

# Hospitals face new era in diagnosis

Continued from Page 1

Upon admission, Medicare patients will be assigned to one of 470 "diagnosis related groups" (DRG), based on the attending doctor's principal diagnosis. Each DRG has a specific rate of reimbursement.

IF THE HOSPITAL treats the patient for less, it can keep the profit; if it costs more, the hospital must absorb the loss.

"The quality of care will not be compromised, but the convenience might," says Dr. Kenneth Ginter, medical director at Botsford.

The conflict arises when a patient's family feels the patient is not ready to be discharged but, under the prospective pricing system, must be discharged or pay additional hospital costs themselves.

Under this system, Botsford will maintain the quality of care, but the

system does give hospitals the incentive to cut costs," says Marilyn Kuncz, director of quality assurance and discharge planning and DRG coordinator at Botsford.

"We, at Botsford, make certain the patient will receive appropriate care after leaving our facility, be it home care or nursing home care," says Kuncz.

The hospital tries to make all arrangements including transportation, meals, even cleaning, says Kuncz.

Extended care facilities, senior citizen homes, day-care centers, hospices, out-patient treatment, physical or occupational therapy and rehabilitation are the services to which Botsford aides in patient transition.

"We try to accommodate everyone, the patient and family, but it's a tough job to satisfy all," says Ginter.

"We are dedicated to quality care," says Kuncz.

"We follow up home care with inquiry calls to patients after their discharge," she adds.

Approximately 45 percent of Botsford's yearly income comes from Medicare, according to Kuncz.

ford on Jan. 1, the hospital has admitted approximately 2,245 Medicare patients; total admissions were 6,667.

The average length of stay for patients from January 1983 to June 1983 was 6.7 days according to Kuncz. The average length of stay from January 1984 to June 1984 was 7.7 days, a full one-day reduction since the system was enacted says Kuncz.

Nationally, the average length of patient stay is also down, says Patrick McCallig, spokesman for the American Hospital Association in Chicago.

One of the benefits of the system is that it causes hospitals to be more cost efficient and forces physicians to evaluate testing procedures administered to patients says McCallig.

"The DRG incentive is to watch costs spent on patients without sacrificing patient care," says McCallig.

Scheduling more out-patient surgery where applicable also helps to reduce costs he says. And DRG's also give hospitals the incentive to change their behavior as far as administering tests to patients.

"Hospitals are forced to evaluate their testing procedures — are all the tests given patients really necessary? That's a question each hospital must evaluate," says McCallig.

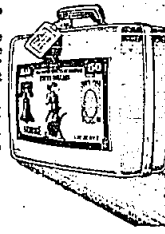
ALTHOUGH THE prospective pricing system will not decrease the cost of Medicare, it will hold the rate increasing costs down to a more reasonable level McCallig explained.

By 1988, if there is no letup in the rise of medical costs, Medicare's \$2.8 billion hospital insurance fund will be depleted, says McCallig.

By 1995 it would be in the red by as much as \$400 billion, he adds.

No one knows how much will be saved under the new program; it is still too early to tell says McCallig.

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## obituaries

ANNA H. CLARK

Mrs. Clark, 83, of Novi, formerly of Farmington, died July 22 in Botsford Hospital.

Mrs. Clark was a homemaker. Survivors include her sons, Robert and Allen; a daughter, Patricia Marbre; eight grandchildren and five great-grandchildren.

Services were July 24 at the Thayer-Rock Funeral Home, Farmington, with the Rev. Rean Cronin of Our Lady of Sorrows Catholic Church officiating. Burial was in Holy Sepulchre Cemetery, Southfield.


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On the other hand, the child should never be forced to attend the funeral—no matter how therapeutic one thinks it might be. At the same time, try not to make him feel any shame or guilt for wanting to stay home. Instead, you might suggest that sometime later, when he feels like it, you could visit the cemetery together.

If the child is to attend, then it is important that you explain the details of the funeral service in advance. Being well-prepared and to relieve unnecessary distress.

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