

Botsford seeks historical gems for display

Did your grandmother ever attend one of Henry Ford's square dances at the Botsford Inn in Farmington? Is there a dance program in your attic, or maybe a theater stub from the days when the Inn offered its famous the-atric-the-round? Have you wondered what to do with that old chipped cup that your uncle obviously stole from the Botsford Inn when he was a boy?

The cup is yours forever, with the Inn's blessing, but owner John Anhut would like you to lend it to the Inn, along with that old dance program and that old theater stub, so that the Anhut family and the community can cele-brate the Botsford Inn's 150th anniver-sary in 1986.

If you have either artifacts or memo-ries, contact Angel Bakos at the Bots-ford Inn, 28000 Grand River, Farmington Hills 48034, (telephone 474-4800), or Ann Sorensen at the Farmington Chamber of Commerce, 33201 Grand River, Farmington 48024 (telephone 474-3440).

The Botsford Inn was built in 1836, and is now the oldest operating lodging facility in the state. It was a sta-gecoach stop on the road between De-roit and Lansing before Henry Ford put the country on wheels. Ford met his



The Botsford Inn is preparing for its 150th birthday, and innkeeper John Anhut wants to include residents, their memories and memorabilia in the celebration.

wife Clara at the Inn. He bought it as a romantic gesture in 1924 and operated it as a historic inn for 27 years. It was sold to the Anhut family after Clara's death in 1951.

ANHUT HOPES that residents of the area will search their memories and their attics for information and memorabilia of the Inn's early years.

He would also like to talk to people in-terested in joining the Sesquicentennial Planning Committee, a group of local citizens appointed to gather old treas-ures, research historical information and plan a yearlong schedule of special events for the anniversary year.

High on the committee's list of prior-ities is a book about the history and cul-ture surrounding the Inn for its centu-ry-and-a-half of life. The book is being researched and written by Jean Fox of Farmington with the help of University of Detroit student John Lapham, also of Farmington.

Treasures are often found in dusty archives but both the family and the author hope to unearth nuggets from the community that has been part of the Inn's life for so many years. These hidden treasures could include arti-facts, big or small, or memories.

Kay Briggs, who has lived in a house near the Inn all of her life, remembers walking the oxcart there as a child. She has given the Anhuts a photograph of those long-ago days for the birthday celebration.

Nurses fight to screen out physician as middle man

By Lisa Simon
staff writer

The battle of nurse specialists who want more independence and greater economic stability vs. physicians who want to relate their supervisory roles in the health care field heightened at a public hearing Wednesday.

The Michigan House of Representa-tives subcommittee on additions to health-care coverage conducted the hearing in the Southfield City Council Chambers.

"Economic and professional incen-tives" are the sparks behind the issues, according to Rep. Richard Fitzpatrick, D-Battle Creek, chairman of the sub-committee.

The Southfield public hearing was the first in a series of statewide hear-ings dealing with house bills which would re-lax direct reimbursement for nurse specialists. Action on the bills is scheduled to take place in the fall.

NURSE MIDWIVES, practitioners and anesthetists are presently paid through physicians who are paid by insurance companies. A physician's role as supervisor ranges from the total presence of a doctor during a medical procedure, a partnership between a physician and other health care providers such as nurses, to consultations before and after a procedure.

Nurse specialists are making a plea for independence. Direct reimburse-ment from insurance companies straight to nurse specialists would wipe

out the physician as middle man and eliminate multiple billing, said a cer-tified nurse midwife (CNM) who testified at the hearing. This may make health care situations where a nurse specialist is the primary care provider more cost effective, she said.

Several nurses at the hearing claimed that the intervention of a phy-sician in many cases is neither neces-sary nor cost-effective. Nurse specialty training is quite rigorous and has pre-viously been recognized as effective in rural regions where nurse midwives, practitioners and anesthetists have predominantly served as primary health care providers, said a certified registered nurse anesthetist (CRNA) from Monroe. These nurse specialties have existed since the turn of the cen-tury, another CRNA said.

DOCTORS FEEL differently on the issue of quality care. Several anesthesiologists claimed that quality will decrease if their control as super-visor physicians is decreased. Dr. Ely Brown, Huntington Woods, called the objective of CRNAs strictly "econom-ic."

Brown claimed that anesthesiology is one of the most demanding and high risk fields in medicine. The training that anesthesiologists must undergo is "Necessary to properly evaluate," the status and needs of a patient, before, during and after surgery. Brown did admit that CRNAs are valuable mem-bers of the anesthetic administering team, but direct reimbursement would

give them detrimental independence.

"This is a billing procedure," Rep. Charles Mueller, R-Linden, stated after several statements by both specialty nurses and doctors. Quality is not the prime issue, saving the state revenue is, he said.

"I don't care who's administering care," he said.

A CNM (Certified Nurse Midwife) claimed that because CNMs only deal with normal mothers, the intervention of an obstetrician-gynecologist is un-necessary and costly. Further, because only normal mothers engage CNMs for care, there is no competition between an OB-GYN physician who is in the sec-ond highest insurance risk level and a CNM whose level of risk is much less, she said.

Financial backing for outpatient dia-betes education was another topic ex-aminated Wednesday at the House sub-committee on additions to health care coverage public hearing.

"Teaching a patient self-care man-agement" is essential to people with diabetes and "a lot cheaper in the long run," according to David Kruger, clinical nurse specialist at Henry Ford Hospital and spokesperson for the American Diabetes Association's (ADA) Michigan affiliate.

Outpatient treatment is an effective way of dealing with diabetes, Kruger said. "Ultimately a patient needs to be educated."

An alternative to hospital treatment would be feasible if money was provided for patient education, Kruger con-tinued.

In Michigan last year, there were

25,000 hospitalizations for chronic and acute diabetes complications, he said. These hospitalizations cost the health care industry more than \$90 million, Kruger said.

Many hospitals provide preventive education programs, yet Blue Cross, Blue Shield and Health Alliance Plan, two large insurance companies, do not cover educational programs, Kruger said.

KRUGER IS involved in a three-day diabetes outpatient education program at Henry Ford Hospital which costs \$50 a day. The program is reimbursed by both Medicare and Medicaid.

The program involves a patient in-teracting with a physician, a nurse edu-cator and a dietitian or nutritionist.

"You can't have one without the other," Kruger said.

"A patient can have a healthy and productive life with a chronic illness," she said. She explained it is an educa-tion that will prevent the often cata-

strophic ailments that are a result of diabetes such as blindness, ampu-tations, serious foot infections and heart trouble.

Kruger added that learning to check for infections and dealing with ordi-nary colds are musts for people with diabetes.

"It's when patients can't afford it (a preventive education) that they run into complications," she said. Kruger explained that right at diagnosis, dia-betes patients should be given a neces-sary education.

"Is health care a right or a priv-ilege?" Kruger asked. "Insurance com-panies are paying through the nose" for the catastrophic results of uneducated diabetes patients. Kruger proposed that paying for an education "will re-duce the long-term costs."

MONEY IS generally not provided for preventive education programs, ac-cording to Rep. Richard Fitzpatrick, D-Battle Creek. If educational programs

at a lesser cost, she said. Plus, insur-ance companies would pay less through direct reimbursement because the pay scale for anesthesiologists is considera-bly more than that of nurse specialists, she added.

"It's a situation where 'one profession is against the other,'" said Fitzpatrick. As legislators, "we want what's best for the patient."

For diabetes outpatients are mandated, Fitzpatrick said, insurance companies feel that educational programs for such illnesses as multiple sclerosis, hyper-tension and weight problems will re-quest similar privileges.

The movement for mandated educa-tion for diabetes outpatients was start-ed in Michigan by concerned doctors. Kruger pointed out. She said there are 355,000 people with diabetes in Michi-gan and 6,000 health care providers qualified to teach in preventive educa-tional programs.

"Two percent of the population in Michigan will benefit" if education is mandated, Kruger added.

"Controlling hypoglycemia, early recognition of diabetes, treatment of complications, and an active involve-ment with diabetes in day to day man-agement" are only a few of the positive contributions a mandated education program would provide in the state of Michigan, Kruger said.

Coverage urged for health training

By Lisa Simon
staff writer

AWREY'S MAKES QUALITY AFFORDABLE WITH SUPER SAVINGS FOR YOUR BREAD BOX!

Family size loaf of Awrey's Famous VIENNA BREAD
Reg. \$1.09
THIS WEEK ONLY! 98¢

Complete your picnic plans with
AWREY HOT DOG BUNS
Reg. \$1.09
THIS WEEK ONLY! 8 PK. 98¢

For a Fiber Rich diet try Awrey's
STONE GROUND WHEAT BREAD
Reg. 98¢
THIS WEEK ONLY! 89¢

HAWAIIAN POOLS INC.

CANTON, MICH. 48187
SPECIALISTS IN INGROUND VINYL LINED POOLS

20 x 32 EXTENDED OCTAGONAL POOL, IN-STALLED, (4-5' DEPTH) INCLUDES 3 FT. WIDE CONCRETE DECKING, FILTRATION SYSTEM, VACUUM SET, TEST KIT, COPING LINER, S.S. LADDER, MAIN DRAIN, RETURN, SKIMMER, PLUMBING. Optional 8' WALK-IN-STAIRCASE AND DEEP END ALSO AVAILABLE.

\$6995

Special!
The first 25 pools sold this month will receive a free solar blanket!

- FAST INSTALLATION
- DEAL DIRECT WITH THE OWNER
- MANY SIZES & SHAPES AVAILABLE
- INSTALLATIONS
- SALES • SERVICE
- OPENINGS • CLOSINGS

Call for a free home survey.

Complete Inground Kits
Starting at **\$1,995**

Call Now:
981-4970