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Editorial

Crucial to be thorough on 'critical access' designation

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When Holy Cross Hospital asked voters to support a new property tax earlier this year, it made every effort to explain why it was asking them to pay more. That transparency paid off when voters overwhelmingly approved the tax.

We strongly encourage hospital administrators to take the same approach now that they're seeking a "critical access" designation.

Critical access is government jargon for a hospital that is limited in size and can keep certain patients for no more than four days. To get the designation, Holy Cross would have to, among other things, implement the 96-hour time limit and shed four of its 29 inpatient beds.

The benefit is primarily financial. Critical access designation changes how Medicare pays Holy Cross. Hospital CEO Bill Patten says it could generate $900,000 a year in new revenue.

The main drawback is voluntarily limiting the services Holy Cross provides. It also means Medicare patients will probably see higher bills.

There is a worthy debate to be had here. We hope that debate includes hard numbers and full disclosure.

Administrators have not been secretive about the idea of becoming critical access. It came up during the campaign to pass the new tax. It's been mentioned at open board meetings.

But the effort to get the word out so far has been nowhere near as thorough as the mill levy campaign. And the proposal to take a vote at last week's hospital board meeting felt rushed. We're glad that vote was delayed.

Patten told a reporter it might not be responsible to "leave money on the table" by waiting to make a decision. We understand. But it's also not responsible to make a hasty decision.

We feel for hospital leaders. The hospital has been through tough times — tens of millions of dollars in losses over several years and multiple rounds of layoffs.

Now, the facility is finally in the black, but not by much. Another $900,000 a year could shore up that budget and put a vital community resource on more solid footing. And it could ensure that services like obstetrics — which are very popular, but money losers — are sustainable.

However, we'd like a better explanation of what critical access is going to cost in terms of quality of care. How many patients will have to go to other hospitals every year because of the time limit? How much more will Medicare patients have to pay for specific procedures? Will the change impact staffing numbers or stifle future growth? How often is the hospital full, and the people who would have been in those four beds need to go elsewhere?

Holy Cross’ mill levy campaign was a great example of the right way to build community support. We strongly urge administrators to take a page out of their own playbook and take the same approach on the question of critical access.
