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Surgeon shortage hits crisis; Lee Memorial struggles; to cover emergency rooms

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Lee Memorial Health System does not have enough general surgeons to cover two of its emergency rooms and may have to start transferring patients to other hospitals as early as March.

The surgeon shortage hit a crisis point Feb. 1 when four vascular surgeons - who specialize in the surgery of blood vessels - quit practicing at Lee Memorial Hospital and HealthPark Medical Center, which have a combined medical staff.

Emergency rules call for a minimum of nine general surgeons to rotate on-call coverage of the emergency departments. Lee Memorial is down to five and is scrambling to make up the difference.

About 200,000 people visited Lee County's six emergency rooms last year.

As of Wednesday, Lee Memorial had no general surgery emergency coverage at HealthPark and Lee Memorial for about half of March, which could jeopardize care if an emergency patient needs immediate surgery, and hurt the system's finances if it loses patients to competitor Southwest Florida Regional Medical Center.

Dr. Gordon Burtch and his Surgical Specialists of Southwest Florida partners said they have been negotiating with Lee Memorial for fair and equitable treatment since October, but were unable to come to an agreement about reimbursement for uninsured patients they treat through emergency.

Most physicians with staff privileges at local hospitals are required to rotate coverage in the emergency department and few in Lee County are traditionally reimbursed for nonpaying patients.

But because several physician groups within Lee Memorial have special arrangements with the system for stipends or reimbursements - anesthesiologists and on-call trauma specialists, for example - Burtch said it was a matter of principle.

"This is not about compensation or about us refusing to cover the ER because we're not getting paid - it's about what's fair," he said. "Our job is to take care of patients and I've been doing that for 15 years and I never complained about it. This is about some people getting paid and others working for free. It's about a level playing field."

Lee Memorial administrators said Burtch demanded his team get paid for all emergency and follow-up indigent care, which would mean the system would have to extend the same treatment to all medical staff physicians, and that is not financially feasible, said C.B. Rebsamen, chief medical officer for planning and development.

"We can't do that for our surgeons and not the rest of our medical staff," he said.

That alternative was estimated to cost the system at least \$2 million per year using Medicare rates, effectively making Lee Memorial the equivalent of an insurance provider for any physician treating nonpaying patients.

"We were being asked to become a payor," Rebsamen said. "The bottom line is our finances are already insufficient to meet the long-term needs of the hospital."

The hospital system currently subsidizes trauma specialists for uninsured patients - a \$3 million per year appeasement plan that stopped on-call trauma doctors from quitting two years ago over compensation shortfalls. That was a forced settlement that saved the trauma center from imminent closure while the system continues to seek long-term funding.

Administrators said after months of talks, they concluded hiring its own staff of general and vascular surgeons was the most economically sound answer, even if it means competing with the private doctors who practice there.

"We never overtly competed with our medical staff - it's not something we want to do," Rebsamen said. "But this is employment by crisis. Those doctors will come into town, do work at our hospital and come very close to paying for themselves. We're at that point."

The problem is getting them here.

Health care providers agree on one thing for certain: Florida is considered a hostile environment for recruiting doctors.

Malpractice liability premiums coupled with two recently passed amendments, including one that yanks the license of any doctor who gets three malpractice judgments against him, have made it virtually impossible to persuade doctors to work here.

That, coupled with an aging surgeon work force with retirement on the horizon, may cripple the system if something isn't done, officials said.

"We haven't figured out how to make it all work yet," Rebsamen said. "The future of this health system is in question. I'm not talking tomorrow, but perhaps within the next 10 years."

Lee Memorial has been in talks with about half a dozen general surgeons over the past several months, and even though the public hospital system has some liability protection as a government entity, no one has signed on yet for employment.

Administrators said they are optimistic they can fill the gap by summer, but others aren't so sure, particularly the last remaining surgeons still working at Lee Memorial and HealthPark.

"The way our reimbursement here is, the fact we've got the three-strikes rule and the malpractice mess, people are just saying forget it," vascular surgeon Dr. Thomas Kowalsky said. "I can't get a partner. No one wants to talk to me now. We're kind of at a critical mass."

In the interim, however, Lee Memorial is desperately juggling its resources to cover the emergency departments, and so far has managed to stabilize surgeon coverage for February.

That calls for using a handful of surgeons willing to step in and work extra calls, reactivating a few general surgeons who had tenured out of rotation, pulling in a trauma surgeon to cover some shifts and using locum tenen surgeons - surgeons who do temp work in a pinch, but at a very high price.

All of this could have been thwarted if Lee Memorial had been willing to treat his group more fairly, Burtch said.

"I'm extremely frustrated," he said. "Think about it. They're going to go out of town to get their own doctors. They're actively recruiting. So they're going to compete against me, yet they want me to cover the ER until they get their own doctors. That doesn't sound fair to me."