STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY

IN RE: TERMINATION OF INPATIENT OBSTETRICS SERVICES AT WINDHAM HOSPITAL	)	DOCKET NO. 20-32394-CON
	)	NOVEMBER 2, 2021

PREFILED TESTIMONY OF JOHN F. RODIS, M.D., M.B.A., FACHE, FOUNDER & PRESIDENT, ARISTA HEALTH, LLC

Good morning, Attorney Yandow, Executive Director Veltri, and members of the Office of Health Strategy ("OHS") staff. My name is Dr. John Rodis and I am a health care consultant with Arista Health, LLC ("Arista") and a former practicing Obstetrician/Gynecologist ("OBGYN"), Maternal-Fetal Medicine Specialist ("MFM"), and hospital administrator. Thank you for this opportunity to testify in support of the CON Application for closure of Windham Hospital's ("Windham" or the "Hospital") obstetric ("OB") labor and delivery service. I will testify as to why I believe it is the right decision based upon the low-volume of births and staffing challenges, as well as the demographics of patients in the Windham area; the adequacy of Windham's plan to transition patients to better staffed, better equipped and better prepared high-volume OB hospitals in the area; the benefits to patients of delivering their babies at high-volume hospitals; and the tremendous benefit to the Windham community of the investments that Hartford HealthCare Corporation ("HHC") is making in both prenatal and postpartum

services, as well as other services that benefit women and vulnerable residents of the service area.

Professional Background

I have been part of the healthcare landscape in Connecticut for over 35 years. By training I am a Board-certified OBGYN. I am fellowship trained in MFM and Clinical Genetics and hold a second Board certification in Maternal-Fetal Medicine (" MFM"). I spent 17 years at the University of Connecticut Health Center ("UCONN") where I served as Director of the OBGYN Residency Program, Director of Perinatal Genetics and where I was an active member of the Division of Maternal-Fetal Medicine. During this time, our program served as the primary referral site for high-risk pregnancies from Northern, Southwestern and Eastern Connecticut. This included the referral of patients from Windham Hospital and, as a result, I am familiar with the Windham community and its needs and concerns around safety in childbirth.

I also served as Department Chair of OBGYN at Stamford Hospital ("Stamford") and Chairman of the Department of OBGYN and Physician Leader of the Women and Infants Service line at Saint Francis Hospital and Medical Center ("St. Francis"). In these roles, I initiated perinatal safety programs with a goal of ensuring a safe childbirth experience for both mother and baby. I continue to teach and currently hold the position of professor at the Frank Netter School of Medicine at Quinnipiac University.

From 2015 to 2020, I served as President of Saint Francis Medical Center and was in fact the first physician to hold this leadership role at the 600-bed community teaching hospital, one of only three Level 1 Trauma Centers in the State. During my tenure at Saint Francis, we opened the Karl J. Krapek Comprehensive Women's Health Center, received a Women's Choice Award

as one of America's 100 Best Hospitals for Patient Experience, and received an "A" for patient safety from the Leapfrog Group five years in a row.

In addition to my position at St. Francis, I served as the President of the Hartford Market of Trinity Health New England from 2017 to 2020. In this role I had oversight of Johnson Memorial Hospital, a small community hospital located in Stafford Springs. As such, I am in a unique position to understand the needs and challenges of a community hospital, particularly around the provision of obstetric services.

I have served as Chairman of the Connecticut Hospital Association's Quality Committee and on the Executive Committee of its Board. I have authored or co-authored over 100 peer-reviewed articles in my specialty and have served as an oral examiner for the American Board of Obstetrics and Gynecology for nearly 20 years, conducting oral examinations for candidates seeking board certification.

I am now the President and Founder of Arista, a healthcare consulting company whose mission is to drive quality, safety and patient experience and reduce risk in hospitals and health systems. A copy of my Curriculum Vitae is attached as Exhibit A.

Finally, it is worth noting that I have never worked for HHC or any of its affiliates, having in fact worked for Hartford Hospital's primary competitor St. Francis for many years. In giving my opinions today, I do so without bias and with the utmost respect for my OBGYN colleagues in the Windham area, many of whom I have trained and had professional relationships with for years.

Decision to Close Windham Hospital

Having reviewed the CON submissions in this matter, including the expert report prepared by Dr. Sindhu Srivinas, I agree with Windham's decision to close its obstetric program in the interest of patient safety. To reiterate what Dr. Borgida said in his testimony, the relatively low volume of births at Windham makes it difficult to recruit and retain qualified clinicians and for those clinicians to maintain the skills and competencies required to ensure safe deliveries for mothers and their babies. Between July of 2018 and June of 2020, there were two (2) periods of time where the OB unit went longer than 14 days without a maternity admission and 16 periods of time where the unit went longer than seven (7) days without an admission. A unit with approximately two (2) births per week on average, which has been known to go several weeks at a time without a single delivery, is not a unit that can ensure patient safety.

Although Windham appropriately risk stratifies pregnant women, sending high-risk pregnancies to high-volume hospitals like Backus, this does not mean that there are no risks to the women who are delivering at the Hospital. Approximately 5-10% of low-risk pregnancies experience delivery complications—complications such as fetal distress, shoulder dystocia, and obstetric hemorrhage, all obstetric emergencies. When these deliveries go wrong, they do so quickly, and it is crucial that there be available, competent staff to respond. OB units require highly skilled, competent, experienced practitioners who can handle the unexpected. A hospital cannot cultivate this kind of competency when it is only delivering one (1) baby every three (3) to four (4) days.

I am familiar with the body of research cited by Dr. Srinivas in her report and discussed by Dr. Borgida in detail his testimony. It confirms what the clinicians here today are saying – that low-volume obstetrics programs are a safety concern, even for low-risk pregnancies, and

particularly when you have a demographic of patients who are more likely to experience underlying chronic conditions of pregnancy. The studies show, among other things, that hospitals like Windham in the lowest decile for delivery have the highest rate of composite morbidity. They show that risk of postpartum hemorrhage – one of the leading causes of maternal mortality – is higher in small community, low-volume, non-teaching hospital OB units and that, conversely, outcomes like mortality from peripartum hysterectomies are lower at higher volume programs (*See* Prefiled Testimony of Adam Borgida, M.D. for citations).

There are also concerns around the incidence of respiratory disease, diabetes, and depression in the Windham area, all of which are underlying chronic health conditions associated with high-risk pregnancies. In addition, there are a significant number of black and Hispanic women in the community for whom studies show higher risk of complications from obstetrical hemorrhage and hypertension disorders in pregnancy. Serious complications from these conditions can lead to poorer outcomes in low-volume OB units.[1]

Adequacy of Triage and Transportation Plan

I have also reviewed the triage and transportation plan that Windham has enacted for women receiving prenatal care at the Hospital's prenatal clinic. I believe that Windham has appropriately planned for the safest possible care for these women and implemented that plan successfully. Important to me is the fact that delivery scenarios and transportation arrangements are discussed with pregnant women early and often. These discussions begin at a woman's first

[1] In addition, arguments regarding the dangers of terminating OB services at "rural" hospitals are inapposite here. Windham County's population is more than double that of a "rural" county according to the National Center for Health Statistics. Also, there is another hospital within the county that has an OB program (Day Kimball Hospital) and there are several high-quality, full-service hospitals within 30-minutes' drive time or less. Windham County is not "rural" in the sense that counties in the Southern and Western United States, some of which are as big as Connecticut, are rural.

prenatal visit and continue throughout pregnancy. Windham has addressed any language barriers to access for these patients and is persistent in encouraging women to ask questions if their concerns have not been adequately addressed.

It is also important that Windham has arranged for ambulance transportation for pregnant women who need it. As Dr. Borgida testified, a dedicated ambulance is stationed at Windham Hospital during the overnight hours should a transfer be necessary. During the daytime, an ambulance can be dispatched to transport a pregnant woman within 10 to 15 minutes and the Willimantic Fire Department can respond within 5 minutes if needed. This is in addition to a patient's ability to call 911 from her home and access emergency medical transportation for delivery of her baby.

Whether traveling to Backus by ambulance with lights and sirens (10 to 15 minutes) or by car (25 minutes), I believe the time and distance are reasonable for a woman in labor to travel. In fact, women all over Connecticut travel this far and farther to deliver at hospitals in urban centers like Hartford and New Haven because their pregnancies are high-risk or simply because they prefer a larger hospital. I should note that during my tenure at UCONN, a regional referral center for high-risk births we readily and frequently – and most important, safely – accepted patients with complications such as preterm labor, preeclampsia, placenta previa, and others from as far as Sharon, Putnam, and Danbury, all more than an hour away.

Areas of HealthCare Focus for Windham Community

I think there is tremendous benefit to the Windham community from the enhancements to health services that the Hospital and HHC are making as the OB service closes. First, it is important for OHS and the community to understand that the Hospital is committed to

maintaining its prenatal clinic and providing prenatal and postpartum care to women in their community. Most of a woman's pregnancy-related health service are provided during the prenatal stage, with approximately 10 visits to the obstetrician for a typical pregnancy. It is vitally important that these services remain available in the community so that women are not unduly burdened with travel for prenatal visits. Windham has recognized this need and is committing to maintaining and enhancing pregnancy-related services for women including prenatal care, lactation consulting and diabetes management.

Other services that Windham is investing in are equally important to the community. As you will hear from Donna Handley, East Region President for HHC, these include enhancements to Women's Health Services through, among other things, the recruitment of specialty physicians and investments in technology. These services and equipment collectively benefit thousands of patients and are a cost-effective use of the Hospital's resources.

Conclusion

Thank you again for this opportunity to speak in support of the CON Application for closure of Windham Hospital's obstetric service. In my professional opinion, this is the right choice for patient safety. Women will be safer delivering in local high-volume OB units, which are better equipped to meet their needs and the needs of their babies. In addition, Windham is doing tremendous things for the community by investing in much-needed prenatal and postpartum care and other Women's Health Services.

I am available to answer any questions that you have.

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