

# Lack of park PR could hamper millage proposal

By TIM RICHARD

Its champions say Oakland County's park system is excellent, some even say marvelous, but they say too few of the county's one million residents know about the six existing parks.

That lack of knowledge could spell trouble in an election year when taxes aren't terribly popular. In the May 18 ballot, with the presidential preference primary, is a proposal to renew a quarter-mill property tax for the parks system for a third five-year period.

The quarter-mill (.25 cents per \$100 of state equalized valuation) costs the owner of a \$40,000 house \$5 a year.

It brings in an estimated \$1.8 million annually, and four-fifths goes for purchase of new land and development. Various fees cover much of the operating costs.

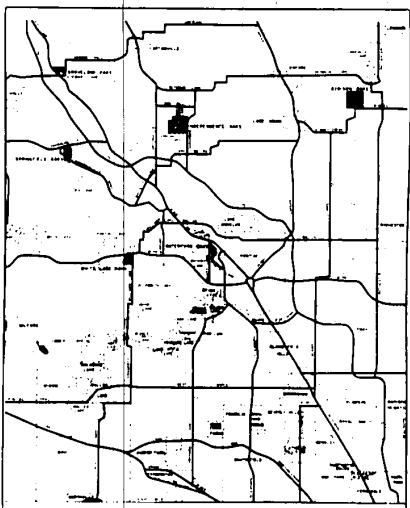
ALL SIX EXISTING parks are in the northern, rural part of the county—a fact which brings criticism from southern residents sometimes—but a seventh park called Red Run Drain in Madison Heights is scheduled for groundbreaking this summer.

Variety is the policy of the appointive parks and recreation commission.

On their 2,300 acres, the parks have 13 miles of snowmobile trails, six miles of cross-country ski trails, fishing and swimming in three lakes, two 18-hole golf courses, 800 campsites and 80 boats for rent.

A novelty at Waterford Lake west of Pontiac is a wave action pool. A skatemobile and poolmobile travel to urban areas.

On the drawing boards are an environmental education center at Independence Oaks, more camping facilities, four baseball diamonds and other sports facilities at Waterford Oaks, and increased senior citizens facilities.



## Benefits gained in HMO service

Over the past several years, health maintenance organizations (HMOs) have emerged as an alternative to the traditional fee-for-service payment plan for health care.

The federal HMO Act of 1973 defines an HMO as a system of health care which provides health care services to a voluntarily enrolled group on a prepaid basis.

The most important feature of the one-stop HMO plan, is the emphasis shifts from curing disease to preventing it. Since all medical services are paid for in advance, the consumer probably will consult the doctor more frequently and lessen the need for hospitalization.

According to Blue Cross estimates, hospital costs are expected to reach \$1,000 per day by 1980. Conventional health insurance by reimbursing heavily for hospital care, encourages patients to enter the hospital for illness that might have been prevented or for services that could be performed in the doctor's office.

Comparisons between HMO and fee-for-service subscribers show that HMO participants have cut their hospital stays by 50 per cent.

Advocates claim other attractions in the HMO system. One is that the teamwork and "peer review" of the plan may contribute to higher standards of excellence among physicians.

The HMO structure also can free the doctor from administrative tasks and leave him free to practice medicine exclusively. Some HMOs run health education programs for subscribers.

HMO opponents point out that just as fee-for-service payment may encourage some unnecessary treatment, prepaid medicine can encourage some skimping on health care. They fear retreating financial incentives and overburdening doctors with patients' minor complaints may cause a decline in health care quality.

Another disadvantage may be impersonal care between the patient and a staff of doctors. Often, the patient has little or no choice in selecting a doctor.

This concern is not unique to the HMO concept of medicine. Dealing with it remains a challenge to any well-organized system of professional service.

Prepaid plans have been around since 1929, but not until the federal government initiated the HMO Act of 1973 have the plans gained wider recognition. Starting an HMO is a slow and costly process until enough physicians and enrollees can be gathered for the plan to break even.

In November 1973, the new "multiple choice option" plan went into effect. Supervised by the Department of Health, Education and Welfare, this plan states that a company with 25 or more employees having current health benefits must give its employees an option of joining an HMO—if there is one qualified in the area and if a representative from an HMO approaches the employer.

The law assures that the employer will not have to pay more for the HMO than for existing health plans. The employee may have to contribute out of pocket to make up the difference.

The federal government "qualifies" HMOs in order to assure effective health care. An unqualified program—operating without federal funds—may still be worthwhile. Only a few of the 181 HMO programs in 33 states have received federal recognition, but the number is steadily growing.

The Better Business Bureau recommends that, if presented with the option of joining an HMO, a consumer should weigh carefully and compare the costs and benefits of each plan, as well as desires and health needs.

For further information, write to Group Health Association of America, 1717 Massachusetts Avenue NW, Wash. D.C. 20036.

## Broomfield named disarmament adviser

U.S. Rep. William S. Broomfield (R-Birmingham) has been appointed an adviser to the U.S. Delegation to the Conference of the Committee on Disarmament.

Broomfield was one of 12 members selected as advisers by the speaker of the house.

No dates have been set for the conference.

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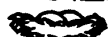
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