

Part 1: San Francisco Health Commission set to rule on CPMC hospital's dialysis outsourcing plan



Health Commission president Jim Illig and other Commissioners fret over “quality,” and “capacity.”



But dialysis patients like Martha Dominguez Glumaz fret over outsourcing of their very lives.

San Francisco's Health Commission is set to rule on CPMC hospital's dialysis outsourcing plan at its meeting on Tuesday, September 7.

As I previously reported, CPMC's dialysis patients remain very concerned about outsourcing of life itself.

The Health Commission's September 7 meeting is being held off site, at the Lady Shaw Senior Center at 1483 Mason Street, at 4:00 p.m. — not at its usual 101 Grove Street location.

The Commissioner's will be voting on whether to issue a Prop Q finding that outsourcing CPMC's dialysis services to a for-profit facility will have a detrimental effect on the provision of healthcare services in the City.

At the Health Commission's August 17 meeting, Grant Davies, Executive Vice President of CPMC presented information regarding CPMC's plans to outsource its dialysis services to DaVita. He indicated that capital improvement costs to upgrade CPMC's dialysis facilities were cost prohibitive, and that DaVita would fund the upgrades.

Mr. Davies also indicated that reimbursement from Medicare and Medicaid (Medi-Cal in California) may be adversely affected by an average two percent decline in reimbursement when the Centers for Medicare and Medicaid Services reduce “bundled reimbursement” starting in 2011.

Both claims by Mr. Davies may be ridiculous.

As various media have reported, Sutter Health's — CPMC's parent company — profits more than tripled in 2009.

The Sacramento Business Times reported Sutter Health's “systemwide profit margin increased to almost 8 percent” in 2009, up from just 2.3 percent in 2008. Sutter's revenue rose to \$8.8 billion in 2009 from \$8.3 billion in 2008, the Sacramento Business Times reported.

Half a billion dollars in increased revenue?

Sutter's president and CEO Pat Fry claims its operating income did very well in 2009 due to “extremely good expense management.”

At whose expense, I have to wonder. Patients being “expense managed”?

Thoughtfully, Health Commissioners peppered Mr. Davies with questions during their August 17 Commission meeting.

Commissioner Melara asked whether the new Federal regulations may be a factor in CPMC's motivation to sell its dialysis services and apply to DaVita.

Commissioner Chow fretted that a long-term plan for the quantity of dialysis chairs must be available and be considered by the Health Commission. He worries the same quality of care currently provided by CPMC be maintained by DaVita.

Chow also wonders what measures will be used to determine quality standards, and asked why DaVita was chosen over other providers.

For her part, Commissioner Sako raised numerous questions on August 17, including concerns that the lease with DaVita may not prevent it reducing or changing its services. She's concerned a private company may have no requirement for it to have a Prop. Q hearing if it decides to change the level of services in the future.

Sako asked for a description of the current San Francisco dialysis population and the current capacity of outpatient dialysis services in San Francisco, and asked for information on how often dialysis patients have "code" situations while receiving dialysis care.

Commissioner Illig asked how many of CPMC's 245 current dialysis patients are "safety-net" patients using Medi-Cal.

Commissioner Waters indicated Institute of Medicine research documents that 12-hour shifts, as DaVita may be considering implementing, negatively impacts nurse performance care.

The Commissioners raised other significant questions, which have yet to be answered by CPMC.

Although CPMC and DaVita held a follow-up meeting with CPMC's dialysis patients on August 31 to address 22 outstanding questions pending since December 2009, up to this point only one question has been addressed, say dialysis patients.

The most critical unresolved question deals with how to handle patients who go into Code Blue during their dialysis treatments. A clear and definitive response has not been forthcoming about whether CPMC will permit DaVita to utilize hospital resources, or whether patients who Code Blue will have to rely on 9-1-1- being called to transport them to an emergency room elsewhere.

Both CPMC and DaVita seem to be stalling providing a Code Blue solution due to "liability" issues lawyers appear to be haggling over, since CPMC's final agreement with DaVita over legal terms remain["pending."

Once DaVita takes over, dialysis patients may be expected to deal with excruciating pain or will be expected to interrupt a vital treatment so they can be sent to an ER. DaVita's representative, an administrator of the DaVita dialysis center on Webster Street in San Francisco, stated during the August 31 meeting with patients, "DaVita does not have a license to provide medications such as Morphine."

Patients who asked if this is medically ethical received no response.

Dialysis patients also requested seeing comparison data for DaVita and CPMC regarding infections and cross-contaminations. They were told, "There are no readily available comparison data for infections and cross-contaminations since these are self-reporting items and each dialysis facility reports them differently."

"These benchmarks are typical comparative data points found in the medical literature, such as anemia and albumin levels, etc. However, this type of data say nothing about the quality of care provided by a particular dialysis facility; rather, these data are indicators of how good of a physician a patient has," says Martha Dominguez Glumaz, a leading dialysis patient advocate and veteran of 30 years of dialysis treatments herself.

DaVita's reported mortality rate for dialysis patients has been called into question.

DaVita doesn't accept critically ill patients, who are typically sent to CPMC. The New England Journal of Medicine (1999) and BMC Nephrology Journal (2008) indicate there is an eight percent higher mortality rate in for-profit facilities such as DaVita, as compared to not-for-profit facilities.

CPMC's dialysis patient's main concern is safety. DaVita reportedly has a long history of deaths. In November 2005, there were 19 deaths and 11 injuries at a DaVita facility. The FDA reportedly investigated and DaVita closed for five months due to a recall of their Gambro machines and equipment.

In 2007 in Muskegon, Michigan a DaVita dialysis patient died because a technician used a dialyzer that had not been washed of Renalin, a dangerous chemical used for cleaning dialyzers.

In 2008, in Lufkin, Texas, 19 deaths occurred because bleach was used during dialysis treatment.

How can CPMC — or San Francisco's Health Commission — guarantee DaVita will be safe for San Franciscans receiving dialysis, Dominguez Glumaz wonders.

For her part, Tatania Kostanian, another patient advocate receiving dialysis at CPMC, worries on behalf of over 200 dialysis patients at CPMC and many more dialysis patients at Davies Hospital already under DaVita, that there are few medically-licensed dialysis clinics in the City.

Kostanian wants to make sure that patient lives will NOT be given to business dialysis companies, but to licensed medical hospitals with licensed nurses and technicians.

CPMC hasn't answered questions raised by the Health Commissioners, or other questions raised by its own dialysis patients.

Unless there are legally-binding agreements in writing and in place before the Health Commission delivers its Prop Q resolution determining whether an adverse outcome will occur, **it** shouldn't even consider passing such a resolution.

Given these concerns, the Health Commission must rule that the outsourcing of dialysis care at CPMC will definitely have a detrimental effect of the overall health care systems and healthcare provided in the City.

If the Health Commission fails in this basic patient rights protection, then the Board of Supervisors should reject CPMC's plans to build its Cathedral Hill Hospital.

Feedback: monette-shaw@westsideobserver.com.



Tatania Kostanian testifies at the Health Commission's August 17 hearing.