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Battles over surgery centers raging on

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KANSAS CITY, Mo. (AP) — The booming popularity of specialized surgery centers has created a battleground between hospitals and doctors, with both sides contending the fight will affect cost and quality of patient care.

The doctors who invest in and work at the centers — which perform surgeries that don't require hospitalization — say the hospitals don't want competition for the more lucrative and less risky out-patient surgeries.

But hospital representatives say doctors at the centers often don't have ties to community hospitals and aren't available for their patients when emergencies arise. Or, they say, some centers — especially those in smaller towns — endanger their patients by requiring them to be taken to hospitals miles away from their hometowns.

"There is a test of wills going on between doctors who don't want the inconvenience of emergencies, and hospitals who have an obligation to make sure emergency help is available for everyone," said Ellen Pryga, director of policy for the American Hospital Association.

Wrong, says Kathy Bryant, executive vice president of the Federated Ambulatory Surgery Association, a lobbying group for ambulatory service centers. She

said the battle is between hospitals that don't want to lose high-profit procedures and doctors who want more control over their practices.

"Ambulatory surgery centers are not about driving hospitals out of business," said Bryant. "But it is not appropriate to refuse to give patients access to certain kinds of services at alternative places."

The problem is generally more acute in smaller towns, where the community often has only one hospital. When a surgery center moves into such a town, hospitals sometimes will refuse to grant privileges to doctors who work at the center, meaning the doctor can't send his patients to that hospital — and thus can't make a living in town.

Or, hospitals will refuse to give the surgery center a transfer agreement. Surgery centers are required by law to have such agreements, which allows the center to send its patients to the local hospital if an emergency arises. Without a transfer agreement, a surgery center couldn't open because it would not have a way to treat its emergency patients.

That's what happened in Moberly, a town of about 12,000 about 30 miles north of Columbia. Last year, the Moberly Regional Medical Center refused to grant a transfer agreement to the Surgery Center of North Central Missouri.

The center had transfer agreements with hospitals in Columbia and nearby Mexico, but the hospital contended that did not meet a requirement in state law that the agreement be with the "local" hospital.

The surgery center sat nearly empty for months until Gov. Matt Blunt's administration said that the transfer agreements with Columbia and Mexico satisfied the "local" hospital requirement.

State officials reached that decision after data showed the Columbia and Mexico hospitals treated a significant number of patients from Moberly, said Julie Eckstein, director of the Missouri Department of Health and Senior Services.

"We felt strongly that where people are going to the hospital is their definition of what their local health care community is," Eckstein said. "If they want to go to a hospital 10 miles away, or they consider a hospital 30 miles away local, that's their choice."

Since then, a lawsuit has been filed in Cole County on behalf of the hospital's administrator asking the state to revoke the surgery center's license.

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Hospital officials argue that transferring patients to a hospital 30 or 50 miles away, or having out-of-town doctors admitting patients, can be dangerous.

If a patient comes in from a surgery center and the doctor is not on the hospital staff, the hospital might not have essential information needed for the patient's care, said Curt Kretzinger, chief operating officer for Heartland Health in St. Joseph.

"This is about continuity of care and safe care," Kretzinger said. "We think patients have a right to expect that from their hospitals."

A larger problem for many hospitals is doctors who work at the surgery centers not wanting to be on call, making it difficult for hospitals to cover emergency and off-hour patient care.

"Especially with surgeons, on-call is the hospital's only source of help to act as a backup if a patient goes sour," the AHA's Pryga said. "The hospital has a right to expect something in return from doctors for providing the emergency care."

But doctors and their advocates contend that hospitals use the

specter of not having enough doctors as a scare tactic. They note that surgery centers are required to have the training and equipment necessary to stabilize a patient after an emergency before he or she is transferred.

"That's a fantasy of hospitals," said Dr. Robert Remus, a urologist who says he left St. Joseph because of a disagreement with Heartland after he and a partner tried to open a surgery center in 2003. "No doctor I know is going to refuse to give information or follow-up care for a patient. It doesn't make any difference where you live or if it's 4 p.m. or 4 a.m."

Two Missouri lawmakers have introduced legislation that would either drop the transfer agreement requirement, change the definition of "local" hospitals or create an "affiliated medical staff" membership so doctors could not be denied hospital privileges if they invest in surgical centers.

Rep. Robert Schaaf, a doctor who represents Andrew and Buchanan counties in the Missouri House, said he believes hospitals are trying to stifle competition.

"Hospitals claim that surgery

centers are eating into their patient base," Schaaf said. "The point is, it's not their patient base. It's every competitor's patient base. It is in the public's best interest to have more competition in health care, not less."

WHAT IS AN ASC: Ambulatory Surgery Centers perform surgeries that do not require hospital admission. They may perform several different kinds of surgeries or just one specialty. Patients have already seen a health care provider. They are not ambulatory care centers or urgent care centers, which provide diagnostic or primary health care.

HOSPITALS' CONCERNS: Working with doctors that are not known at the hospital; care of underinsured or uninsured; covering on-call shifts; having continuous care for patients with medical emergencies; losing out on more lucrative and lower-risk surgeries.

CENTRAL IMPASSES: Transfer agreements, which require surgery centers to transfer patients to local or community hospitals; privileges for doctors to work at local hospitals; the definition of "local" or "community" hospital.

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