

Advisory agency opposes hospital's heart unit plan

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and BOB SMITH

Saying there isn't enough business in the Monterey Bay area, a regional health agency is recommending disapproval of an application by Community Hospital of Santa Cruz to open a heart surgery unit in Santa Cruz.

The Mid-Coast Health Systems Agency will hold a public hearing tonight at 7 p.m. in the classroom unit building of UC Santa Cruz on the Community Hospital

application.

David Wright, the agency's executive director, said Tuesday that his staff doesn't believe Community can meet the minimum state standards for the number of operations a year, and contends that the heart unit would be very costly in terms of similar facilities in the Santa Clara Valley, and possibly even dangerous to the patient.

Because the hospital receives Medi-Cal and Medicare payments, it

needs state approval before it can establish the new unit.

The approval process includes review by the Mid-Coast agency staff, a public hearing by the agency's board of directors, and then a recommendation forwarded to the state health department.

Community Hospital has been conducting an intense publicity campaign in the last few weeks, seeking to generate community support for the application and

asking the public to turn out for the public meeting.

Wright also wants the public to show up, but for a different reason.

"People have been sold a pig in a poke and we want people to look inside the bag," Wright says, contending that a heart surgery is not needed in the Monterey Bay area.

"A good comprehensive emergency medical service with training for EMTs (emergency medical technicians) and hospital linkage would do more to save the lives of heart attack victims," Wright said. "Health education — if you can get someone to stop smoking, you can cut heart disease. And all of these things don't require fancy, expensive facilities."

Wright says of the Community Hospital application: "The issues we are pulling out of the application is whether the hospital can project that they have the number of cases to offer the surgery in a cost-effective manner and do them safely."

"They haven't even demonstrated that they meet the minimum state criteria."

"We are concerned about the safety of the patient and the cost," Wright added.

The state standards call for a hospital to be able to do a minimum of 500 heart catheterizations and 300 coronary

(Continued on page 2)

(Continued from page 1)
artery bypass graft a year to spread the costs of the equipment and staff training over a large enough base, and to keep skills high.

Wright said the Mid-Coast staff projections for the Community Hospital facility are far below the minimum standards and differ widely from the figures used by the hospital in its application.

The hospital projected 250 a year in the year 1985, Mid-Coast, 167; 1987 — Community projected 500, Mid-Coast, 301; and in 1990, the hospital forecast 500 while Mid-Coast believes the number will drop to 274.

In comparison, said Wright, Good Samaritan Hospital in San Jose, where many Santa Cruz County residents go for the operations, reported

doing 500 of the bypass operations in 1982 and 762 catheterizations.

Given a choice in where the surgery is to be done, patients will find a considerable cost savings in "going over the hill" for the operation, Wright contends.

"The AMI (the owners of Community Hospital) proposal will cost patients \$12 million more in five years (compared to the cost of the procedure at a Santa Clara Valley hospital.)

Wright said it now costs \$19,000 for the catheterization and bypass surgery in a Santa Clara Valley hospital. He said the Community Hospital application projects the cost of the same operation at \$28,000.

"It will cost patients \$12 million more in five

years," Wright contends.

At a press conference called Tuesday morning following the release of the report, Community Hospital Executive Director Jean Adams and cardiologist Dr. Raj Singh took exception to the agency report.

Adams called the \$12 million extra cost projection "a gross distortion."

"We are confident that in our rebuttal (to be delivered tonight at the hearing) we will demonstrate that our costs are lower than the Santa Clara Valley."

Adams would not provide exact estimates Tuesday to reporters in his rebuttal to the agency report, and would only say that the hospital costs are "10-20 percent less" than the Santa Clara Valley hospitals.

"It will be less expensive to have heart surgery at Community Hospital than in Santa Clara Valley hospitals.

"I'm saying the Agency report is wrong," Adams added.

"This is an optional service with great cost and some risk to the patient," Wright added. The agency contends that the necessity for the bypass operation is decreasing as coronary heart disease declines.

"Coronary heart disease is on the decline because people are taking better care of themselves, not because of treatment," Wright added. "We see a decline rather than a growth phase for the surgery and that is a major disagreement with the hospital."

But even if heart disease shows a 10-15 percent decline, what do we do about the remaining "90 percent" who have cardiac problems? Singh asked reporters.

"Does it mean we won't provide services to the other 90 percent? If the epidemic is over, are we going to fold our tents and go home? There is a definite need for a heart care center in Santa Cruz County," Singh added.