

Problem Statement: The Medical College of Ohio and St. Vincents do not have at the present time any mechanism to handle accountability to the welfare recipient for the medical services delivered to them.

Question for Analysis: How are they affected?

Case Histories:

Case #1 A young man with a cardiac condition needed treatment - he was without funds. His apartment had been broken into and robbed of what little he had. He went to Flower Hospital for medical services and was refused care because he could not pay. Returned to work - cardiac condition became more acute and had to be hospitalized for an extended period of time. His case was a feature story in The Times as "The Barefoot Boy".

Case #2 This older man was a known epileptic - went for treatment to MCOT. His records and welfare forms could not readily be found. He had to sit and wait several hours before treatment until the papers were finally located. The man was extremely upset - fearful he would have a seizure during the long wait. After six hours his papers were found and he could then be seen for treatment.

Case #3 This woman went to MCOT for treatment in the clinic and was told she was mentally ill. . . supposedly psychotic. She was intelligent - various mental illness "labels" ran through her mind - confused, could not believe diagnosis. She sought treatment from a private physician. He did an EEG and found she had epilepsy. She was put on maintenance therapy and has been able to function well - greatly relieved that she is not psychotic as previously diagnosed.

Case #4 This Spanish American lady in her thirties sought treatment at MCOT for cardiac disease. She was told her condition was critical, nothing could be done, would not live much longer and to prepare for her death in the very near future. A social worker suggested she see another physician at MCOT. The second physician diagnosed her condition, felt it could be corrected with open heart surgery, made arrangements for her to go to Ann Arbor U. of M. Hospital for the operation. The surgery was successful - she is alive today, functioning well and looking forward to a longer life span.

Case #5 Mary Gomez - experience with her bleeding little boy in E.R. at MCOT.

Case #6 Lupe Vasquez - experience with her mother's long wait for treatment in E.R. at St. Vincents.

Sources of Information:

Cases 1, 2, & 3: Mrs. Andrea Friedland *(victim broker)
United Central Services

Case 4 Dr. Mary Clifford
Physician at MCOT

Cases 5 & 6 Personal experience of M. Gomez and Lupe V.

Evaluation of Interview with Mrs. A. Friedland:

Mrs. Friedland felt her 3 case histories demonstrated how people are affected when they have no advocate to act in their behalf. We agree with her that they are affected physically, mentally, socially, economically, and etc. We did think she was going to have more cases to relate than she did at the time of the interview.

Mrs. Friedland's observation of our problem statement was that it was a problem for the welfare recipients, but felt their health care would be greatly improved if we focused on the State Welfare Department and tried to obtain fair market value for medical assistance for the clients and providers. She felt this would open the doors for better health care - more selective treatment for welfare recipients, more efficient, remove some of the stigma of being unable to pay for treatment; and in the long run save the State money because of the use of more preventative medicine, early diagnosis, early treatment, hopefully fewer complications and reduced number of repeated hospitalizations for the mistreated and misdiagnosed cases; and hopefully better follow up care.

Andrea suggested the widespread use of news media: TV, radio and newspapers - city and neighborhood for support. She felt we have great power to effect change in the welfare system. Said our "clout" as an outside group is greater than we realize.

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OUR TEAM'S EVALUATION: We tend to agree with A. Friedland's suggestion and would like to change our problem statement to focus on the State Welfare Department for more far reaching effects for the welfare recipients.

DIANE BRENNAN obtained a copy of the study from Ruth Franklin conducted at MCOT clinic - her conclusion from the study was that the clients were for the most part satisfied with their care in the clinic. The health providers felt the facilities and the quality of care was deficient in many areas.