Public hearing in March

Administrators fight over hospital bed reduction

By SANDRA ARMBRUSTER

Michigan's health care system will be radically different 10 years from now. But that change won't come without a struggle between health planning groups and current providers of health care. First sign of that struggle is a diagreement over plans to reduce the number of beds in southeastern Michigan hospitals. The clash pits the Comprohensive Health Planning Council CEIPC) of Southeastern Michigan against area hospital administrators. The CIPPC is designated by the federal government as a regional health systems agency. CHPC also has been mandated by the state to come up with a plan to reduce the number of hospital beds in the seven-county area it manages. If the CIPPC fails to develop such a plan, the state will do so.

The goal of state and local planning is to curtail — not reduce — the rising cost of health care. The CIPC also is concerned about maintaining needed health care while planning new systems.

"The logic behind this reduction is

health care while planning new sys-tems.
"The logic behind this reduction is that there is an overstilization of hospi-tal care," said Dr. Myron Wegman, a member of the Commission on Reduc-tion of Hospital Bets, an advisory group to the CHPC. "No one's going to agree to take away service that's need-ed."

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Emphasizing the need to provide health care was Nathaniel Brooks who, along with other members of the CHPC, spoke to representatives of the media at a press conference last week. "We support hospital bed reduction with caveats," said Brooks, who represents New Petroit on the CHPC board. "We take no position as to there being too much health care. "There is too much in the area of health facilities, but not enough on health services," he added. "We need preventative health care. We need to make the environment more healthful and we have a shortage of care for substance has been and the mentally ill."
CHPC submitted a "debeding" plan to the Michigan Department of Public Health last December to meet a dead-

Thursday, February 14, 1980

line. After a huge public outery greeted the plan's first draft, it was returned to the health agenty for modification. CHPC officials say, however, that new deadlines have prohibited them from making any changes other than minor adjustments. The revised plan must be published Peh. 13. A public hearing is scheduled for March 14, and the new plan must be restomated to the state by March 31. The Michigan Department of Public fleath also must meet certain deadlines to review the plan.

officials add that the plan will be modified from year to year. They emphasize that it is only one part of an overall five-year health systems plan for this area.

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SO OUTRAGED have been some hospital administrators that those particularly from "community" hospitals have formed the Michigan Association of Community Hospitals. These administrators are organizing in an attempt to fight the CHPC debedding plan, which some fear will wipe them out of existence.

While the CHPC recognizes that possibility, its officers say they hope hospitals will try to consolidate or merge with other hospitals. Here's what area hospitals are being asked to do under the CHPC plan. The southeastern Michigan area under the CHPC is divided into geographic sub-units. Both the state and the CHPC have identified what they think are the number of excess beds in those areas.

areas.

SUB-AREA 69 includes northwest
Detroit, northeast Wayne County and
part of Oakland County. It includes the
Glolwing hospitals: Plymouth General,
Straith Memorial, Botsford General,
Grace Northwest, Madisson Community, Mt. Carmel Mercy, Providence,
Redford Community, William Beaumont-Troy, Sinai and William Beaumont-Troy, Sinai and William Beaumont-Royal Oak
William Beau-mont in Royal Oak
with 880 beds and Sinai in Detroit with
570 beds must reduce hospital capacities by 5 percent. They are both classified as group three hospitals, the "best"

under a highly controversial rating system devised by the CHPC.

Hit hardest by the plan for this submara is Straith Memorial in Southfield. It's being asked to reduce its 45-bed capacity by 40 percent or 18 beds. Straith is listed as a group one hospital, the group which received the lowest ranking.

Group two hospitals and their bed reduction of 20 from 305-bed capacity. Providence in Southfield, to reduce 430 beds by 26 from 505-bed capacity. Providence in Southfield, to reduce 130 beds by 28. Redford Community in Redford Township, a loss of five from a 72-bed total; and William Beaumont in Troy, to drop 13 from it 200-bed capacity. All reductions represent 6.45 percent of total beds.

Total beds to be reduced in this area

Total beds to be reduced in this area number 312 for all hospitals.

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IN WESTERN WAYNE COUNTY, sub-area 67 targets the following hospitals: Annapolis in Wayne, a member of the People's Community Hospital Authority, Garden City Osteopathic, Metropolitan West in Westland.

These hospitals are the ones which experienced changes in bed reduction numbers under the revised plant changes were initiated for Garden City Osteopathic and Metropolitan West when administrators for those two hospitals submitted additional information to the CHPC. That information allowed reclassification from group or group two hospitals—meaning they wouldn't have to eliminate as many bed.

beds...
Friday morning all health maintenance organization hospitals were removed from the plan, including Metropoittan West.
An 8.4 percent reduction of beds in
that group left a total of only 117 beds
eliminated — far short of the state goal
of a 245-bed loss for this sub-area.
In order to reach that number, the

CHPC recomputed the number of beds to be lost at 17.6 percent of the capaci-

ty for each.

That leaves these hospitals with the following bed reduction objectives: Annapolis, 52 less than its 296 capacity;

Garden City Osteopathic, 63 fewer than it's 360 total; St. Mary, a 54-bed loss from a total of 304; and Wayne County General with 88 fewer than its current 388 beds. All of these hospitals are con-sidered group two facilities.

FURTHER COMMENT on these FURTHER COMMENT on these plans at the March 14 public hearing can be expected to follow similar lines argued at a Dec. 13 hearing. Those complaints can be separated into five basic areas.

Hospital administrators argue that the CHPC plan:

the CHPC plan:

• Places more responsibility to reduce beds in southeastern Michigan than in the rest of the state;

• Doesn't address the accessibility and acceptance of care in under-serviced areas, such as rural communities;

• Unfairly reduces more beds in osteopathic than in traditional oppositions,

• Favors losses institutions.

Favors large institutions over

Payors large institutions over smaller ones;
 Doesn't prove that dollars can be saved by reducing bed totals.

HOSPITAL administrators' attempts to light the plan vary. At Southfield's Providence Hospital, Kerry Greenbut, director of program planning, said administrators have identified two areas in which they feel the hospital was 'inequitably treated.' He said the hospital will appeal to the debeding commission for rescoring on utilization of the hospitals cardiac auditation of mission for rescoring on utilization of the hospitals cardiac catheterization and radiation therapy services

UNWILLING TO JUST work within

reduction status," Greenhut added.

UNWILLING TO JUST work within the commission is Dr. Richard Horsch, chief anesthesiologist at St. Mary Hospital in Livonia. Horsch is now acting chairman of the Michigan Association of Community Hospitals.

Dr. Horsch says that the new group represents 12 hospitals with 3,500 beds and 2,500 physicians. Most of the hospitals are now from the east and downriver Detroit areas. In March Dr. Horsch will speak before the Oakland Medical Society to "start organization efforts there."

—We will go to the legislature to show how the commission has perverted the legislature's attempts to lower costs," said Dr. Horsch. "Well ask them to review the plan, to rewrite the bill (on debedding quotas) and to change the implementation plan."

According to Dr. Horsch, the debedding plan Would cost an increase of \$80-70 million a year because 10 percent of the people who use community hospitals now would be shifted to larger, "referring" hospitals.

"Their motivation is to impose their social views on medical institutions," said Dr. Horsch. "This isn't a city versus suburbs. Poor people more being served by inner city commistiy hospitals would be atficeted since the plan hits their hospitals.

would cause a "tremendous disruption in patient care" and that the CHPC is a "puppet of the UAW.

"The health maintenance hospitals (including Metropolitan West) are run by the UAW under the Health Alliance Plan. They have the lowest occupancy rate and the scoring system should have wiped them out," he said. "Instead, they've been exempted from debedding.

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"We're for a free, competitive medical system," Dr. Horsch continued. "We're not against debedding, Obviously something needs to be done, but we think it should be done in a rational manner."

manner."
Della Goodwin, president of CHPC, takes issue with the charge that referral hospitals cost more per day for patient care.

"Larger hospitals spread costs across the board for all services and clinics they offer. The community hospitals include only the cost of their inpatient beds in that comparison," she said.

"There should be three levels of care. First, is an ambulatory system of primary care where patients could go to their own physicians. Secondary level would be the community hospital for such things as testing. The third level hospital for specialized treatment," Ms. Goodwin explained.

"We need to bring this system into being, identify it and then tell health care users about it," she continued.

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Banker elected to trust post

Farmington resident Richard Heiss has been elected president of the Trust Division of the American Bankers As-

Division of the American Jankers As-sociation.

He is senior vice president and senior trust officer at Manufacturers National Bank of Detroit.

The election took place at the recent National Trust Conference in Califor-

nia.

Heiss joined the bank in 1957 in the trust department. He was named an officer in 1960 and in 1977 was promoted to senior vice president and senior trust officer. He is chairman of the bank's trust committee.

from Michigan State University, his J.D. from Detroit College of Law and his graduate law degree from Wayne State University.

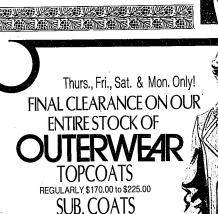
He recently completed the Stanford Executive Program at the Stanford University school of business adminis-

Chairman of the Planned Gifts Committee of Michigan State University's Development Fund, he also is a board member of the University's business alumni association and is a member of

officer. He is chairman of the strust committee.
received his bachelor's degree received his bachelor's degree trustees of the Detroit College of Law.



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