TuSalud

From Hospital to Hospitality: Spin Doctors Brand Getting Sick as an Adventure. It's Not.

Amenities have a cost, and they are not worth nearly what we're paying for them.

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The last time I stepped on a plane for vacation, for fun, was more than three years ago. I haven't been able to visit California, whose coast I adore. Nor Rome, where my husband and I lived for some time.

And yet, I'm told, I've been on a journey. Two journeys, actually: First, a "traumatic brain injury journey," experienced at Johns Hopkins Hospital after I banged my head and developed trouble with my balance and gait. More recently, I've been a traveling companion on my husband's "cancer journey" at Memorial Sloan Kettering, in New York City.

These are two of the highest-ranked hospitals in the country. The care was excellent in both places. But neither of these journeys resembled our bike ride in Ireland or the wine-tasting trip in Sonoma a few years before.

So much of being seriously ill has been rebranded in American health care as a kind of adventure. Experts speak of stroke journeys. Hospital systems invite people on kidney transplant journeys. The language has trickled down into advertising: Take a hair loss journey or a weight loss journey (newly popular because of Wegovy and similar drugs). The heart failure journey even comes with a map.

A map? But on these journeys, you don't get to go anywhere — except maybe the hospital or doctor's office, which is likely, too, to have bought into the travel concept. In the past two decades, American hospitals have gotten into the business of hotel-like hospitality (illness can be fun!) rather than confine themselves to the business of disease (what a downer). And although the care might stay solid, the focus on luxurious amenities and the fancy new buildings that house them is one of the factors that have helped send costs for patients soaring that much higher, to prices well above those in other developed countries.

In this version of health care, I'm no longer a patient. I'm a client, a customer, or (worse) a guest, no matter that I didn't choose this journey cum illness. I appreciate a little luxury and privacy as

much as the next person. But, at a time when Americans' life spans are getting shorter and 4 in 10 adults say they've delayed or gone without necessary care because of cost, is it worth it?

In recent years, tight budgets, staffing shortages, and burnout have hit American hospitals. At the same time, many health centers in the U.S. — including the most prestigious ones, and even some community hospitals — have morphed into seven-star hotels. New hospital buildings, such as recent projects at the University of Michigan hospital system and Valley Hospital in Paramus, New Jersey, offer all-private rooms, in many cases with couches and flat-screen TVs. A hospital might now boast about its views, high-thread-count sheets, or food provided by a Michelin-starred chef.

Those commissioning and designing these pavilions cite research showing that private rooms are better for healing, because they offer a better chance at sleep and a lower chance of infection. (Actually, the evidence is pretty murky.)

But we're suckers for this type of thing, and the industry knows that even small comforts can make us feel better, regardless of whether we're actually getting better. In 2008, researchers at the National Bureau of Economic Research estimated that a hospital investing in amenities would increase demand by 38%, whereas a similar investment in clinical quality would lead to only a 13% increase. More recently, hospital executives told The Boston Globe that the main reason hospitals have moved in this direction is that "people's expectations have changed," and it creates a "competitive advantage" that can be marketed to potential customers.

And so the Mayo Clinic now offers complimentary concierge services, which can help with recommending nearby restaurants and finding pet care. I think that's the hospitality version of what used to be called the hospital "help desk," whose function was merely to explain to visitors how to get to patient rooms. Cleveland Clinic, which employs a team of curators, owns one of the largest contemporary art collections in the region, and its leaders see that collection as one tool for "positively affecting patient outcomes." Patients at Cedars-Sinai can experience its "therapeutic art collection" of Chagalls, Picassos, and Oldenburgs.

Hospital food has gotten so good that in some areas people go to their local hospital for haute cuisine rather than medical needs. And when you look at the numbers on your hospital bill, remember that all of this adds up. For the amount that American patients (or their insurers) pay for some luxury hospital journeys, they could sign up for a Virgin Galactic suborbital joy ride.

This transformation from hospital to hospitality has filled up hospital C-suites with chief experience officers, whose function is to "manage patients' experiences throughout their healthcare journey," as described by the publication HealthTech. The Cleveland Clinic was the first major academic medical center to add one, back in 2007; now some health systems hire for this and similar positions directly from the hospitality industry, picking people who'd previously been managers at a Ritz-Carlton or a Trump hotel.

The American Hospital Association acknowledges and defends the transformation. "These are not just 'nice to haves,'" Nancy Foster, AHA's vice president of quality and patient-safety policy, wrote to me in an email. "Actions hospitals can take to reduce stress and provide other psychological

support can have a meaningful impact on one's physical and behavioral health, including the ability to recover more rapidly."

But pretending that illness is an Abercrombie & Kent safari is harmful. These amenities have a cost, and they are not worth nearly what we're paying for them as we're billed for $100,000 joint replacements and $9,000 CT scans. Room charges in many hospitals can exceed $1,000 a night. And "facility fees" for outpatient procedures and even office visits can reach hundreds of dollars, and simply don't exist elsewhere. A hospital's function is to diagnose and to heal, at a price that sick people can afford. I dream of a no-frills Target- or Ikea-like hospital for care.

That doesn't mean hospitals need to resemble prisons. Hospitals certainly have room to improve on breakfasts featuring Lilliputian plastic cups of orange juice and rubbery eggs. But to understand one of the many reasons Americans pay so much for health care, consider this: The best hospitals in Europe are utilitarian structures that most resemble urban high schools. When I got stitches for a deep cut in my forehead in Gemelli Hospital — where the pope gets health care — I sat on a gurney in a big, dark room with other patients.

Instead of providing free coffee and a piano in a soaring, art-filled marble lobby, how about focusing on the very basic things that health systems in the U.S. should do, but — in my experience — in many cases do not, like making it easier for patients to schedule appointments? Shortening the now lengthy wait times to see physicians who take insurance plans? Paying for adequate staffing on nights and weekends, so patients don't linger in bed pointlessly for two days until social workers return on Monday? Or ending those two-day stays in emergency rooms when all inpatient beds are full? (Hotels aspire to run at full occupancy to maximize revenue; hospitals, I'd argue, should not.)

This winter, I'm planning a journey for which I look forward to some good food and art. We haven't yet determined the exact destination, but it will not be a U.S. hospital.

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