

Fight flares over need for Nemours

Orlando's 2 children's hospitals insist they will offer a complete range of services.

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Audrie Stafford, then 5 months old, was diagnosed last year with a rare liver disease and needed a transplant to survive.

The transplant was not done in Orlando -- or even in Florida. It was done at Nemours' Alfred I. duPont Hospital for Children in Delaware.



Stacie Stafford of Orlando plays at home with her 20-month-old daughter, Audrie, who underwent a liver transplant at Nemours' Alfred I. duPont Hospital for Children in Delaware.

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"My daughter wouldn't be alive today without Nemours," said her mother, Stacie Stafford of Orlando, a pediatric nurse who tends to children in their homes. She has been closely following the debate about Nemours' bid to build a new children's hospital in Orlando.

As the state nears a decision -- expected in six weeks -- on whether Nemours can build an Orlando hospital, the fight about whether it is needed is ratcheting up.

Nemours' planned seven-story, 95-bed "class II specialty children's hospital," which could open as early as 2009, would be the only free-standing children's hospital in Central Florida and one of just three such hospitals in the state.

Nemours said it will build and pay for a \$250 million hospital, pick up its annual operating costs and treat children who need its in-hospital and outpatient services, even if their families can't pay.



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Orlando's two existing children's hospitals, run by Orlando Regional Healthcare and Florida Hospital, say that with their upcoming expansions, they can take care of children's needs, ranging from acute care to the highest level of intensive and trauma care.

Orlando Regional declined interview requests for this article, but its argument is laid out in considerable detail in a letter submitted to the state April 19, when Nemours filed its certificate-of-need application.

John Bozard, senior vice president who oversees Orlando Regional's Arnold Palmer Hospital for Children, cited independent as well as state studies showing the region's two children's hospitals will have the staff and resources to provide "a comprehensive range of highly sophisticated services for children" at least through 2030.

Another children's hospital would mean duplicated services, resulting in higher costs and lower quality of health care, particularly because there are well-documented shortages among pediatric subspecialists and nurses, Bozard wrote.

As for the financial impact on Arnold Palmer Hospital, which opened in 1989 and is in the midst of a \$47 million expansion, it would lose more than 4,000 annual admissions and nearly \$30 million in net revenues if Nemours builds its free-standing hospital, Bozard wrote.

Nemours predicts in its application that there would be only "some short-term effect" on Arnold Palmer Hospital and little if any impact on Florida Children's Hospital, which is part of the Florida Hospital system.

Jeff Green, chief administrative officer for Nemours Florida who is overseeing the hospital application, said a core mission for Nemours "is not to duplicate but to provide services not readily available, or where there is limited access."

In its application to the state's Agency for Health Care Administration, Nemours made more than two dozen promises if the hospital is approved.

The promises include providing at least half of its "patient days" to children who qualify for charity care or are covered by Medicaid or Medicaid HMOs, with the coverage extended beyond the hospital to the entire Nemours system. Nemours also vows to recruit at least 50 full-time pediatric subspecialists to its staff within five years of the hospital's opening, bringing the total at Nemours to more than 100.

While acknowledging a nationwide shortage of pediatric subspecialists, Nemours said its staffing model would enable it to recruit successfully. Nemours doctors receive a guaranteed salary and benefits, have their malpractice insurance paid for, and work in a collegial setting with state-of-the-art technology, according to the application filed with the state.

But Rich Morrison, Florida Hospital's vice president for government relations, said Nemours' promises don't always pan out and there are "bad feelings that exist right now" between Nemours and local doctors.

In the past year, more than a dozen doctors who worked for Nemours have either left for Arnold Palmer or gone into private practice.

The number of Nemours physicians in Orlando, once more than 60, is now at 43, Nemours said.

"In talking to colleagues, one of the complaints I hear is that Nemours has a very industrial model for medicine. Everybody is replaceable," said Dr. David Nykanen, a pediatric cardiologist at Arnold Palmer who came to Orlando after the Nemours Cardiac Center Orlando disbanded in 2002.

That breakup still resonates in Orlando. The Nemours pediatric heart group came in with much promise and fanfare in 2000, only to pack up and leave within two years.

Nemours "can say they can hire all these folks, but in reality it's hard to find them," said Dr. Tom Carson, an Orlando pediatric cardiologist in private practice. He pointed out that Nemours had dropped a number of pediatric subspecialties during its time in Orlando, including neurology and ophthalmology, and closed its clinic in Fort Myers.

"My fear is that here you have two existing hospital systems that have made a commitment to the community. They've been here a long time and have made efforts to keep up with the [pediatric] bed needs into the future," Carson said. "There are only so many physicians, nurses, respiratory therapists, et cetera, to go around."

Dr. Charles Kleinman voiced similar worries. He is a former Nemours pediatric cardiologist who came to Orlando in 2000, left in 2002 and is now a teaching physician in New York City. When he was recruited by Nemours, "one thing that was emphasized was the commitment to children and the wonderful opportunity that existed, with an almost boundless budget for caring for kids," Kleinman recalled.

What Nemours wound up doing, with pediatric-cardiology as well as pediatric-neurology services, was raise expectations with the programs and then close them, Kleinman said. Though he is hopeful Nemours officials have learned from their mistakes, "they have a history of many stops and starts within the state of Florida."

But some say Nemours is getting a bad rap.

Dr. Jeffrey Bornstein, a Nemours gastroenterologist, said it is a large, bureaucratic institution that may rub some doctors the wrong way. "If you want complete control, this is not the right place for you."

Its staffing model means he doesn't have to worry about seeing a high volume of patients, Bornstein said. He can afford to spend 45 minutes with a Medicaid patient, "and it won't hurt me financially. I get to practice the way I was taught to practice."

Bornstein said the battle about the proposed Nemours children's hospital has physicians on edge, but "it's at the administrative and board level, not between doctors."

If and when the Nemours children's hospital opens, "it's an incorrect assumption that we [Nemours doctors practicing at Arnold Palmer] would split and go. I expect everybody will serve both hospitals."

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