

Press Democrat - Fixing our health care network

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## **FIXING OUR HEALTH CARE NETWORK**

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Anyone who believes that Sonoma County has a coherent plan for fixing what's wrong with the local health care delivery network should check out the action at Palm Drive Hospital in Sebastopol.

Last year, the hospital board of directors decided it was important to be in the convalescent hospital business. Last week, the board decided that wasn't such a good idea after all. Now the board is trying to wriggle out of a new 15-year lease. Without a new operator, the convalescent hospital may close.

Last year, the hospital board of directors decided it was a bad idea to be in the intensive care business and so it closed the intensive care unit. This year, it decided it was a bad idea not to be in the intensive care business, and so the unit was re-opened.

It's no fun managing a hospital these days. Squeezed by reimbursement rates that often don't match the cost of care, every hospital is trying to divine a mix of services that meets the hospital's public responsibilities without breaking the bank. At the moment, Palm Drive is trying to fight its way out of bankruptcy and pay off its creditors.

The haphazard nature of health care planning in Sonoma County contributes to these kinds of stops and starts. There is no clear vision for what the future looks like.

Another local example: The president of the Friends of the Federated Indians of Graton Rancheria recently said the tribe wants to use revenues from a planned casino in Rohnert Park to build and operate a new hospital.

Putting aside opinions about the casino itself, the proposal emerges from the conventional wisdom that, with Sutter Medical Center making plans to close, the community desperately needs a new hospital to replace it. But is that true? Would building another hospital be the best use of the limited resources available for health care?

What we know is that hospital visits are fewer in number and shorter in length, thanks to new technology and new pharmaceuticals.

So maybe we will discover the money would be better spent on community clinics, reducing the number of uninsured patients receiving costly care at hospital emergency rooms.

Or maybe it would be better spent on housing subsidies to attract new doctors and nurses. There is a shortage of health professionals.

Or maybe it would be better spent on health insurance for children.

I don't know the answers, but I'm pretty sure somebody needs to be asking the questions.

At a time of rapid economic and technological change, we may be holding on to delivery models that don't work anymore.

Here's a couple more questions: What happens when health care companies seek to build surgical centers and other for-profit ventures that would leave the remaining hospitals with fewer paying customers? Doesn't this mean further financial stress for hospitals struggling to survive?

In health care, the free market -- that is, the unplanned development of health care -- has not always been our friend.

For years, Sutter and Santa Rosa Memorial hospitals competed for patients by investing in the latest (expensive) equipment. Now Sutter, which lost \$72 million over the last six years, wants to shutter its hospital. Could we have found better ways to spend that money?

In the name of consumer protection, federal laws promote unfettered competition. In the world of health care, however, this free-for-all

sometimes leads to misdirected resources -- and hospitals in turmoil.

Some of these questions are supposed to be answered by a broad-based, 35-member citizens' committee assigned by the Board of Supervisors to propose a realignment of resources. (The panel called Health Action will convene for the first time on Oct. 12.)

But it's slow-going. The issues are endlessly complicated, and dozens of groups want to protect their own interests.

Meanwhile, the key players are waiting to see what will emerge from negotiations between Sutter and Sonoma County officials -- talks that are supposed to lead to an arrangement in which Sutter transfers its contractual obligations to Memorial hospital.

The urgency remains. One hospital is making plans to close. Three others face uncertain futures. Emergency rooms are stretched to the breaking point, while the number of uninsured patients continues to grow.

Without a coherent blueprint for the future, limited resources will be misdirected, leaving less money to invest in ways that maximize the quality of local health care in future years.