



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

MEGAN BARRY
MAYOR

OFFICE OF THE MAYOR
METROPOLITAN COURTHOUSE
NASHVILLE, TENNESSEE 37201
PHONE: (615) 862-6000
EMAIL: mayor@nashville.gov

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The Honorable David Briley, Vice Mayor
Members of the Metropolitan Council
Members of the Hospital Authority
The Metropolitan Government of Nashville
and Davidson County
Nashville, Tennessee 37201

Dear Vice Mayor Briley, Members of the Council, and Hospital Authority Members,

This past week, Vice Mayor Briley and I met with the Chair and Executive Director of the Hospital Authority to discuss next steps to reach our goal of improving healthcare for our citizens while maintaining the City's fiscal integrity.

As a result of this meeting and with the recommendations of Vice Mayor Briley, we believe we should take the following steps to move forward:

- **Commitment** to funding the Hospital Authority to continue inpatient services at least through the end of an investigatory and decision-making process for the future model of Nashville General Hospital.
- **Investigating** the risks, benefits, and costs associated with the course of any actions recommended by stakeholders in the future of Nashville General Hospital in as transparent a way as possible.
- **Deciding** by no later than December 2018 how we can come together as a community around a working model for the future of Nashville General Hospital.

While there seems to be general consensus around the idea of a new model being needed at the hospital going forward, there is not consensus on what the next steps should be and how to move forward in a positive and constructive manner. Accordingly, let me suggest what the Vice Mayor has called a "reset" on this issue. My announcement in November of 2017 was meant to be positive and a starting point for a broader stakeholder conversation about the future of indigent care in Nashville. Obviously, that has not occurred as intended, and I'm sorry that I didn't engage you and other stakeholders before any announcements or decisions were made. I'm also sorry for the pain and stress this has caused the hospital staff and patients who were impacted by this announcement.

The first step in this is to determine how much money the Authority will need to maintain operations for the current fiscal year. The Finance Department has received detailed information it requested from the Authority, and we will be in position to make a recommendation to the Metro Council by its first meeting in February.

Second, there must be some general consensus on the best operating model for Nashville General Hospital going forward. Clearly, there is not consensus at this time for a plan of closing inpatient care, focusing on clinic services, and developing an indigent care fund. In order to give this effort the proper time to develop a plan and consensus, I would propose delaying any decisions until the end of 2018. In our meeting last week that included Hospital Authority Chair Dr. Jan Brandes, Nashville General Hospital CEO Dr. Joe Webb, Vice Mayor Briley and others, we agreed that all options should be on the table for determining the best plan for all parties going forward.

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I appreciate the continuing work of the Meharry-led stakeholder engagement team that includes many champions of Nashville General Hospital and the patient population typically served by them. There have been some legitimate concerns raised about these meetings not being open to the public. While we have encouraged the Meharry Medical College team to make them more open to the public, they believe firmly that conversations must be confidential in order to do the work they want to do. They have also released a communications plan that would give the public more information about what is occurring as a result of these meetings, and they've pledged to hold public listening sessions to gather feedback. The Meharry working group is not a governmental agency or body and is not mine to direct as to open meetings. I hope that whatever recommendations or suggestions they come out with in the future will lead to positive conversations in the community about indigent care.

While I believe the stakeholder group is broad-based and represents many elements of the community, and I had hoped that their work could more directly inform policy discussions around Nashville General Hospital's future, it's clear that we will have to chart our own path towards developing the best model for the hospital. Over the next few weeks and months, we will be engaging stakeholders to determine how to do just that in a way that will produce more support and trust in the community.

My understanding is that the Hospital Authority has retained outside counsel, Ken Marlow from Waller Lansden, to assist in any restructuring of operations. We hope to work with Mr. Marlow, Dr. Webb, the Hospital Authority, and Metro Councilmembers to discuss ways in which we can move forward towards a better future.

To be clear, the status quo of operations at the hospital cannot continue indefinitely. Fiscal issues have troubled the hospital and Metro government for many years preceding my term in office and yours. The decision by Meharry Medical College to partner with TriStar Southern Hills as a training hospital presents a turning point for the hospital. Decisions about the hospital in the past have been viewed through the lens that changes to operational models could negatively impact the accreditation of one of America's preeminent historically black medical colleges. That paradigm is shifting, and we need to have a community plan for how we will address a new landscape.

It was my intention all along for the Metro Council, Hospital Authority, and Meharry Medical College to work together towards a new, better model of care at Nashville General. For anyone interested in and willing to work constructively towards a plan that promotes the best healthcare outcomes for Nashville's indigent population, while also safeguarding taxpayers from ever-growing Hospital Authority budget deficits that jeopardize our city's fiscal health, I'm here to do just that.

Thank you for your time and your thoughtful consideration of these issues.

Kind regards,



Megan Barry
Mayor