

QUESTION & ANSWER TRANSCRIPT

On Wednesday, November 19, 2025, York Hospital held a community forum at the York Community Auditorium at York High School, to invite members of the community to ask questions and provide feedback on the proposed expanded partnership with MaineHealth.

York Hospital Chief Executive Dr. Patrick Taylor and MaineHealth Chief Executive Andy Mueller spoke about the proposed partnership and answered questions from members of the community. Below please find a summary of some of the questions and answers that were discussed at the event.

Can you be specific about the milestones that you need to reach for this deal to be finalized, and the expected amount of time for each of those milestones?

DR. TAYLOR: We're in the due diligence phase, where we're exchanging information, and understanding the parameters of what will be required to make this [partnership] successful, not just immediately but in the long term. The intent is to file the required Certificate of Need application with Maine's Department of Health and Human Services. The application will also be reviewed by Maine's Attorney General. We don't necessarily have an idea of how long this will take.

Will this partnership address some of the issues York Hospital is facing [that have created financial challenges], i.e., not qualifying for critical federal safety net programs?

DR. TAYLOR: This partnership won't impact York Hospital's designation as a Critical Access Hospital. This would have helped if York continued to operate independently, but York is too close to Wentworth Douglass Hospital in New Hampshire to be considered for that. That said, we do think that there are some other advantages that will go along with becoming part of the MaineHealth family. For example, right now, York Hospital has five different electronic medical record systems. With an expanded partnership, it would be our intent to bring in the Epic electronic health record system, which MaineHealth uses and is the most prevalent health record technology. This will really help with patient access and quality of care. Once York Hospital has Epic, patients would be able to use MyChart, which is a fairly straightforward system that allows patients to work well with their care team.

Has there been any discussion about bringing back the birthing center at York Hospital?

DR. TAYLOR: Bringing back the birthing center is not part of the plan. Sometimes it's hard to start back a labor and delivery program once it closes, because people have already found care in other places.

DR. MUELLER: That said, we do think that there are opportunities to deliver outpatient maternal and women's health care, and neonatal care, here in southern York County.

Two other areas we think are critical to expand here are surgical services and oncology services. We know that there's a need and an opportunity for oncology services. We really want to expand that to patients here with those needs.

We also think it's really important to have general surgery at the community level. People should not have to drive very far for it. Our Maine Medical Center campuses in Portland and Biddeford are really busy. So we definitely think it makes sense to continue to deliver that care, and expand that care here.

Increasingly, for us to be successful in the future, Maine Medical Center in Portland really needs to [focus on] caring for patients in Portland, and really acute, or sick patients. We can't have every patient in [southern Maine] going to Portland. One of the lessons we learned during the pandemic, when we were forced to keep higher acuity patients in smaller community hospitals, was that we could do that, and it's great for patients. It's great for families not to have to drive into Portland. And it's very engaging for a care team, that who really takes pride in delivering care and doing it well.

As much as we can, we want to keep care in the community. If there is no other option and the patient needs to come to Portland, then we'll want to send them to Maine Medical Center.

Also, over the last few years, the level of acuity capabilities at our Biddeford campus has grown dramatically. So as we think about expanding and growing, it's more likely that we're going to make those investments in the Biddeford campus, so that for more and more conditions and treatments, patients won't have to drive all the way up to Portland.

With the new partnership, would providers be able to refer patients [to specialists or facilities] outside the MaineHealth system?

DR. MUELLER: The best practice is for providers to keep care in the system. In some cases, it may make sense to refer patients outside the system. But that means the onus has to be on us to truly deliver great care, make sure that it is a good experience, and that it's affordable. Patients will have other options. So we have to make sure that physicians want to deliver care in our system.

MaineMed and MaineHealth in Biddeford are both teaching hospitals. Will there be opportunities for York to benefit from or tap into that?

DR. MUELLER: At both Maine Medical Center in Portland and Biddeford, there's a fair amount of teaching. In Portland, we have a jointly-ventured medical school with Tufts University, where we take 40 Tufts students every year during their second, third, and fourth years of medical school. In addition to that, we have roughly 400 residents and fellows in 18 medical specialties. Some of those specialties are some of the highest rated in the country. We have incredible care team members who have really helped bring academic rigor and credibility to those programs, so it's a phenomenal training environment.

In addition to that, we take three medical students each year from the University of New England. And that doesn't even touch all the education we do for physician associates, nurse practitioners, respiratory therapists, and other health professionals. We have a pretty comprehensive education program.

In addition, not many people realize that we have the MaineHealth Institute for Research in Portland, where we do research in all sorts of areas and serve as principal investigators for clinical trials. Northeastern University built a campus in Portland, The Roux Institute, and we're doing a ton of research and collaboration with them related to the use of data analytics in health care and artificial intelligence.

We hear about the enormous uncertainties regarding Medicare, Medicaid, and insurance, and the impact that it will have, particularly on rural hospitals. How will the ongoing issues with Medicare and Medicaid affect who will qualify as a patient?

DR. TAYLOR: It will definitely help for York Hospital to have the safety net of being in the MaineHealth system. Everything that's happening at the federal level was part of the impetus for reaching out. One looming concern is that there will be cuts in Medicare and Medicaid funding. York Hospital is already very financially challenged, so having the [need for] financial security [in the face of that] is certainly part of why we needed to reach out to MaineHealth. We're committed to serving populations that we currently serve, and even beyond the patients we're currently reaching.

DR. MUELLER: There are four external forces that are going to force us to think differently about how we're going to provide care here and in the future. And by the future we're talking about the next 100 years. We believe that this should be an enduring institution for another 100 years, and that health care decisions about people in Maine should be made by people in Maine.

One of those forces is the federal government, which is going to be budget constrained for the foreseeable future, regardless of which party is in power. That subsequently puts pressure on the state, and it's going to put a tremendous amount of pressure on all of us.

The second force is that there's going to be a cataclysmic demographic shift. In 10 years, there will be 96 million Americans over the age of 65. That's going to put tremendous strain on the health care system because older adults require more health care and have a higher level of health care needs. That increased use of the health care system is going to put more financial pressure on all of us. The federal and state Medicare programs don't [reimburse health care providers] the same level as private insurance, so we're going to have to think about those costs.

The third force is the evolution of science and emerging genomic medicine, which will change what type of medicine we practice. People are going to be able to identify diseases and act on them earlier. For example, today, you can cure Sickle Cell Disease. Previously, this was a difficult disease to treat, much less cure. Those types of treatments are proven, but they also put [additional financial] pressure on the system.

The last big force that's going to act on us, which can be both disruptive but also helpful, is artificial intelligence.

So we're trying to prepare for all of those things in terms of how we use them within the system. The biggest thing is that we're having a lot of conversation in how we manage the hospital. We're going to have to continue to take more and more care out of the hospitals and deliver it to patients in individual settings. We're starting to do that. We just went through the [regulatory process] to build a brand new orthopedic ambulatory surgery center in Scarborough, which will be purely outpatient. We're going to take significant financial impact in terms of lost revenue in order to do that. But we're also reducing the cost to deliver that service. It's not only effective to deliver outpatient care, but it's more cost-effective for patients than doing it in a hospital setting. To that end, we're also going to be opening a new outpatient urgent care center in North Conway, New Hampshire.

Are there any plans for [new] residency opportunities to help recruit and retain the workforce?

DR. MUELLER: We just expanded on the number of residents at Maine Medical Center from roughly 300 to 400. That was the biggest reason why we combined the licensure of facilities under one hospital on paper, to grow our federal funding program for education.

But in addition to that, we can report that our internal medicine residency program for our hospital had six graduates: four of those practicing in the state of Maine, three of those are practicing in York.

Now, starting with general surgery and family medicine, we're expanding residency training programs. Again, we want to train residents in this community, because we really believe that once we get to that, then you're going to stay there. In addition to that, with our Maine Track program, we know that effectively, 60% of the graduates of the Maine Track programs stay in Maine.

We think we can expand our training programs in York Hospital as well. It would be a fantastic program to train more primary care physicians, surgeons, and more medical students who have experience in York Hospital. Also, we're going to learn some things at York Hospital that we're going to want to preserve here at York Hospital. And want to do things at York Hospital we wouldn't use at other places around the MaineHealth system.

York Hospital is already starting to feel more institutional (i.e., some of the murals and water features have been removed.) Going forward, how are you going to retain its unique culture?

DR. MUELLER: We certainly want to preserve the clinical care teams, and that's one way to do that. We don't want a turnover of those who oversee patients (our physicians, services, our nurses, more). We want things to stay here in the community so that culture will continue to exist.

And I'll tell you that as a culture in terms of how we think about caregiving, there's a lot of similarities.

My hope is, is that on day one, things probably won't look and feel a lot different at York Hospital. My sense is that, you know, ten years down the road, things may look a little different. Maybe it feels a little bit more like MaineHealth because our culture is involved, too.

DR. TAYLOR: I had gotten that question asked to me in open forums; will we preserve our culture? And I reinforce what Andy just said which is: culture is of the care given. You know, we deliver that passionately every day. No one is asking for that to change. I do want to reinforce that. That's who we are.

And it's incumbent upon all of us at this facility, caregivers at York Hospital and caregivers at MaineHealth, to preserve culture.

I have been without a Primary Care Physician. How will this impact the availability of PCPs?

DR. MUELLER: When it comes to primary care, we know there's a shortage, we're in that position ourselves, and recognize that we have to change the way primary care is practiced.

One of the things that we've done is investments in technology. Many of the primary care physicians and the practice providers may have somebody during a visit, and during that visit they didn't touch a computer. Artificial intelligence is listening to the conversation, collecting all the documentation in the background.

And so, not only were they able to focus on you, the patient and not the computer screen, but when they leave the room, the documentation is done, which means that physicians are not going to have to go home, finish the work, working on documentation until 11 o'clock at night.

We're seeing much less burnout and also huge improvements in engagement among those physicians who enable technology. And that's the kind of thing that we can bring to the [York Hospital] system to try to attract and retain primary care physicians.

DR. TAYLOR: And we've just started to launch that in our primary care practice as well, using ambient listening, microphones, rather than typing.

People [non-clinical staff] are worried about their jobs. How do you address the concerns from staff, apart from clinical staff?

DR. MUELLER: We recognize that to make this work long term, there will need to be reduction of some of that back-office function. We also recognize that, while we can't take on all those back-office functions with our existing infrastructure, we still have lots of vacancies [at MaineHealth]. And so, we'll certainly do everything we can to give [job] opportunities.

DR. TAYLOR: And I would say we've been very transparent at our town halls, and we've been very transparent with our [internal] team, with our caregivers and employees, that there would be consolidation. We're going through due diligence right now to identify what positions would be impacted.

As soon as we know what positions actually could be impacted, we will share that, and what other open positions are available within the MaineHealth system.

And again, full transparency. In the [staff] Town Hall, I was very open about this – that I understand every employee is very impactful. I do not take that lightly at all. But the other commitment we have made is that we will give folks, at a minimum, at least three months [notice], and ideally more than that.

We have told staff that at least three months before your position is impacted, you will be notified. We will give you the opportunity to decide to stay, if there are positions within the system or whether you will need to transition out. Again, we're just trying to be as open as we can. I understand the concerns and the fears.

Will inpatient services remain?

DR. TAYLOR: That is part of our discussion and part of our commitment. The inpatient hospital absolutely [will remain] for the foreseeable future.

If you can tell me what healthcare will look like ten years from now, you're better than I am. As Andy said, we all foresee that more to be done on an outpatient basis. In fact, if you look at York Hospital right now, 75-80% of what we do right now is on an outpatient basis.

Is it important to have an inpatient hospital? Yes. We can assure you that the inpatient hospital will continue for the foreseeable [future]. That was the commitment that we made to each other and to this community.

DR. MUELLER: We have a strong belief there's a need for a hospital in this community.