

What's Crazy About Hospitals in Rhode Island This Week

By Michael Fine

© 2024 Michael Fine

Lots of hospital related news in Rhode Island this week. The Rhode Island Department of Health and the Attorney General approved the sale of Our Lady of Fatima and Roger Williams aka Charter Care, to something called The Centurion Foundation, a Georgia based non-profit, which I don't know anything about. The seller is Prospect Medical Holdings, but with a series of stringent conditions which may make it difficult to close the sale. UNAP, our great nurses' union, objects – and thinks more stringent conditions yet are needed.

Pretty much the same day, Brown and Lifespan announced a non-merger. They will operate under the same new name – Brown University Health – but will continue to be separate entities. I think. If you can believe their press releases. And then Brown will give Lifespan a few million dollars a year for a few years. After which Lifespan will give Brown a few million dollars a year, a deal only administrators and lawyers could love. (see last week's column)

What's going on here? First, a disclaimer: I don't know anything about the actual financial condition of any of these fine organizations or institutions. I do know that hospitals have been manipulated by private equity firms around the nation for much of the last fifteen or twenty years, as those guys figured out how to extract funds from those places, often by saddling them with debt. I know there are too many lawyers and administrators involved, making way too much money, the bulk of which is actually public wealth that gets transferred in these deals into private pockets. I know that politicians and regulators are outmanned and outgunned when it comes to making sense of it all, so the theft of public resources happens apace, hidden in plain sight. And I know that when hospitals merge, the outcome almost always increases health care costs, because the merged hospitals begin to act like monopolies and push legislatures and others into giving those hospitals more money, which usually ends up in the pockets of administrators and lawyers, and is almost

never used to hire more nurses or physical therapists or whatever, the health care workers we really need.

In the case of Fatima and Roger Williams, we have two hospitals that are very likely to end up closing, when all this silly dust settles. Then everyone will be shocked, shocked, and then the remaining emergency rooms around the state will end up more overwhelmed, and so Lifespan aka Brown University Health, and Care New England, if it survives, will end up getting the state to give it money to build bigger emergency rooms yet.

The truth is that we have more hospitals than we need. Length of stay has been decreasing for years. Many procedures which used to be inpatient have become outpatient. About ninety percent of people who use the emergency department don't get admitted to the hospital – so we need emergency departments, but not really the hospital they are attached to. (The only reason we need emergency departments is because we haven't built enough primary care practices or trained enough primary care clinicians, so people use the ED instead of seeing their primary care clinician, their family doctor or NP, their pediatrician or internist when they are sick.)

But hospitals keep people employed, and employed people like their jobs, so the last thing a politician ever wants to do is say the truth, which is that we need to close a couple of hospitals. (There's no money in primary care, so no politician will ever fight for more of it.)

If we were smarter than we are, we'd set up a Hospital Regulatory Commission, merge the whole kit-and-kaboodle of them into a single entity, and use that to set hospital prices and make decisions about how many hospital beds we need where. And stop paying administrators millions of dollars to shift public money into private pockets, just because politicians lack the courage to tell the truth about all this and start fixing it.

What about the Brown/Lifespan deal, the non-merger merger? It's mostly a name change. So they can use branding to let Lifespan try to compete with the Boston systems and Yale. But it's lipstick on a pig. On two pigs. We have serious quality of patient experience issues here, and until we fix those, people will still often go elsewhere for hospital care. Brown doesn't take many real Rhode Islanders from our communities into its medical school and doesn't train nearly enough primary care doctors from here who will stay here, and until we fix that problem, our emergency rooms are going to be over-crowded, our public health won't be nearly as good as it could be, and our health insurance will keep going up twenty or thirty percent a year, a little factoid no-one has mentioned while we are playing games with hospitals.

The whole thing is crazy. And expensive. And sad.

But we have met the enemy, and they are us.

Originally published on [Whatsupnewp.com](https://whatsupnewp.com) on June 21, 2024