



SUSTAINING CARE IN OUR COMMUNITY

Upper Allegheny Health System (UAHS) recently announced that its member hospitals, Bradford Regional Medical Center (BRMC) and Olean General Hospital (OGH), are restructuring in order to create a stronger, more viable regional system built around innovative centers of excellence.

Since the announcement, a number of questions have arisen. The following questions and answers clarify the reasoning behind this important decision and create a better community understanding.

Why is this restructuring necessary?

We have both an opportunity and a necessity to reinvent a model of care for the 143,000 residents in our service area to ensure high quality care for the long term. Multiple factors have necessitated development of this new model of care.

Population in the combined Bradford/Olean service areas has declined 5.6% since 2012 – to about 143,000 people. Inpatient volumes are projected to decline by about 9% over the next 10 years, due to population loss and the ongoing shift toward outpatient procedures. As a result, we predict needing just 95 inpatient medical/surgical beds to serve the region within 10 years. Currently, UAHS has 223 beds - far too many than needed to serve the region through the next 10 years.

Why can't all services be offered at both hospitals?

The reality is that our two hospitals, only 23 miles apart, are too similar to each other in services. That means duplication of providers, excess capacity, equipment and overhead, all of which translates into more costs, and much more fiscal stress under inadequate reimbursement for both facilities. It is also not possible to spread duplicated resources, including physician specialists, between two hospitals so close together.

If we were to build a hospital today to ideally serve our Bradford/Olean population, it would be a single hospital with approximately 150 beds (including psychiatric, rehab and specialty beds), with no duplication of services and a well-organized regional outpatient program. We will redesign our health system into a high performing, accessible and sustainable resource for everyone in the region for decades to come.

What services will be at BRMC?

BRMC will remain a key part of the health system and the community. BRMC will continue to offer a full service emergency department. Acute care and surgical services will be shifted to OGH, April 1, 2021. This timing is dependent on whether the COVID-19 pandemic is significantly impacting the hospital, staff and our resources.

BRMC's bed complement will be as follows: 95 beds at the Pavilion at BRMC, 28 beds for the Behavioral Health division, and 10 inpatient medical care beds.

Continuing BRMC outpatient services include: imaging (including MRI, mammography, CT and ultrasound), laboratory services, sleep care, respiratory care, cardiac rehabilitation, infusion center including chemotherapy, Upbeat Wellness, Smart Rehab, occupational health and wound care. The hospital will continue as a sponsor of the School of Radiography and the community's Meals on Wheels program. Recently, UAHS sleep services and occupational health were expanded and consolidated from OGH to BRMC.

Women's Health Services will continue through Universal Primary Care via its office on Interstate Parkway. We are working with potential partners to re-establish dental services in conjunction with BRMC. As part of the plan, BRMC and OGH will expand telehealth capabilities. Community health will be improved through the development of health and wellness programs reaching every part of our service area including working with the community in establishing a community wellness center and how to better address chronic disease.

What services will be offered at OGH?

In addition to high level inpatient medical/surgical services and outpatient surgery, Olean General Hospital will continue to offer advanced services regionally including: interventional cardiac catheterization, electrophysiology (EP), the ICU intensivist program, radiation oncology, vascular services, neurology, orthopedic surgery, OB/GYN, wound care including hyperbaric therapy, and dialysis.

What about physician office practices?

UAHS will continue to grow its large regional network of 42 primary care and specialty providers, which presently includes 25 providers in Pennsylvania. We will expand our community presence of providers who bring outstanding credentials in their respective fields. Our providers not only work full time in the community, they live here as well. In January, BRMC announced the arrival of a new specialist in colorectal and general surgery who will see patients in Bradford and Olean.

Current and future BRMC physician and advance practice provider (midlevel) office services include: primary care/family care and specialists in orthopedics, cardiology, cancer, pediatrics, colorectal and general surgery, urology, ENT and spine.

What about insurance coverage?

Olean General Hospital already cares for many patients from Pennsylvania. More than 30% of OGH cardiac catheterization patients and 25% of OGH maternity patients come from Pennsylvania. With few exceptions, OGH participates in virtually all Pennsylvania health plans including Highmark and UPMC plans.

How will you address the lack of transportation between the two hospitals?

We know transportation is an important issue. Currently there is no public transportation system between Olean and Bradford. UAHS has a special committee as part of the transformation program which is addressing this very important issue. We are working with community partners to develop a reliable transportation option between the two cities and the two hospitals. We are proud to spearhead this effort.

Why is UAHS the best choice to run our hospitals?

If one looks around the rural region we live and compete in, the combined service areas of Olean and Bradford have more local clinical resources than any other system within the regional area (two cities only 23 miles apart). Our focus is to keep patient services "local" within the Bradford/Olean service area, as opposed to sending patients to Erie, Pittsburgh, Buffalo or Rochester. Large systems do not have locker rooms full of physicians, especially specialists that they can deploy full time to the rural areas like Bradford and Olean. In most cases these specialists are 100 miles or more away and only come to our area for infrequent clinic visits. While some health systems patch and ship patients to distance cities, UAHS has invested millions in resources in local care and will continue to do so in creating its new model.

How long will all this take to consolidate and make all these improvements?

The transformation plan has a three-year time horizon. The inpatient and surgical transformations are planned to be completed on April 1, 2021. However, the impact of COVID-19 on inpatient volumes will be evaluated to ensure we have enough capacity in UAHS to manage any surge needs. Other, less comprehensive items in the plan will be completed by the end of 2022.

How will the community be involved?

The establishment of hospital community advisory boards at both BRMC and OGH and continual communication with community and government leaders will help guide service improvement efforts. These boards will help us understand the business, market and industry trends, gain insight into important community issues, and provide "wise counsel" on issues raised by management. They will provide unbiased insights and ideas from a third party point of view and encourage and support the exploration of new ideas. It is expected these advisory boards will form this spring.