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## Health firms weigh in on reform

*Community owned facilities seek affordable insurance choices*

KOOTENAI COUNTY -- It's never too early for national health care proposals to worry local hospitals and groups. Northwest Specialty Hospital and other physician-owned, for-profit facilities fear at least one proposal would put them out of business because it doesn't allow such existing private centers to expand and prevents new ones from being built.

*Julia Shellhorn, a nurse practitioner at Dirne Community Health Center, exams Richelle Williams at the center Friday.*



The North Idaho Health Network, which consists of about 270 physicians, and the nonprofit, community owned facilities such as Kootenai Medical Center, Bonner General Hospital and Shoshone Medical Center, believe reform must provide affordable insurance choices regardless of income or employment status. Dirne Health Centers, a nonprofit community health center, wants legislation that ensures such centers are adequately reimbursed for their services and that they have the primary care professionals, financing and other tools needed to expand their reach.

### *Private concerns*

Northwest Specialty's biggest concern is HR3200, which is a work in progress in committee. Ron Rock, CEO of the Post Falls hospital, said it would prevent doctor-owned hospitals from being built and halt expansion of existing facilities.

"It would eliminate our ability to compete in the market, and we'd be out of business in a few years," Rock said. "It would restrict any new service lines, our ability to add new physicians and expand bed or OR (operating room) capacity."

Northwest Specialty in Post Falls was built about seven years ago. It has been in expansion mode ever since. A 38,000-square-foot medical office building was built next to the 45,000-square-foot hospital. A \$7 million hospital expansion that is more than halfway complete will add another 17,000 square feet, including two operating rooms, three monitored care beds and 12 in-patient suites.

The hospital, which offers most types of surgeries, just added an occupational medicine program. Rock said the bill's original language had a retroactive date tied to eliminating expansions that may have affected the hospital's current project, but the latest version allows more wiggle room. "I have a hard time imagining that the government could make our project illegal, but anything is possible," Rock said. "This is not the America I grew up in."

### *Health concerns 1*

Rock said the legislation is a step toward socialized medicine and is a hit on free market competition. He said the hospital's current expansion will serve the facility in the near future, but eventually it will suffer if it can't expand and meet future demand. "When my age group hits Medicare in full force, that will be a tremendous burden on the system," Rock said. "Any facility has to be able to expand to incorporate new technology."

He said the situation doesn't appear favorable for physician-owned hospitals because physicians are prohibited by law to collective bargaining so it's difficult to get their message out. Further, such legislation has momentum, he said. "We're pretty sure the language (restricting physician-owned hospitals) will survive," Rock said.

### *Network's health care needs*

The North Idaho Health Network, which represents 97 percent of the physicians and five community-owned hospitals in the five northern counties, recently compiled a list of its health care reform needs. It believes health care must:

- provide employers, employees and their families with quality health insurance choices that are affordable regardless of income or employment status;
- be structured as a system with standards and guidelines created by experts and accountability managed by local providers;
- provide patient-centered care with the "medical home" model (each person will have a primary care physician as their central hub for care) as its foundation;
- create fair provider reimbursement that ensures growth in necessary fields and funds innovation; and
- structure benefits to create incentives for healthy lifestyle choices.

Don Chism, a family physician in Coeur d'Alene and president of the network, said many people have insurance, but not at a price that is affordable or has decent coverage. "Too many people go without adequate insurance or no insurance at all," he said.

Chism said the network hopes reform will bring more organization to medical care and incorporate the latest efficiencies such as the influx of computerized records. He said there's a lot of redundancy in the profession and there needs to be improved communication.

Employer wellness programs that offer incentives to healthy choices are needed, he said. "We are obese, out of shape and many of us are on the road to diabetes," Chism said. "We need to reward people making positive choices." Chism said while some physicians in the network support socialized medicine, the group as a whole does not.

"All the bills address widening coverage so more of the population has access to it, but I don't think any of the bills are the 'bill of all bills,'" he said, adding that none of them is perfect.

### *Dirne's view*

Dirne Health Centers sees the urgent need for health reform every day, especially with the recession and demand for services on the rise, said Amanda Miller, spokeswoman.

"Health reform is vitally needed, to give all Americans access to affordable coverage and to a health care home that will care for them and keep them well," a press release stated. "Health reform must ensure that people are free to choose community health centers as their 'health care homes.'"

### *Health concerns 2*

Miller said more funding for new and existing health centers is needed.

"We would like to see legislation that ensures that health centers are adequately reimbursed for their services and that they have the primary care professionals, the financing and other tools needed to expand their reach," Miller said. "We feel that expanding insurance coverage, while vitally important, does not guarantee access to care, particularly for the medically underserved."

The George Washington University School of Public Health and Health Services found that if the network of community health centers were expanded to accommodate an additional 20 million patients, the result would be \$212 billion in savings for the health care system over a 10-year period.

Dirne would also like to see insurance options affordable to everyone and assistance in building a stronger primary care infrastructure such as residency and loan-forgiveness programs, Miller said.

She said the biggest mistake would be not doing anything at all as the current system is unsustainable, unaffordable and unfair.

"Legislation that does not increase access to affordable primary health care or provide affordable health care options to everyone would not be supported by Dirne Health Centers," she said. "We also need to ensure that legislation does not leave out community health centers as part of the solution."