

University of Louisville Hospital may move some cardiovascular care to Jewish Hospital

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Under their new partnership with KentuckyOne Health, University of Louisville Hospital leaders are talking about moving some cardiovascular services to Jewish Hospital — prompting concern among doctors that University heart patients may suffer.

UofL hospital leaders say they are simply trying to make the best use of resources — and would never put patients at risk.

“I really think it’s important to develop a center of excellence in cardiac care beyond whatever we’ve had in the past,” said Ken Marshall, president of UofL Hospital.

Marshall and Dr. Toni Ganzel, dean of the UofL School of Medicine, said they have made no decisions on specific changes. But they said they are considering moving some of the most complex, specialized cardiovascular services to Jewish, site of Kentucky’s first heart transplant and the groundbreaking implantation of the AbioCor artificial heart.

Earlier this fall, hospital officials had discussed routing patients to Jewish if they are having a certain type of heart attack called a STEMI, caused by a prolonged blocked blood supply and treated in a cardiac catheterization lab.

They also discussed limiting the hours when certain heart procedures could be performed at UofL Hospital. But Ganzel said they decided against that “draft plan” and instead will continue providing round-the-clock STEMI care at UofL Hospital.

Dr. Neal Richmond, chief executive officer of Louisville Metro Emergency Medical Services, said he’s pleased that hospital officials are not moving ahead with that plan.

“Sometimes minutes count,” he said. “We don’t want to introduce delays.”

This is the second time in a month that UofL Hospital’s proposed changes have drawn concern.

A few weeks ago, The Courier-Journal reported that mental-health advocates were worried about potential changes to psychiatric care under the partnership with KentuckyOne. Critics charge that the main driver is to save money, which hospital officials deny.

Some doctors worry that heart care changes still being considered could potentially harm patients who come into UofL Hospital’s emergency room, as well poor people who depend on the facility as their safety-net hospital.

Dr. Peter Hasselbacher, UofL emeritus professor of medicine and president of the nonprofit Kentucky Health Policy Institute, said he also worries for the doctors-in-training educated at UofL Hospital — and is upset by the lack of transparency surrounding proposed service changes.

"I suspect the university and KentuckyOne will share few details of their planning, just as they have released very little about ongoing plans to do something with their psychiatric emergency beds at University Hospital," Hasselbacher said. "The hospital and its KentuckyOne operator justify their secrecy with claims of being 'private' corporations and therefore not particularly accountable to the public."

Rejected proposal

Critics say any changes to heart care could affect thousands in the Louisville region.

According to American Heart Association statistics, 23 percent of Kentucky deaths in 2010 were the result of heart disease, which killed 9,662 residents that year. In Indiana, 24 percent of deaths were from heart disease, which killed 13,388 Hoosiers.

Cardiovascular care has been central at both UofL Hospital and Jewish, which joined together under a partnership between University and KentuckyOne finalized earlier this year.

KentuckyOne was formed in 2012 by the merger of Jewish Hospital & St. Mary's HealthCare and St. Joseph Health System of Lexington, which united after Gov. Steve Beshear rejected a proposed merger that also would have included UofL Hospital, citing church-and-state issues and the loss of a public asset.

The approved partnership agreement turns over management of most of UofL hospital to KentuckyOne, whose majority owner is Denver-based Catholic Health Initiatives, but keeps the facilities public.

Earlier this month, some doctors began raising concerns about the proposal regarding STEMI heart attacks, saying the idea reflected questionable judgment.

The proposal was outlined in a Nov. 8 letter to Marshall from Dr. Roberto Bolli, chief of the UofL Division of Cardiovascular Medicine, which was obtained by The Courier-Journal. It said CHI "has designated (Jewish Hospital) to be the primary facility for heart and vascular care," but added that UofL doctors "will continue to provide robust cardiology services" at UofL Hospital.

Richmond said EMS handles two or three STEMI heart attacks a day in Jefferson County, not counting patients who get to the hospital on their own.

Bolli wrote that the first step was to consolidate all open-heart surgical procedures at Jewish, and eventually route all KentuckyOne STEMI patients to Jewish.

He wrote that UofL Hospital would continue to care for walk-in and inpatient STEMI patients at University, and continue performing certain routine invasive procedures during the daytime, but not during nights, weekends or holidays.

Bolli said this would mean asking University ER doctors to divert STEMI patients brought in by emergency medical services or helicopter to Jewish on weekends and after-hours.

Bolli did not return a call and email seeking comment.

In a Dec. 5 letter obtained by the newspaper, Dr. Brian Harbrecht, medical director of trauma services at UofL Hospital, told Bolli the proposal “has dramatic ramifications for the care of patients at University Hospital that I don’t think were fully evaluated or considered by this plan.”

Harbrecht — who declined comment through a spokeswoman for UofL Physicians — wrote that trauma patients don’t necessarily come through the ER labeled as heart-attack patients; they may arrive after a car wreck caused by a heart problem, for example. Some trauma patients are critically ill, he wrote, so transferring them to Jewish is not safe.

Harbrecht also wrote that the change could jeopardize UofL Hospital’s accreditation from the American College of Surgeons as a Level 1 Trauma Center, since “one of our requirements is to be able to provide the full complement of services to our injured patients.”

Changes still possible

Marshall and Ganzel said they would never jeopardize their trauma center accreditation, and the proposal outlined in Bolli’s letter is now off the table. They said trauma patients will continue to receive all of the heart services they require around the clock at UofL Hospital.

But Marshall and Ganzel acknowledged that changes they still may pursue could involve transferring patients from one hospital to the other. Ganzel pointed out that UofL physicians work at both hospitals, so patients would have the same doctors as now no matter where services may move.

Officials said they are carefully considering the issue of transportation so that care is not delayed. Marshall said they are not ready to go into details, but they are seeking to contract with a transportation service specifically for transfers, which could move patients safely with “very specific time guarantees.”

Richmond said he understands that services could be moved, and that can be workable as long as EMS knows which services are available in which hospital.

“Look, in an ideal world, everyone would have the resources to take care of everybody. But we’re in a very economically complex health care reality. (Consolidating services) could be a good thing all around,” Richmond said. “We just need to know what the limitations are.”

Hasselbacher said if Jewish is willing to care for any cardiac patient that enters its doors, even if the patient can’t pay, he agreed change might be good.

But he added: “If any potential proposed changes mean that even more insured patients from the East End get sent to Jewish Hospital, and uninsured or medically indigent patients from the West End are shunted to University Hospital, then I condemn them.”

Marshall said poor patients won’t be adversely affected by any changes the hospital makes. Funds can’t be transferred to Jewish from the Quality and Charity Care Trust, which disburses around \$30 million a year in government money to care for the poor at UofL Hospital, but Marshall said indigent heart patients treated at Jewish would fall under KentuckyOne’s charity care.

Hasselbacher said he suspects proposed changes may be driven at least in part by financial realities.

Marshall acknowledged “using resources wisely” is a factor in reallocating and consolidating services, but not the main one. The main question with any proposed changes, he said, is “how can we provide a better service in the downtown medical center?”

“We have an opportunity to really coordinate the care of patients across these two hospitals,” he said. “And that’s what we’re trying to do.”

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