

A Big Gamble

When it comes to health care, there is one thing everyone in Franklin County agrees on: Everyone who lives here, fulltime or part-time, and everyone who comes to visit should expect to receive top-quality health care available here, for themselves and their family and friends. Living here should not amount to gambling with your health.

There is no argument, no disagreement, and no difference of opinion on this fundamental issue. To help accomplish this, county residents voted in 2007, by a strong margin, a 1 percent sales tax, earmarked entirely for health care, and it was implemented beginning in 2008. That first year brought in \$1.2 million, and while it fluctuated over the next decade, it has now climbed to more than \$2.1 million annually in sales tax receipts. County residents need to pat themselves on the back for having the foresight, and the insight, to institute this sales tax, a significant portion of which is funded by out-of-county visitors.

Since first instituted, sales tax proceeds have topped more than \$18.5 million, a tidy sum that most any community in the United States would love to have for its health care needs.

Licensed practical nurses, registered nurses, advanced registered nurse practitioners, physician assistants, doctors – all those dedicated health care professionals on the front lines of providing health care have been supported by these tax dollars.

About \$3.5 million remains in the fund, considered a critically important chunk of dollars slated to renovate and expand Weems Memorial Hospital on its current site in Apalachicola.

The question is: Is that the best way to spend this money?

Consider this. Of the monies raised so far by the tax, about \$4 million has been spent largely on capital expenditures, mainly for the hospital site, including hundreds of thousands of dollars towards consultants, advisors and other non-health care professionals who have profited from the slow-moving planning for a new hospital. Underutilized Weems East was also built with about a million dollars of HCTF Capital funds.

Of the remaining roughly \$11 million, nearly all of it has gone to prop up the operating costs of Weems. Operation of the Clinics and Ambulance Services being funded separately from General Ad Valorem Revenues. Weems has increasingly lost ground to an aggressively expanding Sacred Heart health care system, already well-established in Apalachicola and now expanding to Eastpoint.

The Franklin County School District, secured millions of dollars in Triumph funds, from the Deepwater Horizon oil spill of 2010, for vocational education, and topping their agenda for spending these monies is expanding, for students and adults alike, a program enabling them to take their first steps towards a career as a health care professional. The district is seeking partners to enable these graduates to secure job opportunities in the area, and where are they turning? To Sacred Heart, among others.

The issue remains, in this rapidly evolving world of local health care, does it continue to make sense to spend this entire treasure chest of precious health care dollars entirely on Weems, where it sits in Apalachicola, to be spent on construction companies and other non-health care professionals?

There is no question that renovating and expanding Weems will cost millions of dollars, and will create permanent debt for the County for the first time. It will also raise costs of operations with uncertain revenues to support new debt and new costs. And what will a new facility accomplish, given the increasing competition from Sacred Heart? Will more specialists come to Apalachicola? Will the inpatient rooms be filled? Keep in mind that Weems today averages only one or two inpatients a night at present, sometimes none.

Consider this:

A new hospital will draw only on county residents, a population base that has not grown much in 15 years. The hospital will serve Apalachicola and Eastpoint primarily; the eastern end increasingly prefers Tallahassee for its health care.

When complete, Weems will still have no operating rooms, no kidney dialysis, no advanced radiology, no cardiac catheterization, no cancer treatment, no pulmonology, no rehab facility, no Board Certified Specialists, and still an emergency room limited in its ability to treat heart attacks, strokes and other serious injuries or illnesses that have to be taken elsewhere right away or the patient may not survive.

None of these services will be there, at least not at the outset, and it is questionable Weems will ever have the resources to add these offerings except on a visiting basis. This is a gamble with a huge potential downside.

County officials believe that “if you build it, they will come,” but what evidence is there this is true? Weems hospital CEOs have for years promised to expand offerings at Weems, and yet little or nothing has been accomplished in this regard. If you need an elective procedure, and it can be done at Sacred Heart or Bay Medical, you’ll head west. If Tallahassee Memorial or Capital Regional is where you’ll prefer, you’ll head north.

The likelihood is that it will be difficult to expand offerings at Weems, and the hospital will remain in need of huge long-term subsidies from the county, hopefully not continuing to have to borrow additional monies above even that to meet payrolls as has happened repeatedly in the past. And to complicate matters, even with the Critical Access Hospital designation, which helps stem losses, Medicare and Medicaid reimbursement rates are on the decline and the Critical Care Access program is under attack at the Federal level.

In the absence of the hospital’s Critical Access Hospital designation, which boosts the amount of Medicare dollars it receives, Weems would have been forced to shut its doors long ago. But even that designation has its limits. It has not eliminated the need for the hospital to consume about \$15 million over the last decade, in valuable health care dollars, just to stay afloat.

We think there are better ideas than simply going into debt, based on the wishful thinking that services will greatly expand, without evidence that will happen.

We think the county’s health care tax dollars have to be carefully targeted, so that they serve as the economic driver they are designed to be, and not to further line the pockets of out-of-county consultants and construction companies, or a handful of highly paid administrators.

We think they need to go towards boosting the bottom line of the front-line health care workers, the doctors and the nurses, the EMTs and the paramedics, who make the difference.

We believe the county needs to take a broader look at the whole picture, at what type of facility it needs and where it ought to be located. We need to talk about healthcare outcomes and trackable metrics instead of necessarily building edifices with a bronze plaque at the entrance.

There are lots of options out there, for using revenue strategically and effectively. Let’s start looking at them before we invest heavily at what could likely become a losing proposition, in a rapidly-changing world of health care. 12 years ago citizens originally voted for a rendering portraying a 31,000 square foot Greenfield hospital. No one is even dreaming of that anymore. What remains is a hollow shell of what was promised to citizens. The promise then was a poorly thought out fantasy. Let’s get serious with what will save lives now. Let’s stop gambling.

Next week, we will continue this series and offer options to consider.

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