

HEALTH PLANNING ASSOCIATION, THE ACADEMY OF MEDICINE

Social, Political, Economic Components of Problem Statement

1) economic transfers who knows?  
2) cannot be represented as a community of individuals to those institutions

1. Data from the Lucas County Welfare Department and patient statistics from St. Vincent's and Medical College of Ohio indicate that these two hospitals serve as the major health provider facilities for welfare clients. About 12% of the patients receiving care at St. Vincent's are welfare clients; 33% of the patients served at MCOT are welfare clients. This latter figure represents only those patients covered by State welfare monies. It does not include County welfare (general relief), Medicare, or the "no-pays".

Both hospitals recognize the need for a system of accountability to welfare recipients and utilize their social service departments for this purpose to varying degrees of success. Interviews with both hospitals have uncovered two sets of factors indicating that the problems welfare recipients have in receiving adequate health care are beyond the scope of either hospital to solve.

- (a) Pressures are being placed on both hospitals (as well as others in Toledo) which make accountability to welfare recipients a low priority item. For instance; Health Planning Association is reviewing all projected programs, facility expansion, and staffing (physician) plans presented by each hospital. H.P.A. wants Lucas County residents to have every medical/health service that is needed, but based on a cost analysis, is adamant that these services not be duplicated at each hospital. The result is that the hospitals are presently involved in a competitive struggle to get approval for their projected programs; e.g. open heart surgery, renal dialysis, epilepsy control, etc.
- (b) Legislation has been passed (Bill HR I Amendment to Social Security) to initiate Professional Service Review Organizations in each state. The Ohio State Medical Society is in the process of setting up such a review board. At present, the Academy of Medicine has the mandate to draw up a plan for this review process, which is a system of evaluation of each physician's practice. When in operation, PSRO could provide a recourse for physician accountability to all patients. The process of setting up PSRO on a local level is a highly charged issue, involving competition and a struggle for power.
- (c) MCOT is a teaching hospital. It has a State mandate (and State monies) to accomplish one major goal---training of future physicians. Operationally, this means that 60% of time, money, effort, and space must be concentrated in education. MCOT is working with inadequate facilities and too few faculty members. MCOT will be reviewed in the near future for accreditation as a medical school. In order to receive accreditation, it must be able to demonstrate a capacity to expand facilities and attract high caliber faculty. Good faculty people will come only if MCOT gets HPA approval to initiate its projected programs. At the present time, then, the priority for MCOT in particular, and St. Vincent's in a secondary way, is to demonstrate ability to execute high-quality programs which respond to the health needs of the entire community and which can tolerate in-depth evaluation.

it doesn't involve the patient

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2. MCOT and St. Vincent's have a responsibility to be accountable for all their patients. Data from victims, nurses, physicians, and administrators indicate that except for ingrained attitudes of some personnel, many of the problems experienced by welfare patients (i.e., long waiting time, inability to communicate with physician, lack of contact with main physician responsible for management of care, getting the run-around from clerical personnel, inadequate follow-up, etc.) are common to all patients, regardless of payment mechanism or social class.

In terms of specific problems that welfare clients experience, it seems beyond the scope of medical institutions to deliver the assistance needed. For instance:

- (a) Physicians are asked to evaluate clients in terms of ability to work. The physicians are willing to investigate medical problems but are asked inappropriately to evaluate work potential. The Welfare Department relies on the physician statement completely. This places both the physician and patient in an impossible position.
- (b) Physicians in the community are more and more reluctant to care for welfare patients. Pharmacies are also hesitant to respond to client needs. The problem is twofold: (1) Money is not forthcoming from Columbus to pay for services; and (2) Welfare is cutting back on what they will pay for because of insufficient funds allocated to them by the State Legislature.

## CONCLUSION

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In order for Welfare clients to receive adequate quality care, it would appear that the Welfare Department needs a more adequate budget and needs to demand appropriate medical services for their clients but be responsible itself for non-medical problems.

basic political question  
 a) who are they? who defines them?  
 by what system b) accountability to individual persons  
 are they defined  
 earning-related ~~or~~ system  
 of social security system