Debate rages over heart centers

Medical community questions need for two surgery units in area

First of two stories

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SANTA CRUZ — Does this area need two cardiac surgery units within two miles of each other?

Would two such programs actually be dangerous to patients as well as a waste of valuable health-care funds?

This is a debate that's raging within the medical community here.

AMI Community Hospital has been offering cardiac surgery since October. Six months before it opened the doors to its long-planned Santa Cruz Heart Institute, Dominican Hospital announced plans to build its own cardiac surgery unit. Dominican hopes to have its cardiac surgery unit open by October.

"A lot of people are upset about the Dominican heart center. It's totally excessive," says one local physician on staff at both hospitals. "It's really an irresponsible move at a time when the health-care community in general is trying to become more cost-conscious.

"Apparently the one at AMI is doing good work right now. For Dominican to upstage that is really unfortunate."

"When you think about all the other things we need, this isn't good," says David Wright, director of Mid Coast Health Systems, an industry watchdog organization. "It may make some money for the hospital but it may not be good for the community."

But Dominican officials say they are simply filling a need at the hospital.

"When I came to Dominican and looked at the services Dominican was offering, I found it amazing that the No. 1 killer of Americans couldn't be treated at Dominican," says Sister Julie Hyer, president and chief executive officer of the hospital.

"We were looking at a major deficit in the care we were offering."

Competing cardiac-care surgery units are not that unusual since deregulation of the health industry during the Reagan era. And the results of that competition have often been bad news for patients.

The Phoenix Gazette last August investigated the burgeoning state of cardiac surgery units in Arizona, and found that since deregulation in 1985, the number of cardiac surgery units in that state had risen from seven to 13.

Deaths caused by cardiac surgery in that state rose also rose by a whopping 35 percent in 1986 among Medicare patients. That brought the mortality rate for the procedure in Arizona to almost twice the national average.

Despite these terrible statistics, the surgical units in Arizona are thriving. Some hospitals reported profits exceeding $1 million from the cardiac surgery units alone. And the cost of having cardiac surgery in Arizona rocketed from about $19,000 to more than $27,000 in just two years.

When Community Hospital in 1983 first announced its plans for a cardiac surgery unit, the regulatory agency then in place recommended against it. Even one such unit in a county of 220,000 people was too much, the agency staff said.

The worry was that a Santa Cruz hospital would not perform enough operations.

Studies have shown that cardiac surgery teams that perform a high volume of operations have a lower rate of patient deaths. The success of the high-volume programs is thought to be the result of more experience under pressure.

"Higher volume is associated with lower mortality and post-operative lengths of stay," says Jonathan Showstack, an associate professor of Health Policy at UC San Francisco Medical Center, who has studied and reported extensively on cardiac surgery. "The relationship we see is the more the better."

According to Showstack, a range of 150 to 200 surgeries performed annually by a surgical team would fall into a medium-volume range. "Hospitals that perform fewer than 100 operations a year have on the average poorer outcomes," Showstack says.

In 1987, 274 people from Santa Cruz County required open heart surgery, according to Dominican research. All but a few of those operations were performed outside the county.

Wright says it is to be expected that a large number of cardiac surgeries —particularly difficult ones — will continue to be referred outside the county. Indeed, even now Community refers particularly serious cases to larger institutions.

Dominican Hospital says it expects to perform 150 to 200 heart surgeries a year.

Those numbers would give each hospital a medium volume of surgeries that should guarantee experienced cardiac teams. But those numbers add up to be 125 more cardiac surgery cases than this county had last year. And that difference will likely be even larger considering the patients referred out of county.

Dominican officials say that their program will be substantially different from Community's. They will be offering a "comprehensive program," including education and cardiac risk assessment.

But Community officials say they are already offering an education program and also offer cardiac risk assessment.

Dominican says the biggest difference between the two heart programs will be that Dominican's will have a full-time surgeon living locally to deal with emergencies. The hospital says its center will be open 24 hours a day.

"We'll have a program that's ready to go at 2 in the afternoon and at 2 in the morning," says chief operating officer Michael Mahoney, who says the ability to provide emergency service is important.

But according to Showstack, "It's very rare to have a true emergency bypass surgery."

Ann Klein, executive director of Community Hospital, agrees that most bypass surgeries are either scheduled or else in response to another failed surgical procedure involving the heart such as angioplasty.

"Most of ours haven't been emergency," Klein says.

"These guys have done over 5,000 surgeries," says Community's chief operating officer, A.J. Lindeman.

Still, some believe that Community's program is doomed if Dominican launches one of its own.

"There are not enough patients in this town to support two quality programs," says another local physician. "There is room for one moderate-sized, high-quality program, but there's no room for two."

And according to Wright and Showstack, the local situation indicates a nationwide problem.

"California has four times the number of heart surgery centers for the demand it has," Wright says. "It just seems a questionable priority to put the money in a heart center which will benefit relatively few people."

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