

Article published - Feb 26, 2007

## **Sutter closure is everyone's business**

**BY BOB CURRY AND DAYMON DOSS**

A lot of hand wringing has accompanied the news that the Sutter Health system is abandoning its hospital operation in Santa Rosa. The medical ramifications for all Sonoma County residents are huge. Physicians fear costs will go up, services will decline and facilities will be overwhelmed.

Impact on emergency room care and access to women's reproductive health services are unknown. How and where uninsured and indigent residents will go for emergency and hospital care is uncertain.

The transfer of much of Sutter's operations to Santa Rosa Memorial Hospital poses unknown challenges to smaller hospitals in the county.

They are all valid concerns, and hopefully, each and more will be given full consideration during the public meetings scheduled by the Board of Supervisors beginning Feb. 27 and continuing into April.

But the discussion need not be fraught with doom and fear. Rather, we should look for opportunities these changes could present. And we need to hear from all voices in the medical community.

So far, discussions have been dominated by Sutter and Memorial, two of the three big medical centers, Kaiser Permanente being the third, in Sonoma County.

Sutter and Memorial are major hubs in our health care delivery system, and each offers access to high levels of acute and specialized medical services often not available elsewhere in the county. Kaiser, of course, is a full-service and state-of-the-art health care system, but it is a member-only medical community. And, at this stage, where it fits into these deliberations and the end product remains to be seen. So, it's understandable that Sutter and Memorial would seemingly have unrivaled standing in writing a new county health care strategy.

But that seems to be a top-down perspective that defies recent history and new directions in health care. While there is no substitute for the very best hospital care for heart disease, cancer and other major

illnesses and surgeries, the system in recent years has encouraged fewer and shorter hospital stays, discouraged emergency room services for non-emergency medicine, especially for those patients who can't pay, and emphasized preventive medicine and wellness programs.

All of those goals are only possible when primary-care physicians and health professionals are available to all residents regardless of their income level.

We have that here in Sonoma County where seven community health centers provide family-doctor care for thousands of residents, including seniors using Medicare, low-income people on Medi-Cal, uninsured people not eligible for government support as well as people with health insurance who prefer the community center service.

In the northern part of the county, The Alexander Valley Regional Medical Center in Cloverdale and the Alliance Medical Center in Healdsburg provide between them health care to about 19,500 residents a year. In the south, the Petaluma Health Center sees 18,000 patients a year. Comparable patient loads, depending on the regions' population base, are found at health centers in Sonoma Valley, two in Santa Rosa and the west county.

In explaining its decision to end its hospital program in Sonoma County, according to news reports, Sutter cited, among other reasons, the loss of \$25 million last year due to unreimbursed Medicare, Medi-Cal and uninsured patients.

How much more would the losses have been had these health centers not existed to help keep low-income populations healthy or cared for without having to go the Sutter ER or other hospital ERs for non-emergencies?

Sutter also reported, through the media, that hospital admissions last year dropped 17 percent, nearly 1,000 less patients than in 2005. And it reported that ER visits in the past four years fell by 4,500 a year.

How much can a decline in admissions be attributed to a healthier population served by community health centers? How much can a decline in ER visits be attributed to health care centers, and isn't that

the goal in the first place, to lessen expensive and unnecessary use of the ER?

Sutter's financial motive to drop its hospital program is its business. But how the medical community will reinvent itself is everyone's business, not just one or two major hospitals. All health care players, big and small, need a seat and equal voice at the table.

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