding
5 Emergency Department.

6 Next slide. As they did last
7 year, Beebe presented traffic maps to address
8 the duplication of services and present in
9 such a fact that the maps were inarguable.

10 Next slide. But as they did
11 last year, Beebe neglects to provide any
12 supporting information for these maps, who
13 did it and when it was done.

14 So, for anyone that travels in
15 Sussex County on Route 1 or Route 9,
16 particular time of year, on a particular day,
17 at a particular time of day travel can be
18 easy. At other times, particularly during
19 peak season, travel can be difficult.

20 We have shared concerns
21 expressed by DelDOT. Other people have
22 shared our concerns here, and the witnesses
23 that were presented here today. Even last
24 year during the review, John Walsh, who lives



1 in Rehoboth, said crossing Route 1 is a
2 nightmare.

3 And so, this is a significant
4 issue and barrier to access for residents in
5 that area.

6 Next slide. Beebe also
7 challenged our location and suggested
8 healthcare services should be located in
9 municipalities and that our Route 9 site is
10 distant from where the people live. They
11 provide some limited population data related
12 to Harbeson, which is near our Route 9 site.
13 So, these are quotes from their letter.

14 In response, next slide, we
15 challenged the imprints that the
16 municipalities contain the majority of the
17 population. Our data shows us that the
18 majority of people and the majority of growth
19 is occurring in the unincorporated areas of
20 Sussex County. Because a lot of demographic
21 information is provided at the Zip Code level
22 and the Postal Service attributes the name of
23 the town to the Zip Code, people may assume
24 that the population of the Zip Code is the



1 same as the population of the attributed
2 town. As you will see, that is not the case.

3 Next slide. This slide shows
4 the City of Georgetown boundaries on the map.
5 The City of Georgetown has a population of
6 7,600. The rest of the population, total a
7 21,000 in the Zip Code, is dispersed in the
8 unincorporated areas of Sussex County.

9 Next slide. This slide shows
10 the Zip Code boundaries of Georgetown and
11 where the 21,000 people live.

12 Beebe would like to -- through
13 their letter, would like you to believe that
14 the population lives in the City of
15 Georgetown. In fact, the majority of people
16 live outside of Georgetown. Also,
17 significantly more people, through our
18 demographic assessments, live east of Highway
19 113 than west.

20 Next slide. The City of
21 Millsboro has also submitted a letter about
22 their growth. And one might assume that the
23 population of the Zip Code primarily lives in
24 Millsboro when, in fact, only about one-sixth



1 of the population lives in Millsboro.

2 Next slide. The rest of the
3 population resides in the unincorporated
4 areas of the Zip Code as shown here in this
5 map. This is the Zip Code map.

6 Next slide. This slide shows
7 the distribution of the population.
8 Essentially, two-thirds of the population
9 live in the Eastern part of the Zip Code and
10 is expecting to experience the majority of
11 the growth. Most of the Eastern portion of
12 this Zip Code is in Bayhealth's proposed
13 service area.

14 Next slide. Harbeson,
15 mentioned in Beebe's letter, is not an
16 incorporated town so it has no municipal
17 boundaries. It does have a Post Office and
18 has a Zip Code, which is shown here.

19 Next slide. The growth in the
20 unincorporated areas of Sussex County is
21 evidenced by the number of housing permits
22 issued.

23 According to the 2019 Report on
24 State Planning Issues, the unincorporated



1 areas of Sussex County experienced 72 percent
2 of the housing permits issued.

3 While Millsboro is, indeed, the
4 number one municipality, as they expressed in
5 their letter in terms of housing permits, it
6 still pales in comparison to the growth
7 occurring in the unincorporated areas, much
8 of that growth occurring right around our
9 proposed site.

10 Next slide. This chart simply
11 shows, again, the new housing developments
12 around the five-mile radius around our site.

13 Next slide. It was referenced
14 by Mr. Burton. We received a letter of
15 support from one of the largest developers in
16 the State, who has plans for a significant
17 development around our site. Therefore, we
18 do not think there is much merit to Beebe's
19 contention that healthcare services should be
20 confined to the municipalities.

21 Next slide. Shifting now to
22 our Cost Savings Estimates related to Hybrid
23 ED. It has been stated repeatedly, Beebe
24 challenges our assumptions to how many ED



1 visits will be converted to walk-in visits,
2 which we estimate at 40 percent. The
3 standard rate is unreasonable by comparing --
4 excuse me -- in their letter, the standard
5 rate is unreasonable by comparing the two
6 specific payors and focusing only on ER
7 facility billing codes for Levels 1 and 2 out
8 of the five main billing codes.

9 Next slide. We say that our
10 40 percent estimate is entirely reasonable.
11 We estimate that 52 percent of our Smyrna ED
12 visits are non-emergent, which we had
13 submitted earlier to the Review Committee.

14 Further, the Review Committee
15 itself, last year reviewing Bayhealth's and
16 Beebe's Freestanding ED applications,
17 estimated that 33 percent of ED visits for
18 the State of Delaware employee health plan
19 were non-emergent.

20 Next slide. We based our
21 40 percent conversion rate on conversations,
22 data supplied by our ED physicians, like
23 Dr. Abbrescia, clinical acuity assessment
24 scores, the experience of Intuitive in other



1 markets, and the experience of the State
2 Health Planning, the State Benefits Office.

3 We also considered all payors,
4 including Medicaid and self-pay population
5 who use the ED services for non-emergent
6 purposes far greater than other payor
7 classes. Beebe chose not to identify those
8 payor groups. Beebe also ignored the fact
9 that patients who are billed at an ER Level 3
10 charge, a significant percentage of those
11 patients can also be converted to a walk-in
12 level service.

13 Next slide. This chart shows
14 the distribution of payors and the
15 distribution of visits across billing codes
16 for Bayhealth Sussex per hospitals close by.

17 In the left three columns,
18 you'll see that Medicaid patients make up the
19 highest percentage of ED visits, of
20 35 percent.

21 And the right three columns
22 show the distribution of visits across the
23 billing codes.

24 For example, 29 percent of



1 Medicaid patients are billed at a low acuity
2 ED rate. Self-paid patients have the highest
3 percentage of low acuity visits at
4 31 percent.

5 Further, Level 3 visits make up
6 the largest single billing code with a
7 significant number considered walk-in level
8 cases. We do not know Beebe's payor mix
9 information. But if any way comparable, if
10 they did not ignore the Medicaid and self-pay
11 populations and did not ignore the Level 3
12 visits, the 40 percent conversion factor
13 becomes very reasonable.

14 Next slide. Beebe also touts
15 their ED charges are way under the rate of
16 the \$1,484 cited by Bayhealth as to the costs
17 of the average ED visit and challenges the
18 credibility of that number.

19 Next slide. It is interesting
20 to note that, once again, Beebe only provides
21 partial information. The ED charge they
22 quote does not include physician charges, lab
23 or X-ray, which will escalate those charges
24 quite rapidly.



1 And as a reminder, we use the
2 \$1,484 figure because that was the cost
3 calculated by the State Benefits Office and
4 quoted by last year's Review Committee as the
5 average cost of an ED visit.

6 Given the fact that Beebe
7 chooses to exclude significant contributors
8 to costs and, then, tries to discredit what
9 the State is actually paying for ED services,
10 it is hard to give any credibility to their
11 revised calculations of cost savings related
12 to Bayhealth's Hybrid Emergency Department.

13 Next slide. Beebe then goes on
14 to challenge Bayhealth's charges by saying
15 that, and I'll emphasize, "Gross charges are
16 46 percent above its prior COPR application
17 and do not really address the net payments
18 that we actually received."

19 Next slide. We calculated our
20 financial model based on our estimates of
21 what we will get paid for net revenue.
22 That's how we did our calculations. Each
23 payor class pays us differently, based on
24 government-dictated rates or negotiated



1 rates.

2 For purposes of completing the
3 application schedule, which requests
4 information on gross charges, we backed into
5 the gross charge number by dividing by a
6 reimbursement percentage. We probably
7 wouldn't provide this charge information if
8 it was not requested, simply because gross
9 charges do not reflect what we get paid.

10 Next slide. Nonetheless, what
11 we get paid as a percentage of our charges
12 continues to go down, and we're sharing that
13 here in our assumptions on this page. We
14 estimated that we would be paid at 33 percent
15 of charges last year in our application. And
16 we estimate with this Hybrid ED, we will be
17 reimbursed at 30 percent of charges.

18 I don't know why the year two
19 percentage of charges in our 2019 application
20 was 41 percent, which is what caused the
21 discrepancy and pricing identified by Beebe.
22 My guess is that it was a calculation error,
23 but did not investigate further simply to
24 defend last year's withdrawn application.



1 We would argue that the key
2 line to focus on is the net revenue number.
3 That is what we get paid by payors, not our
4 gross charges. Beebe did not seem to have
5 any concern with that number.

6 Finally, Beebe challenges the
7 \$9 to \$11 million investment that the
8 community is making in order to serve both,
9 again, just 5,274 patients annually.

10 Next slide. Just to be clear,
11 Bayhealth is paying the entirety of the costs
12 and is at full risk.

13 Further, these costs are
14 significantly less than what Beebe has paid
15 and proposed for Freestanding ED services.

16 It is also interesting to note
17 that, at the beginning of the letter, they
18 are concerned about the impact on them. But
19 by the end, they make arguments that the
20 amount of volume that we are proposing is
21 immaterial.

22 Next slide. Therefore, in
23 conclusion, we don't believe Beebe's
24 arguments are supported by data.



1 Beebe's arguments are somewhat
2 contradictory. And we believe this
3 application can improve access, quality and
4 service while reducing costs with limited
5 impact on Beebe.

6 That concludes my rebuttal.

7 MS. SUDER: Thank you.

8 Pursuant to 16 Delaware Code
9 9305, Subsection 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.

14 The time frame may be extended
15 up to 180 days if within 60 days from the
16 date of notification of intent to review the
17 application the Board notifies its intent to
18 do so.

19 The time for public comment
20 period on this application review has ended.
21 There will be no further public comment.

22 The Committee will conduct
23 discussions and deliberations. All of this
24 will occur in public forums open to the



1 public and will be noticed.

2 The Committee will hold as many
3 meetings as necessary to make a determination
4 to bring before the full Board.

5 And this concludes today's
6 public hearing.

7 Thank you.

8 (Public Hearing was concluded
9 at approximately 11:18 a.m.)

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1 State of Delaware:

2 New Castle County:

3

4 CERTIFICATE OF REPORTER

5

6 I, Gloria M. D'Amore, Registered
7 Professional Reporter and Notary Public, do
8 hereby certify that the foregoing record,
9 Pages 1 to 100 inclusive, is a true and
10 accurate transcript of my stenographic notes
11 taken on Tuesday, July 28, 2020, in the
12 above-captioned matter.

13 IN WITNESS WHEREOF, I have hereunto set
14 my hand and seal this 2nd day of August,
15 2020, at Wilmington, Delaware.

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GLORIA M. D'AMORE, RPR

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