



# The Post-Standard

## **Punitive report cries out for a second opinion**

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Crouse Hospital and SUNY Upstate Medical University**

As leaders of two of Central New York's most valued health-care institutions, and as physicians, we agree with the report from the governor's Commission on Health Care in the 21st Century - referred to as the Berger Commission - that health care in New York is in need of treatment.

But the treatment prescribed for the patient warrants a second opinion, which we offer today.

We fully appreciate how much deliberation and work went into this report. We also realize there are tough decisions to be made about excess capacity in the system and we want to participate in this effort. Here in Syracuse, Crouse Hospital and University Hospital have the potential to play a key role in helping to realize this goal.

We do, however, share serious concerns about the prescriptive and punitive nature of the recommendations outlined in the report as they relate to our two hospitals.

The task of potentially joining Crouse and University hospitals is considerable - and complex. Each year, the hospitals combined provide care for 39,000 inpatients and 105,000 emergency services patients, and treat more than half-a-million people in outpatient clinics. As safety net hospi-

tals, both provide needed health-care services that are not available anywhere else in the region.

The commission dictates that both organizations be joined under a common governance structure that is not part of the SUNY system and that the merged hospital have between 500 and 600 beds. Disconnecting from the SUNY system should not be a prerequisite in achieving the goal. Further, our research supports a need for a 700- to 750-bed facility.

Additionally, the commission recommends that both organizations be prohibited from undertaking any needed capital projects unless a binding agreement to join together under a single governance structure is signed. This threat has the potential to negatively impact the care both hospitals provide. It means that Crouse would not be able to move forward with a replacement of its 30-year-old operating room. University Hospital would not be able to move ahead with its state-of-the-art cancer center. Both are needed in this community - with or without some form of closer collaboration.

Of significant concern to SUNY Upstate Medical University and University Hospital, and those we care for in 17 Central New York and Upstate counties, is the commission's recommendation to privatize University Hospital. Oddly, in other sections of the report

commissioners do not make that recommendation, but say the feasibility for privatization of the SUNY hospitals should be studied further. The opportunity to continue dialogue with the Legislature concerning the need for flexibility in lieu of changes in governance is welcomed.

The affiliation with SUNY by University Hospital and the ability to attract public funds allow the hospital to support and staff a Level One trauma service, a state-designated stroke center, a burn treatment center, a site for kidney and pancreas transplants, the only poison control center, pediatric emergency department and pediatric intensive care unit, the only Joslin Diabetes Center in the state, and many other important clinical services. University Hospital, as a public trust, is a major safety-net health-care provider in the region.

The commission's report failed to recognize Upstate Medical University's role as an integrated academic health center, whereby, the Colleges of Medicine, Health Professions, Nursing and Graduate Studies are intimately linked to the operation of University Hospital, and it to them.

More than 100 faculty at Upstate Medical University are paid for in part or full by University Hospital funds. Many enrich the colleges' ability to teach, research and deliver care while expanding access to the underserved and uninsured in our region.

The model outlined in the report is defined by the commission, not by the two institutions and their key stakeholders, namely our medical staffs, employees, unions and our community. As we have discussed with our elected officials over this past week, the punitive nature of the report implying "do this or else" is wrong and sets us up for failure. Working together, we should be able to decide the model that works best for our respective institutions and the community and that is what we are proposing. It cannot be preordained.

In order to develop something that has the potential to be successful, we must undertake a thoughtful and thorough review of what makes the most sense - and what will work. This can only be done with the input - and buy-in - from our physicians, employees and the unions that represent our employees. There are numerous issues and complexities that need to be considered, not the least of which is how to bring together two institutions with different cultures and missions.

Both organizations fully support a common sense approach to working more closely together. In fact, as new leaders of our respective organizations, we have had renewed discussions about how this could work for the benefit of both institutions. While similar discussions have occurred over the past 30-plus years, both organizations have brought a fresh perspective and outlook to the current dialogue as it relates to potential future opportunities.

We are willing to work with the state, the Department of Health and the State University of New York to develop a structure that makes sense and that is right for our key stakeholders and this community. Our message is, simply: Don't punish us, work with us. If ever there was a time in the history of these two organizations to make this work, it is now.

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