

Current, Ex-Employees Fault Sentara's Leadership For Issues At RMH

Steve Little lives within a mile of Sentara RMH Medical Center just outside Harrisonburg. Yet, he had to travel 70 times the distance to Winchester for surgery on his knee because the procedure could not be done at the local facility.

“They’re letting things go that people who go to RMH wasn’t expecting,” Little, 78, said. “I know they’re trying to cut costs, but they’re cutting services.”

Medical professionals in the Sentara RMH community say a variety of problems at the hospital are creating situations like Little’s. While the issues have been exacerbated by the pandemic, they’ve been ongoing for a few years, current and former employees say. Local leadership has created poor working conditions for medical providers, prompting many to leave, they said.

“When you don’t have that specialty care that you need, that’s a real problem,” according to one former caregiver who began working at Sentara RMH nearly a decade ago.

The former RMH physician requested anonymity due to fears that speaking out could impact his employment in the future.

“We’re seeing things go in the wrong direction,” said a current Sentara RMH employee, who also spoke on condition of anonymity.

By Tuesday, Sentara RMH did not answer 28 questions from the Daily News-Record sent by email on Thursday and forwarded to leadership in the organization by a spokesperson.

Question topics included employee turnover, transparency, leadership, culture and responsibilities, as well as changes to pay and contract conditions. Requests for phone interviews were denied.

The current Sentara RMH caregiver said staff’s concerns and ideas on how to make work more efficient and safer for patients are frequently ignored. This is one of the factors that has driven away talented professionals, according to the former and current Sentara RMH employees.

“That starts to become frustrating,” the current employee said.

The caregiver said local leaders avoid solving problems by blaming corporate, even when issues could be addressed locally.

“I think part of the problem has been, ‘Oh, this is a corporate issue.’ Instead of taking a local leadership role, there has been a passing of the buck to corporate instead of taking responsibility,” the former RMH physician said.

Compensation and contracts have also been an issue driving away workers, according to the former and current employees.

“I think there’s a lot of distrust between the physicians and the local leadership concerning contract status,” the former RMH physician said.

The current employee said pay cuts were announced even before consumer demand dropped and the subsequent shutdowns were set at the beginning of the pandemic.

Hospitals across the state lost \$200 million as elective procedures were halted for six weeks at the beginning of the pandemic and health systems had to buy personal protective equipment in far greater quantities and at higher prices than normal, according to previous interviews with hospital representatives and information from the Virginia Hospital and Healthcare Association.

The new contracts for employees weren’t popular for multiple reasons beyond compensation, yet leadership didn’t engage with workers about the concerns, according to the current Sentara RMH caregiver.

“They wouldn’t discuss the contracts with you. It was, ‘Take it or leave it,’” he said.

“The people in the community deserve to have good care, and obviously that’s not a priority to the administrators in the organization because they only cared about getting people to sign the contract or leave,” the current employee said.

And many providers chose to leave instead of sign the agreement, causing the reduction in services, and loss of talent and relationships area patients had with their doctors and caregivers, according to the current and former employees.

“It is very uncommon for a facility to lose the number of physicians as that have left a facility like [Sentara RMH] in the last three years,” the former physician said.

“I think the hospital needs to be growing in services, not contracting services the community needs and deserves,” he said.

He said many talented and good providers still work at Sentara RMH, and they would be able to do better if they were appropriately compensated, listened to by leadership, and given more control of working conditions.

“Providers didn’t want to leave and the ones that are here and have been here a long time really like the community and like our patients and didn’t want it to [come] to this, but it got to the point where [the providers] had no other choice,” the current employee said.

Even with the challenges, it wasn’t easy to resign, the former physician said.

“I felt a lot of sadness leaving the hospital,” he said.

The current employee said local leadership seems to think it can treat workers as though they’re disposable and simply replace them. He said the mindset could make more sense in larger markets, like the Virginia Beach and Norfolk area, where Sentara is headquartered and operates multiple facilities.

“But in smaller communities, where relationships matter a lot more, that’s a lot harder to recover from,” the current employee said.

“We like our patients, we like our community, but we feel like we have no other choice. That’s how bad this has gotten to drive us all away,” the current employee said.

He said the company risks alienating patients with how it’s been operating.

“They don’t go to Sentara because of the big yellow ‘S’ on the building. They go for the providers,” the current employee said.

Little said it wasn’t the travel that was the most frustrating part about having to go to Winchester, but the fact that it wasn’t efficient since his personal and health information had to be transferred from Sentara RMH and he did not have a connection with the providers.

He said he supports the hospital, adding that his family has donated to the RMH Foundation in the past.

“So, that tells you that we want this hospital to survive, but they’re not treating their staff right,” he said. “They’re just not doing it.”

Retired RMH Doctors Say They Don't Recognize Current Hospital

For 25 years, Philip Klim went to work at Rockingham Memorial Hospital, helping fellow area residents through their health challenges.

“I loved working at RMH and was very proud to be a part of it,” said Klim, a retired OB-GYN.

Yet, he said he doesn't recognize the hospital now, though there are still dedicated and skilled caregivers doing their best.

Medical professionals in the Sentara RMH Medical Center community say a variety of problems at the hospital are creating situations where local residents need to travel out of the area to be cared for by strangers or previous providers who have left the facility.

While the issues have been exacerbated by the pandemic, they've been ongoing for a few years, current and former employees say. They also said local leadership has created poor working conditions for medical providers, prompting many to leave.

Sentara RMH has declined to answer 28 questions from the Daily News-Record sent by email on Jan. 14 and forwarded to leadership in the organization by a spokesperson.

Question topics included employee turnover, transparency, leadership, culture and responsibilities, as well as changes to pay and contract conditions. Requests for phone interviews have also been denied.

The former Rockingham Memorial Hospital became a part of the nonprofit Norfolk-based Sentara network in 2011.

Klim said the rise of big business in health care has disrupted the connection between communities and their providers.

“Back in the '80s, before corporate medicine, people came here and they stayed here and they worked until they retired,” he said.

Klim had to give up his career at the age of 58 after a second neck surgery in 2007 and thus never worked for Sentara RMH.

Another retired RMH doctor, Fred Fox, first came to Harrisonburg in 1975 and primarily practiced on his own before a short time at RMH prior to its acquisition by Sentara.

“I came to this town because of the quality medical care and its potential and the fact it's a university town,” the former orthopedic surgeon said.

Fox, too, retired in 2007 like Klim. He also said he never worked for Sentara RMH, but keeps in touch with many in the local health care community. Fox previously served as the president of

medical staff, chairman of the executive committee, president of the Rockingham County Medical Society and on the board of directors for the Medical Society of Virginia.

“The most serious thing is the question of being able to attain quality, in-depth medical care that has been expected and that the hospital suggested would be made available. Up to the point Sentara took over, that was pretty well assured,” Fox said.

Fox said Sentara acquiring RMH has had a negative impact on care, but also is just part of the modern economic landscape.

“The community was not expecting the transition to Sentara [ownership], but in terms of the national scene, a standalone hospital is increasingly difficult to maintain, which is another issue,” Fox said.

Sentara leaders issued a statement to the Daily News-Record on Wednesday.

“The number one focus of Sentara RMH Medical Center and the Medical Group throughout these difficult months has been caring for our community, patients and our team members as we continue to navigate the pandemic and now the vaccine roll out,” the statement said. “Our teams have done incredible work to keep our community safe and save lives, and we are grateful for their continued commitment and sacrifices. We are also incredibly grateful and humbled by the tremendous support and graciousness shown to us by our community over this past year. We are proud to be your community hospital.”

“In response to COVID-19 and other existing issues impacting the region, some measures taken to adapt to the current environment have presented challenges,” the statement continued. “However, in any change that have been made, the overarching goal is prioritizing our fellow team members and patients.”

In an internal email obtained by the Daily News-Record in response to a story on the hospital in Wednesday’s edition, President Douglas Moyer thanked staff for their hard work and said Sentara RMH “is a remarkable hospital ... and that’s because of you.” Moyer said the story was “disappointing” because he does “not believe it accurately reflects our hospital, medical group, or team, and I wanted to address this with you personally.”

“Our patients matter. To me and to all leadership, at every level of our organization. While the constant evolution of the healthcare industry means that change is inevitable, we never want to change in a way that sacrifices quality, compassion or the trust of our employees,” Moyer said.

Two current and former employees quoted in Wednesday’s story described contracts offered to employees as “Take it or leave it,” in addition to lacking adequate compensation and responsiveness to workers’ needs and preferences.

“While it is true that in the past 18 months the Ambulatory division, which includes our Medical Group, rolled out new provider contracts within the Ambulatory division, the changes were necessary to ensure all Sentara hospitals can sustain quality healthcare in the communities we serve. Certainly, anytime there’s significant change like this, employees will choose to leave an

organization. This is always a challenging situation, and that's obvious in how it has impacted our community and patients. The Medical Group is committed to recruiting new providers as quickly and efficiently as possible," Moyer said.

Klim, the retired OB-GYN, said the conditions Sentara RMH has created for staff have led to the severing of ties between the community and the hospital itself. He also said the corporate mindset often impressed onto new hires or forced onto experienced providers doesn't help.

"I don't think it's a true community hospital anymore, though it's located here," he said.

In a previous interview, a current Sentara RMH employee said hospital staff believe leadership is alienating patients with its work policies and culture.

"You can do all the advertisements you want, but it's your neighbors who say, 'You've got a bad knee, see so and so,'" Klim said. "I don't know if corporate medicine listens to that."

"To be honest, it makes me sick because of the way the hospital was," Klim added.

Fox, the former orthopedic surgeon, said many departments have seen long-established caregivers leave as a result of bad leadership.

"That should send a message to someone that management is not doing what it should be doing," Fox said. "There's a big hole in orthopedics and urology, and these are mainstay services that should be offered and the community shouldn't be worried about going out of town for care," he said.

And current and former employees say workers are not treated fairly, as their ideas for improving care and requests for more work autonomy and pay are sidelined, often by blaming corporate policies or directives.

"I have a great deal of respect for the physicians who are there, and the Sentara administration is not supporting the [workers] or treating them with respect or dignity," Fox said.

Fox said he has contacted local Sentara RMH board members through various channels to voice his concerns and other complaints he hears from others in the community, to no avail.

"The board has to decide whether it's going to represent the community," he said, "or whether they're basically going to be a puppet of Sentara."

Physician Turnover Doubled At Sentara Over 5 Years

The turnover rate for Sentara RMH Medical Center physicians more than doubled between 2015 and 2020, but the health care system said such an increase is typical in rural markets, according to a Sentara statement and data provided to the Daily News-Record.

“Health care systems in rural markets are experiencing ongoing challenges retaining providers and attracting the next generation of physicians to fill their place,” the statement said.

In 2015, the physician turnover was 6.2%, which increased by over 50% the next year to 9.6%. It decreased in 2017 and again in 2018, reaching to 8.5%. The turnover rate then jumped to 13.7% in 2019 and in 2020, stood at 14.6%, according to data provided by Sentara.

The data and statements, provided by spokesperson Jenn Downs, were in response to questions the Daily News-Record first asked Sentara in January as allegations of mismanagement of the hospital intensified.

Norfolk-based Sentara operates 12 hospitals in Virginia and North Carolina.

Former and current Sentara RMH patients and employees have expressed dismay at how Sentara leadership is handling the local facility in numerous interviews with the Daily News-Record.

Among their grievances are that insular leadership has driven away providers who feel they are being ignored and railroaded in decision-making, scheduling and compensation, among other workplace issues.

Sentara RMH patients do have to travel for some orthopedic surgery, though, all “all other care can be obtained at RMH,” according to Sentara’s statement.

“That being said, we are sorry that some may have to travel for their orthopedic needs during this time of transition. We know, and understand, that care close to home is important for our community, and are working hard to have our full orthopedic program back in place by summer,” the statement said.

Rural communities mean smaller pools of talent to recruit new providers from, according to the statement.

“Couple that with competition from neighboring healthcare facilities, and some medical professionals leaving the workforce to retire or move to more urban regions, recruiting and retaining physicians becomes an ongoing challenge,” the statement said. “These changes were occurring before the pandemic but continue to accelerate.”

In a statement emailed Wednesday, Dr. Iyad Sabbagh, chief physician executive at Valley Health, said she agreed that recruitment in rural areas is a challenge. Valley Health, based in Winchester, operates six hospitals in the region in Virginia and West Virginia.

The average age of a provider in Sentara Medical Group and associated independent community physicians in the area is near 48, according to Sentara.

“It’s important to note that many of the physicians we’ve seen leave, both Sentara Medical Group providers, as well as independent community physicians, have done so in order to pursue retirement,” the statement said.

The turnover of registered nurses at Sentara RMH has hovered between a low of 8.1% in 2013 to a high of 13.4% in 2016 between 2010 and 2020, according to Sentara. In 2020, the turnover rate of registered nurses was 10.7%.

The company said Sentara RMH had the lowest turnover rate for registered nurses in the entire Sentara system during 2019 at 8.9%.

For all jobs, full-time and part-time, turnover at Sentara RMH between 2010 and 2020 hit a low in 2012 of 7.9%, dropping from 12.3% the year prior. However, it has not dipped back below 10% since 2014 and averaged 12.32% since 2016, according to Sentara.

“Senior leadership has been meeting with community leaders on a regular basis and have discussed RMH recruitment, COVID-19 response, community vaccination and other critical issues. Additionally, our leaders continually meet with physicians, both employed and independent providers, to share information and create on-going relationships,” the statement said.

Another concern local providers have voiced about Sentara is pay reductions that were put in place before the economic disruption of the pandemic.

Sentara said there were no pay cuts before the pandemic, but a new compensation model has been introduced.

The change was precipitated by our revenue expectations and additional economic indicators of a hospital’s success, according to the statement.

“It was necessary to evolve our provider compensation models so that we can continue to provide and sustain quality healthcare in the communities we serve,” the statement said.

Hospital revenue is expected to drop in the near- and long-term.

“Sentara has been in the practice of updating physician compensation models for over a decade and does an annual assessment of market forces and regulatory conditions to ensure competitive compensation for all workforce segments taking into account multiple national and local benchmarking tools,” the statement said.

The new model means providers could make more money, and the pay rate at Sentara RMH is 15% higher than in Hampton Roads, reflecting the difficulty in attracting providers to the rural community, according to the statement.

Additionally, economic measures had to be taken to avoid layoffs at the hospital in 2020, according to the document.

“Starting in May 2020, contributions to 403(b) and 401(k) accounts were suspended for two months. Additionally, members of the team were encouraged to take vacation days, saw reduced hours in some cases and in some cases, where team members could not be re-deployed, they were furloughed for a short period of time,” the statement said.

In August, Sentara reinstated all benefits and put in place annual merit and market increases as the patient volume increased over the summer with mitigations for safety, according to the document.

Prior, as patient volumes declined, pay reductions of between 10% and 20% were put in place for senior leaders, and some physician leadership saw similar reductions, which were lifted in October, according to the statement.

“During the pandemic, many health systems were forced to lay off staff. Being a part of a larger system allowed us to better navigate the instability we saw in patient volumes over the past year and avoid lay-offs altogether,” the document said.

Sentara said its staff is “our most valuable resource.”

“Sentara has always put the patient and community and the center of what we do. Our approach to care is rooted in a patient-centric focus and every change we make aims to ensure the best health outcomes for those we serve,” the document said.

Sentara: Local Hospital Turnover Lower Than U.S. Average

Despite the increased turnover rate at Sentara RMH Medical Center over the last five years, the system is outperforming national averages for retention, according to Sentara and national data.

The turnover rate of physicians more than doubled in the past five years. In 2015, the physician turnover was 6.2%, which increased by over 50% the next year to 9.6%. It decreased in 2017 and again in 2018, reaching to 8.5%. The turnover rate then jumped to 13.7% in 2019 and in 2020, stood at 14.6%, according to data provided by Norfolk-based Sentara. Sentara operates 12 hospitals in Virginia and North Carolina.

“Even though there is some growth in turnover, we’re still far below regional and national averages,” Doug Moyer, president of Sentara RMH, said in a virtual interview with the Daily News-Record on Thursday.

Nationwide, turnover at acute care hospitals was 17.8% in 2020, according to data from the 2020 Nursing Solution Health Care Retention and RN Staffing Report.

Sentara RMH had the lowest turnover rate for registered nurses in the entire Sentara system during 2019 at 8.9%, according to Sentara.

The Daily News-Record has heard concerns from current and former Sentara employees, as well as area patients, that management and policies at the facility are driving away caregivers.

The turnover rate at the hospital reflects multiple trends that are not unique to Sentara RMH, said Dr. Edward Sandy, president of Sentara RMH Medical Group, who also spoke with the Daily News-Record virtually on Thursday.

He said changes in the national health care industry have impacts that are felt here.

“When I was growing up here, we had one cycle of physicians, and then another cycle of physicians came in, in the ‘80s and ‘90s. And now that cycle is nearing retirement,” Sandy said.

The area has been “fairly fortunate” in the past to see notably low levels of turnover in the past, according to Sandy.

“We’ve actually been a little spoiled, because people really do like to be here and physicians have found this to be a very good place to practice,” Sandy said.

Sentara is working on hiring staff for local care who are passionate, skilled and want to live in the Valley — ideally for an extended period of time, according to Sandy.

Three new orthopedic physicians coming to the region have recently signed with Sentara and are well-qualified and highly trained from “exceptional” programs, Sandy said. Specifically, one is

an expert in upper-extremities, another in spine health and the third in arthroplasty — joint restoration, he said.

In March, 10 additional new providers are also slated to work locally with Sentara RMH, according to Sentara documents.

“We are recruiting physicians for the next chapter,” Sandy said.

Local Sentara provider payment is 15% higher than in the Hampton Roads market, according to data provided by Sentara.

“I don’t know that I necessarily want to go into specific pay packages, but there are, I will say that there are incentives for individuals who want to become part of our team. And they are not insignificant,” Sandy said.

Sentara has also had to adjust payment structure for providers to reflect the “shifting” nature of provider compensation, he said.

“The physician compensation that people are receiving is not out of line with national trends,” said Jenn Downs, a Sentara spokesperson who was also on the virtual call with Moyer and Sandy.

The company has put in place a new compensation model as a result, which allows providers to make more money than previously, but has been dismissed as a negative change in previous interviews with current and previous Sentara RMH staff.

Sandy said the previous form of payment in the health care industry is being replaced by funding being based on population health management instead of a “transactional” relationship.

Population health management is “where we’re actually going to be paid to manage a large number of patients in an efficient, cost-effective, and high-quality way,” Sandy said. “And our previous compensation programs did not allow us to address that.”

He said this does not mean patients will just become numbers.

“We look at patient experience very seriously in the medical group and the hospital,” Sandy said. “In fact, providers’ quality performance incentive bonus is partially tied to patient experience, and we have achieved very high patient experience numbers compared to other systems and we continue to make improvements.”

Moyer said Sentara’s involvement with the hospital has helped the facility offer more services to area patients over the last decade. The former Rockingham Memorial Hospital merged with Sentara in 2011.

These include launching cardiac electrophysiology and structural heart programs, in addition to opening the Funkhouser Women’s Center, Wound Healing Center and Orthopedic Center, according to Sentara documents.

Moyer said independent hospitals are rare these days, a statement which is corroborated by non-Sentara data.

A February 2019 report from Modern Healthcare, a weekly industry magazine, found that 53.2% of independent hospitals in the country had lost money in the five years prior — a figure twice as high as suffered by system-owned hospitals.

For independent rural hospitals, 60.5% lost money between 2014 and 2019. In 2017 alone, 17.9% of rural independent hospitals were in the red, while 5.6% of system-owned hospitals were in the same boat, according to Modern Healthcare data.

Moyer said local leadership works together with Sentara to strengthen services.

“It’s always difficult to describe culture within any organization, but I would describe it as a very collaborative process,” Moyer said.

Many decisions on how the system is run locally are made locally, he said.

“We do a community needs analysis routinely and that’s part of the health care approach of serving this community at a local level, so we understand what the needs of the community are,” Moyer said.

He said based on the results of the analysis and other data, local hospital leaders and medical staff come together.

“There’s all kinds of medical leaders that are involved in that process as we plan and collaborate and allocate resources. That’s all local. We do that here,” Moyer said.

However, some issues need to be addressed with Sentara such as potential capital projects and information technology, according to Moyer.

“Sentara is a top-tier quality performance organization,” he said, “and I think we have a lots of data and statistics to show that.”

'They Lost My Trust': Doctor Describes Departure From Sentara

Rizwan Habeeb had never heard of Harrisonburg until a job offer came up.

The Baltimore native took a position with Harrisonburg Physicians for Anesthesiology straight out of residency in 2009. But after a decade practicing in the Valley, he's now working in Fresno, Calif., far from Sentara following a contract dispute with the Norfolk-based health care system, he said.

"I had seen Harrisonburg as my home for the rest of my life," Habeeb, 40, said.

His experience, he said, fits a pattern described by other current and former health care providers who say Sentara leadership has alienated staff, leading to many departures in recent years.

Harrisonburg Physicians for Anesthesiology was an independent practice contracted by Sentara to provide services at Sentara RMH Medical Center, Habeeb said. The contract was set to be renewed for a long-term extension, but instead was repeatedly getting short-term extensions. During this time, Habeeb saw the writing on the wall and began the process for his departure from the medical group.

Though Sentara maintained an open line of communication, the group was constantly told a new contract would be coming, Habeeb said. Then, all of the sudden, in early 2020, an ultimatum came down, he said.

There would be no new contract. To continue practicing, the physicians would need to join Sentara directly, according to Habeeb.

"Anyone who wasn't happy with that, they could just leave," Habeeb recalled of how Sentara set out the offer.

Habeeb left the practice and Sentara network in March 2020 after giving notice in November 2019. He said about one-third of the other 20-plus members of Harrisonburg Physicians for Anesthesiology also left before or after the proposal was presented by Sentara.

Between 2015 and 2020, the physician turnover rate of Sentara RMH Medical Center grew every year, except 2017, from 6.2% in 2015 to 14.6% in 2020.

In a previous interview, Sentara leadership said such departure levels are typical in modern rural markets, and the system performs better than the national average.

Nationwide, turnover at acute care hospitals was 17.8% in 2020, according to data from the 2020 Nursing Solution Health Care Retention and RN Staffing Report.

Dr. Robert "Bob" Sease Jr. began his work as a gastroenterologist at Rockingham Memorial Hospital in 1986 and retired in 2015. He said the medical community is close-knit and he

frequently hears from providers about their grievances with Sentara, which merged with RMH in 2011.

“I think right now a lot of [the departures have] to do with the physicians and nurses, nurse practitioners and physicians assistants who are being treated like a herd of cattle,” Sease said.

Hospital officials dispute the characterization of top-down leadership and have said its staff is “our most valuable resource.”

With a heavy heart, Habeeb and his family left the Valley after he ended his work here.

“When you lose the trust, as a physician, why should I stay?” Habeeb said. “Today, you did this. Tomorrow, you can do something else. That’s the fundamental thing — they lost my trust.”

He said his grievances with Sentara go beyond the contract disagreement.

“They, in my opinion, deliberately misled us,” Habeeb said.

Other current and former Sentara RMH patients and employees have expressed dismay at how Sentara leadership is handling the local facility in numerous interviews with the Daily News-Record.

Among their grievances are that insular leadership has driven away providers who feel they are being ignored and railroaded in decision-making, scheduling and compensation, among other workplace issues.

In a previous interview, Dr. Edward Sandy, president of Sentara RMH Medical Group, said many of the recent employees who have left Sentara in the Valley did so to retire.

An average of 33.6% of physician departures between 2016 and 2020 were due to retirement, according to data provided by Sentara spokesperson Jenn Downs.

In 2016, of the 16 total departures, four retired — a ratio that more than doubled in the following year as nine of the 17 departing physicians retired.

In 2018 and 2020, 32% of the 22 total physician departures in both years were retirements, while 26% of the 27 departures in 2019 were retirements, according to Sentara data.

“I’m only 40 years old,” Habeeb said. “I’m not retiring any time soon.”

Other providers the Daily News-Record have spoken with now work at other systems, such as Valley Health, and said other additional providers, such as those who live in Bridgewater, are opting to work for Augusta Health instead of Sentara because of conditions.

Most providers have declined to have their names published, citing fears doing so could impact future or current employment.

Sease has strong family ties to the hospital, in addition to being a Harrisonburg native. The local hospital has deteriorated under Sentara's leadership, he said.

"Between my brother Craig, Robert, my dad, and my dad's two brothers, we have a combined 180 years in service to this community as physicians," Sease said. "And to see what has happened [to the hospital], I think my dad would be turning over in his grave."

Sentara-RMH Merger Reaches 10-Year Mark

In October 2010, Keith Spitzer was at the Harrisonburg First Church of the Nazarene for a forum about the ongoing merger efforts between Rockingham Memorial Hospital and nonprofit hospital group Sentara.

Spitzer asked then-RMH president and CEO Jim Krauss if there would be a way out of the merger if it wasn't working and how the merger would impact local hospital workers.

"I've gone through the 'bloody Mondays' where you lose 40 people," Spitzer said this month.

In the decade since the forum, Spitzer has been a patient for three surgeries at Sentara RMH Medical Center.

"My experience has been 100% positive," he said.

This spring marks the 10-year anniversary of the merger between Sentara and RMH that went into effect on May 1, 2011 after being approved by regulators on April 1 that year.

Part of the merger included a commitment of \$269 million from Sentara to the Valley hospital that must be spent over 20 years. The remainder that isn't spent when the clock runs out will be given to the RMH Foundation, according to the affiliation agreement documents.

Sentara RMH President Doug Moyer said money from the commitment has been spent on a variety of projects to expand the offerings of the hospital including the Sentara RMH Funkhouser Women's Center in 2013, which cost \$2.3 million; the Orthopedic Center in 2015, which cost \$18.4 million; Sentara Timber Way in 2017, which cost \$5.1 million; and Bridgewater Health Center in 2018, which cost \$4.7 million.

Of the original commitment funds, \$167 million remains, according to Moyer.

"We have campuses in many locations: Timber Way to the north and East Rockingham to the east, etc., so we're likely going to find ways to try to expand access in those locations, but also grow elsewhere, depending on what our community needs analysis tells us," he said.

Next year, an ambulatory imaging center focused on CT and MRIs is planned to open at the Sentara Bridgewater Health Center, according to Moyer.

The original decision to merge with Sentara was unanimous among the RMH board members, according to Dr. Wayne Gates, who was on the board at the time and has practiced medicine in the area since 1985.

"I think everyone on the board at that time gave an honest look and the best decision they could," Gates said. "And it's not been all roses, but it's not been bad either."

George Pace was another board member during the merger. He had been on the board of RMH for a decade before and stayed on after the merger for another two years to oversee that everything Sentara promised to do in the merger would be done.

“From an external perspective, consolidation within the hospital industry was not only happening, but accelerating,” Pace said of the deliberations from a decade ago.

He said the independent hospital was facing higher costs for capital expenditures every year to keep pace with technological advancement and was being “squeezed” by large insurance company Anthem on reimbursements for care.

“If you were an independent hospital, you didn’t have a lot of leverage,” Pace said. “And in the game of getting reimbursements from insurance companies, it’s definitely size versus size.”

Moyer said the changes in how hospitals are paid for their care has only sped up over the past 10 years.

He said insurance company, Medicare and Medicaid changes all force health providers, like Sentara RMH, to adapt.

Gates said this had also forced many of the other remaining independent hospitals in the state to join larger systems in the several years prior to RMH’s merger with Sentara.

Sentara RMH has won a raft of awards over recent years. In late April, it was named to the top 100 hospital list by Fortune and IBM Watson Health.

However, the hospital has also seen many longtime providers leave over the same period, roiling patients. The departed providers told the Daily News-Record that local leadership has created poor working conditions for medical providers and presented unfair pay offerings.

Longtime RMH physician Dr. Andrew Blay had concerns about the merger a decade ago even after leaving to start Cooks Creek Clinic in 2002.

“I was just telling everyone the hospital I knew and loved for the last 42 years was not the same and the merger was not likely to improve it,” he said.

But Blay said he felt like the hospital and health care was losing its “heart” even before the merger.

“Harrisonburg, Virginia, isn’t the only one that’s being a victim of medicine becoming a business,” he said. “And I think it’s probably wrong to try and target Sentara out of the mass of Sentaras out there and say ‘They’re the problem.’ The problem is business has taken over medicine. That’s the problem. There’s no easy solution for that because a lot of people are making a lot of money.”

Before choosing Sentara, the RMH board looked at six different systems for a potential merger, according to Gates.

“We looked at several potential systems to merge with and after a fair amount of due diligence and review, we felt like Sentara matched our needs best,” he said.

Board members toured the former independent Williamsburg Community Hospital, which merged with Sentara years before, according to Pace.

Sentara was “far ahead in terms of using information to improve the outcomes for their patients and we knew that they would make the investments in the software and information systems to bring RMH into the fold so it could benefit from that,” Pace said.

Yuriy Zhukov, medical director of Sentara Cardiothoracic Surgery Specialists, said the hospital has faced difficulties in the past decade.

“We’re not just rolling with punches, we actually did something to update” services, he said. “As much as we’ve had multiple challenges since I got here, from staffing to changes in practice and what we do, but I think the overall game plan is to continue providing the best care.”

Moyer said the hospital plans ahead in three-year cycles, the next one beginning in 2022. The planning process is fluid and always ongoing, he said.

“We look at our programs, our services, our service lines and then we adjust to a very fast-moving health care industry which is changing,” he said.

Moyer said the local board helps steer the ship in the interests of the community and Sentara is able to help accomplish those goals.

The local leadership “is instrumental in driving where those strategic dollars go, what the projects are and how’re they’re spent,” he said. “So it’s great to have that local board and local voice that is integral in terms of how our strategic planning is done and how the dollars are spent to meet the community needs and that has been consistent over the entire time of our relationship.”