

No surprises in hospital closing commission report

'Fire and brimstone' reserved for NYC, upstate

By JEREMY HARRELL

The highly anticipated state report on hospital right-sizing spared Long Island facilities from outright closure, but it contained recommendations that are sure to permanently alter the region's health-care landscape.

The big headline is that following 15 months of study, the Commission on Health Care Facilities in the 21st Century urged the closure this week of nine hospitals statewide, five in New York City and one in Westchester County. None is on Long Island, prompting leaders such as Michael Dowling, chief executive of the North Shore-Long Island Jewish Hospital System, to deem the commission's report "predictable" and lacking "big surprises."

Instead, the "fire and brimstone," as Kevin Dahill, president of the Nassau-Suffolk Hospital Association, put it, took place in New York City and upstate, where the closure proposals met with stiff resistance from health-care officials and legislators.

Looking beneath the headlines, however, reveals some big changes coming for Long Island in the form of downsizing and consolidation. The commission, also called the Berger Commission after its chairman, Peter Berger, based its final recommendations on the findings of regional committees, and Long Island's regional committee called for the closure of one hospital, St. Charles in Port Jefferson.

However, the Berger Commission, in its final report, kept St. Charles alive, albeit in a radically different form. The hospital, part of the Catholic Health Services of Long Island, should downsize its beds from 97 to 37, shut its emergency room and convert its medical and surgical beds to psychiatric

and detoxification functions, according to the report.

At the same time, the Berger Commission recommended that J.H. Mather Hospital, less than a mile away in Port Jefferson, should replace its psychiatric and detoxification functions with medical and surgical beds.

In effect, the commission, whose recommendations carry the force of law unless rejected in their entirety by the governor and Legislature, is forcing a merger between the two hospitals.

George Farrell, the Farrell Fritz partner who led the Long Island committee, said lobbying by Catholic Health Services likely kept St. Charles from going dark. But he pointed out that St. Charles will switch to a specialty hospital, and the recommendations limit any possible expansion there.

"It isn't that they didn't do [medicine] well," Farrell said. "When you have two hospitals in a town the size of Port Jefferson, it's impossible to call both of them community hospitals."

State Sen. Ken LaValle, R-Port Jefferson, acknowledged that he "pushed hard" to keep St. Charles – and its 1,500 employees – from going under the knife, especially after he heard over the summer that the hospital was in danger of being slashed. He said St. Charles' outright closure would have flooded nearby hospitals with overflow patients.

Still, LaValle held out praise for most of the Berger Commission's report. He's already introduced legislation to carry out a recommendation to break off Stony Brook Medical Center into something resembling an independent public entity.

Farrell said the commission found that Stony Brook's hospital could serve as an administrative catalyst for the rest of eastern Suffolk County and unite the surrounding hospitals under a unified health-care system. To accomplish that goal, Farrell said it's important for Stony Brook Medical

Center to "create its own destiny."

"Without getting into the forum of how it's done, it should be separated from the university and should have its own board," he said.

Stony Brook's official stance is that it's already formed alliances with other hospitals in Suffolk and doesn't necessarily need independence to meet the commission's recommendation.

Elsewhere on the East End, LaValle applauded the commission's endorsement of a plan already under way to combine the administrative functions of Eastern Long Island Hospital, Southampton Hospital and Peconic Medical Center. LaValle said the next step is to provide funding to accomplish the goal.

"There were all sorts of kudos, but not a farthing came their way," he said. "I'm going to use my good offices to say I want my hospitals rewarded."

Richard Guardino, a Berger Commission member and Hofstra University's vice president for business development, said "vast and unprecedented" sums of money await hospitals that undertake the kinds of consolidations and reorganizations urged by the commission. The state and federal governments, have set aside \$2.5 billion for the cause, he said.

Already, the Nassau University Medical Center is on the verge of collecting \$23 million to eliminate 100 hospital beds and close down part of its long-term care center. The Berger Commission endorsed that plan, too.

Because the commission's report carries the force of law – and must be complied with by the end of 2007 – it could cut through the inertia and turf battles that frequently thwart the efforts of the most respected blue-ribbon commissions, Guardino said.

"This is always going to be a difficult process, but I think we have a chance here to make significant changes," he said.