

My Turn

Holy Cross Hospital's critical access designation proposal needs a closer look

John Plummer

The Taos News, 1/12/2017

The Taos News, in its Jan. 5 issue, reported on a proposal for Holy Cross Hospital (HCH) to change its status to a critical access hospital. Much of what was reported is true, but in some cases not the whole truth. For example, the report stated that, "Doctors must certify that an admitted patient will be discharged or transferred within 96 hours after admission." What was not reported is that transfers must be either to home or to a rehab facility. Transfers to another medical facility don't count. In other words, the doctor must certify that the patient will be well, at least not needing additional medical care, within four days after admission.

Second, the report stated that, "Officials at Taos' Holy Cross Hospital say they want to make changes that ... won't significantly change the type of care the facility offers." That is also true, but not the complete story. There may be practice areas that should be added to the HCH program. Fifty percent of all admissions to community hospitals nationwide, and 60 percent of revenues, are generated in practice areas where the expected length of stay exceeds four days. Today, HCH does not provide services in many of these practice areas.

It is difficult to attract qualified medical practitioners to a small, rural community such as Taos. It will be doubly difficult to attract those practitioners if the local hospital is precluded from accepting many if not most of their patients. A careful study is needed to assure that the proposed action will not reduce the chances of providing medical services needed by the community and are potentially profitable for the hospital.

The report continued: "Medicare patients who receive outpatient services must pay 20 percent on what Holy Cross charges for a procedure. Today, those patients pay 20 percent of what the hospital actually gets paid through Medicare, which is usually far less." In effect this amounts to another tax on the community. Unlike the recently passed mil levy that distributes that burden to all property owners in proportion to the value of their holdings, this tax applies only to Medicare recipients, the elderly, often with the least ability to pay.

The amount is significant. According to the report, "With the higher co-pay, the amount billed would have been \$485,000." That is a very large proportion of the estimated benefit reported to be \$750,000. "Patten (HCH CEO) said the hospital would beef up an existing program to help low-income patients affected by the increase." An earlier proposal to provide some form of interim insurance proved not to be feasible. This new "beef up" is no better defined, and may be no more feasible.

Parenthetically, that estimated benefit started at \$900,000, went from \$500,000 to \$1.5 million, and now seems to have settled in a midpoint. A better documentation of the actual benefit is also warranted.

In summary, it is clear that adopting the critical access hospital status may make the achievement of the most important goal — providing accessible and affordable health care for all Taos County residents —much more difficult. These issues have been addressed both to the HCH administration and to its board with no response. Some response is needed before the community endorses this proposal.

For the past three years, Plummer, a resident of Taos, has been a community representative on the Taos Health Studies Committee.



**Holy Cross Hospital in Taos.
Katharine Egli**

Copyright (c)2017 The Taos News 1/12/2017