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EDITOR'S PICK

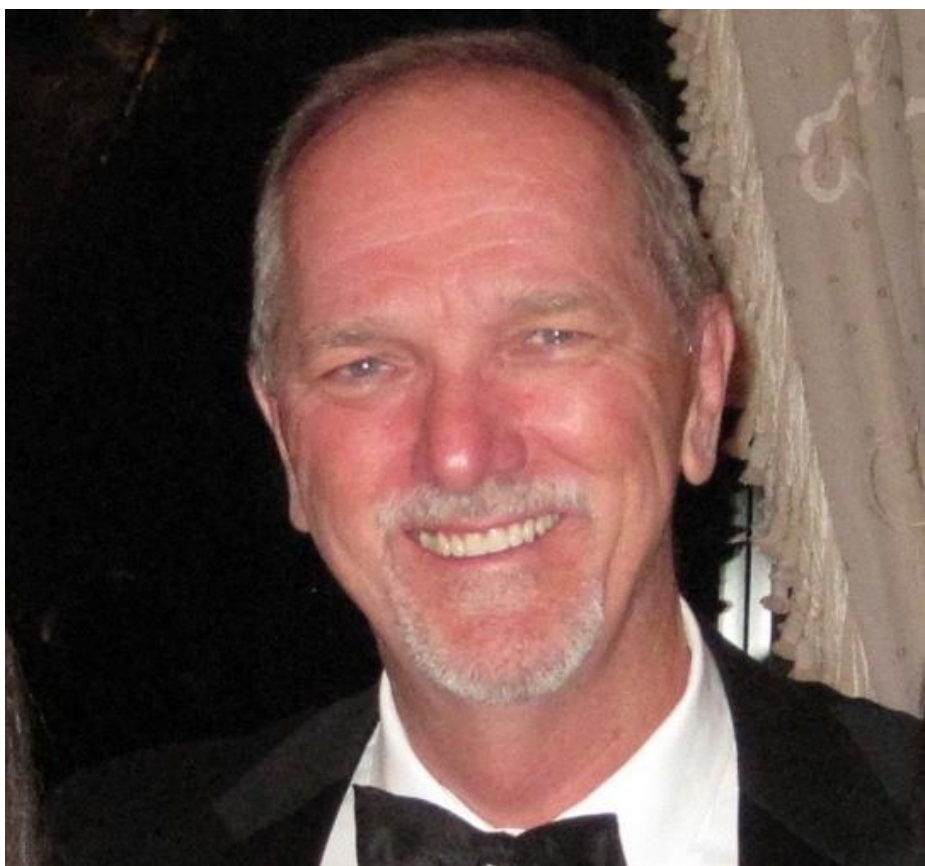
FEATURED

Diagnosis incomplete on treatment for hospitals in Martinsville, Danville and 2 other cities

BY PAUL COLLINS paul.collins@martinsvillebulletin.com 18 hrs ago

Sovah
Martinsville's
campus

The retired Navy captain from Virginia Beach who took it upon himself to raise questions about the quality of health care in Martinsville, Danville and two other cities indicates he is frustrated by lack of response to his efforts.



James Sherlock

James Sherlock wrote to state officials in late March about what he described as “dangerous hospitals and poor public health in Danville, Martinsville, Portsmouth and Petersburg” he had discovered after investing years and thousands of hours and thousands of dollars studying Virginia’s health care system.

“As you can see, the VDH [Virginia Department of Health] refuses to answer my question of what they will do to improve public health and the hospitals in Danville, Martinsville, Portsmouth and Petersburg,” Sherlock wrote in a recent email. “I am now going to quit asking.”

In his report, he had cited the 1-star (out of 5) Hospital Compare ratings that the Centers for Medicare/Medicaid Services had given to Sovah Health (with campuses in Martinsville and Danville), Bon Secours Maryview Medical Center in Portsmouth and Southside Regional Medical Center in Petersburg.

Sherlock has said that the 1-star ratings could indicate that patients are “infected, injured, suffer or die (or some combination of those hospital failures) at much higher rates than normal not because of the conditions for which they were admitted but because of the poor treatment they receive while there.”

He also suggested that the health of citizens was threatened by “decades of state misfeasance,” “bad hospital management and other factors,” “long-standing unchecked predatory behavior by some of the nonprofit health-care corporations

awarded regional dominance by VDH [Virginia Department of Health] in its administration of the Certificate of Public Need law.”

And, based on correspondence he shared from state officials, the maladies he identified have gone undiagnosed.

Joseph Hilbert, deputy commissioner for governmental and regulatory affairs, Virginia Department of Health, wrote to Sherlock that the Virginia Department of Health Office of Licensure and Certification is responsible for licensing and inspecting health care facilities in Virginia, including hospitals, and is the designated state survey agency for Medicare and Medicaid in Virginia. He said that agency works closely with the Centers for Medicare & Medicaid Services on its inspections programs, which are used to satisfy both state licensure and Medicare/Medicaid requirements.

He said that office has updated its website to provide a link to the Hospital Compare data, to make it more available to the public, including the star ratings that Sherlock had used in his assessment.

“However, reproducing the information that is already compiled and available on CMS’ website, as well as continually updating that information as CMS updates its data, is not cost-efficient,” Hilbert said in his email.

New laws needed?

He said the Department of Health defers to the Department of Medical Assistance Services for issues outside its authority and that the Department of Health Professionals regulates training and continuing education of health care practitioners, including mandating minimum levels to maintain competency.

“Typically, the cost of training and continuing education is borne either by the practitioner or through some form of cost sharing, cost reimbursement, or other arrangement with the practitioner’s employers,” Hilbert wrote. “State funding or

state assistance in funding the training you proposed would be a public policy decision made by the General Assembly through the adoption of new laws or amendments to existing law.

“We want all residents in Virginia to have safe and high quality health care.”

In a separate email, Hilbert wrote that the four hospitals Sherlock mentioned — Martinsville, Danville, Portsmouth and Petersburg — are accredited and that Centers for Medicare & Medicaid Services does not assign federal surveys (other than complaint and validation surveys) for those facilities to the Office of Licensure and Certification.

That essentially means their health and safety standards meet or exceed those of Medicare.

State law presumes that a hospital having undergone a federal survey performed by an accrediting organization has met the requirements of Virginia Code. A new law also limits the frequency of licensure inspections, Hilbert wrote, unless OLC has completed at least one licensure inspection of all other licensed hospitals.

He said changes would be up to the General Assembly but that the Centers for Medicare & Medicaid Services is aware of the need for additional oversight of accrediting organizations and has proposed the public posting of accreditation organization performance data.

“There is a large range of factors that contribute to health status at the individual and population levels,” Hilbert said in the email. “VDH [Virginia Department of Health] is extremely committed to approaching population health improvement through multisector collaborations and partnerships, including those with hospital systems, that will lead to improvements in the safety and quality of health care for all Virginians.”

What could be done?

Sherlock has suggestions. Many of them.

He said the state should provide a list of problem areas in 1-star hospitals and provide Medicaid patients served by one-star hospitals a process for being treated by 4-star or 5-star hospitals.

“I recommend that local physicians, nurses and operating room technician teams practicing in one-star hospitals be paid to travel to better hospitals to participate in the listed procedures for training,” he wrote. “Once a one-star hospital has upgraded the training of its staff and its list of doctors with admitting privileges in those specialties, then the list of conditions could be modified or eliminated.”

He has suggested the Hospital Compare findings should be incorporated into state licensing and that plan for corrective action be required, followed by an on-site inspection.

He said that a 1-star rating for three consecutive years should be cause for license revocation and that legislation should be drafted to require accurate reporting and felony charges for violating those rules. He also would put the State Corporation Commission in charge.

A spokesperson for the Virginia Department of Medical Assistance Services did not respond to a request for comment about Sherlock’s suggestions. However, Sherlock shared an email he had received from Dr. Jennifer S. Lee, director of DMAS.

She wrote that DMAS does not have independent authority to make the changes Sherlock requested in the absence of state and federal approval.

“The department adheres to applicable state and federal regulations and its own rigorous internal policies in order to ensure Medicaid members are receiving high quality, cost-effective care driven by innovation,” Lee wrote. “DMAS requires the care provided to Medicaid members to meet a wide range of standards developed to improve the Medicaid member experience, in areas including quality of care and services, access, transition of care, health disparities, and timeliness of care.

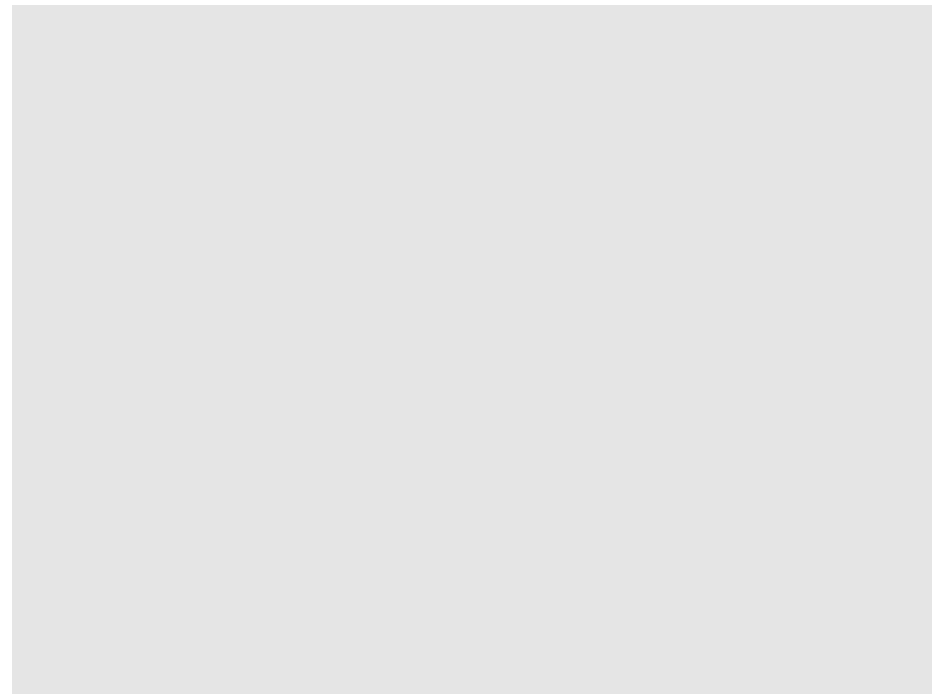
“In turn, DMAS managed care organizations monitor provider quality through regular member surveys, quality outcome metrics such as HEDIS scores, credentialing and re-credentialing of the provider network, site visits, medical record reviews, grievance and appeals, audits, and other processes.”

Lee wrote that resources are available to help patients make informed health care choices, including hospital performance data at Centers on Medicare and Medicaid Services

“Fortunately, Medicaid enrollees are able to choose their hospital,” Lee wrote. “Non-emergency medical transportation is available for Medicaid members, and I am pleased to report that progress is being made on telehealth access for members in rural and under-served areas. Ultimately, the strategies you propose would require additional funding, and the General Assembly alone has the authority to direct funding for the Medicaid program.”

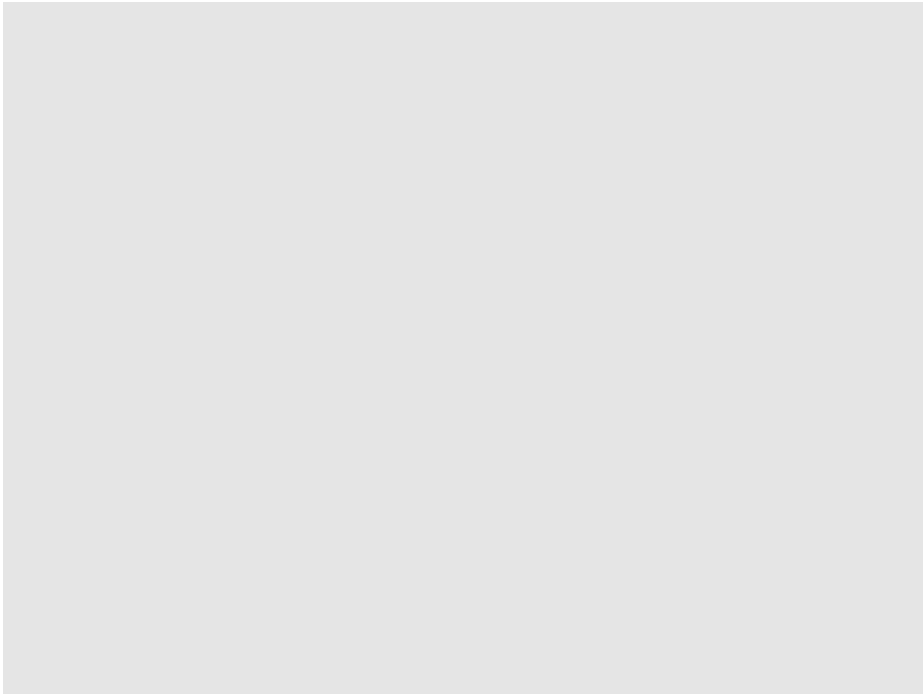
Legislative views

The Bulletin recently sought from the four state legislators who represent this area comments about Sovah Health’s 1-star rating, a number of concerns and suggestions that Sherlock expressed and what the legislature could or should do to address those issues.



Del. Danny Marshall (R-Danville): “What could we do? I’m not sure.”

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Del. Charles Poindexter (R-Franklin County): I haven't heard any other information."

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to you."

Del. Charles Poindexter (R-Franklin County) said he didn't know anything about Sherlock's qualifications to make the observations he did.

"A lot of times when you get those kind of things, you get somebody that had a bad experience somewhere. ... I haven't heard any other information," Poindexter said.

"They can't do a whole lot about making a private business more effective," Del. Danny Marshall (R-Danville) said. "What could we do? I'm not sure. I've reached out to the people with LifePoint [Sovah's parent company] and haven't gotten a reply yet.

"If you look at rural Virginia, a lot of the hospitals in rural Virginia are Level 1. ... I don't know where he [Sherlock] bases his information from. Let me look at it. I'll get back

Del. Les Adams (R-Chatham) said he brought up Sherlock's assessment with the CEO of LifePoint.

"They said they were aware of this. He indicated they would have a response," Adams said.

Adams said he would have to look at Sherlock's exact complaints outside of the ranking. "Obviously we're always looking at how to improve our health care and how it is delivered," he said

Del. Les Adams (R-Chatham): "Obviously we're always looking at how to improve our health care and how it is delivered."

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State Sen. Bill Stanley (R-Franklin County) did not respond to a request for comment.

"The Virginia Department of Health is a failed organization," Sherlock wrote in an email. "They have been responsible for the administration of COPN [certificate of public need] since 1973 and have both created regional monopolies and failed to express any interest in what they have done with the market power that they have been granted.

"They are responsible for the oversight of the rural health system, which is failing in plain sight. They are responsible for the oversight of public health, which ... is utterly unequal in Virginia without it even being officially noted much less acted on by VDH.

"VDH is responsible for the licensing of hospitals in Virginia, and express no concern about the ones of terrible quality as defined by the federal government. The culture is such that someone will need to clean house."

Sovah's response

Michael Ehrat, CEO of Sovah Health-Martinsville, and Alan Larson, market president and CEO of Sovah Health-Danville, have written in response to Sherlock's report that Sovah Health "is committed to delivering high-quality, safe and compassionate care, and we are continuously working to ensure that all patients, visitors and employees have positive experiences at our hospitals in Danville and Martinsville."

Michael Ehrat, CEO of Sovah Health-Martinsville, and Alan Larson, market president and CEO of Sovah Health-Danville, Doyle, Steven

They wrote they feel the one-star rating doesn't tell the stories of the lives that have been saved at Sovah Health, or adequately represent "the safe high-quality care we regularly provide to our communities, and does not reflect our recent quality initiatives and performance improvements."

They wrote that Sovah Health is hard at work to move the ratings forward. "Since the last CMS data release in 2017, we have implemented numerous initiatives aimed directly at enhancing patient safety and improving the overall patient experience. This includes measures like implementing bedside shift report and the formation of our patient family advisory council to improve patient communication and engagement and introducing daily leader safety briefs and team safety huddles to help us more quickly identify and proactively address quality concerns."



Retired Navy officer sends scathing letter to political leaders, suggesting SOVAH, others need to improve health care

MY WORD: State's oversight of hospitals is key issue



OUR WORD: Sovah has work to do and needs your help

Tags

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- James Sherlock
- Medicine
- Economics
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- Hospital
- Medicaid
- Adams
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