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Editorial Opinion

Hospital needs support, not more competition

Petaluma's health care system faces many challenges, not the least of which is the political inertia in Washington that continues to subvert any realistic effort to fix a badly broken system nationwide. Without leadership at the federal level, local health-care players are left to scramble for potential "solutions" that may or may not improve the overall quality of health care in Petaluma.

The latest example in this desperate struggle is retired Petaluma physician Bob Ostroff's dogged effort to import a Texas-style, for-profit outpatient surgery center to town. Ostroff says the facility will enhance health care in Petaluma by helping to recruit and retain physicians, mainly by putting more money in their pockets. The promise of making more money has attracted around 20 doctors, many of whom practice outside Petaluma.

But the reality is that the proposed surgery center would deal a severe financial blow to Petaluma Valley Hospital by skimming off the most lucrative surgical procedures and leaving the publicly owned hospital saddled with a lower revenue stream and the costly legal obligation to care for the indigent and uninsured.

Petaluma Health Care District CEO Daymon Doss notes correctly that with nearly half the city's population now being served by Kaiser Permanente, there may not be enough market share left in the south county to make both PVH and a surgery center economically viable. It would be a lose-lose proposition, he concludes.

In his role as president of the South Sonoma County Medical Group, Ostroff has done a commendable job of helping bring about improved services at the hospital over the last couple years, primarily in his role as squeaky wheel to St. Joseph's sometimes cautious approach to program enhancement. St. Joseph's additional investment of more than \$2 million annually in physician pay for emergency room calls, as well as the long-awaited introduction of epidural services for pregnant women and a hospitalist (in-patient physician) program came about, at least in part, due to Ostroff's well-known tenacity.

But the outpatient surgery center he proposes is way off base, as is any proposal that would do such obvious harm to the hospital.

A more attractive and sensible alternative from a community standpoint is St. Joseph's current offer to have local physicians manage the hospital's surgical unit for a set fee. Such a collaborative effort would ensure that local doctors and the organization managing the hospital move forward in unison, with each benefiting financially. St. Joseph could also consider sweetening the pot by allowing doctors to share the profits from the hospital's surgery operations, thus making its offer more attractive still.

Next month, the Petaluma Health Care District will convene a meeting of all stakeholders in the health care community in hopes of finding a middle ground that will meet the doctors' need to earn more money as well as the hospital's need to have a strong financial foundation.

We remain hopeful that the parties will, through collaboration and honest communication, find the right solutions to what is admittedly a very difficult and complex problem left here by an unresponsive federal government.

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