Legislative plan prescribes aid for health group

By Sandra Armbruster
staff writer

It took the state Legislature to quiet the screams of area hospitals which were told to reduce their bed capacity.

A plan to reduce the number of beds — as a means of controlling rising health care costs — was first announced by the Comprehensive Health Planning Council (CHPC) of Southeastern Michigan in 1979.

Actually, the state of Michigan had gotten into the health planning business before the federal government, according to Ralph Kingzett of CHPC's public affairs and education division. A state Health Coordinating Council was set up to coordinate health planning groups throughout Michigan.

When the federal government decided to fund health planning agencies throughout the country, CHPC was designated as the agency for southeastern Michigan. About 95 percent of its funding now comes from the federal government.

BUT HOSPITALS and some organizations objected to the criteria and process that CHPC used to devise its first debedding plan. When their complaints reached Lansing, a joint legislative committee was established to investigate CHPC's first plan.

That resulted in two new groups added to the planning process. A seven-member appeals body, which reports to the state Health Planning Council, was appointed. Its members include civic leaders from southeastern Michigan who are not associated with the health care industry.

Its only function is to hear complaints about the process CHPC uses in establishing debedding numbers.

The Legislature also recommended that a technical work group be established to take part in the process of developing criteria, goals, standards and scores for the hospitals. Previously, CHPC's Plan Development and Coordination Committee (PDCC) had handled the job.

The technical work group now functions parallel to a PDCC subcommittee on excess hospital capacity, according to Kingzett. He said that all hospitals which complained about the first plan found themselves with a representative on the new work group.

THE GROUP includes eight physicians, two of whom are osteopaths, plus representatives of 19 hospitals. Kingzett said the technical work group studies areas at the request of the PDCC subcommittee and makes recommendations on staffing needs to the subcommittee.

"Believe me, they had a voice," said Kingzett. "With our first survey, one of the concerns was that hospitals wouldn't return the forms. One that didn't was Cottage Hospital from the Grosse Pointe area, and it had complaints about the first plan.

"This time we had a 100 percent return on the survey."

Chairing the work group is Dr. Richard Horsch of St. Mary Hospital in Livonia. Vice-chairman is John Freysinger of the People's Community Hospital Authority, which operates five hospitals. Other members include Sister Xavier Ballance of Providence Hospital in Southfield, Allen Breakie of Garden City Osteopathic and Dr. E.J. Conklin of Wayne County General.

"What people don't realize is that we're not an agency with compliance powers," Kingzett said.

He said that only the Michigan Department of Public Health, which issues hospital licenses, could force a hospital to close. He said that the state Health Coordinating Council is composed of consumers who monitor the eight health systems agencies in the state and advises the Michigan Department of Public Health.

BUT THE CHPC does advise the coordinating council on whether it finds acceptable local plans to expand, renovate or buy new equipment.

CHPC has problems of its own. Kingzett said that it could be out of business when federal funding for the agency runs out in April 1982.

Administrators protest profiles

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hospitals to close or merge. Complaints from hospital and community groups caused the state Legislature to investigate the way debedding plans were devised. As a result, CHPC changed the process well as the criteria used in arriving at the scores, particularly involving more hospital personnel.

Formerly, CHPC had used a survey asking hospitals about such things as the composition of their governing board and the size of their parking lots. This time around, scoring was based on revised criteria with points added or subtracted for the following areas:

- Licensing — If unlicensed, the hospital was targeted for closure.
- Physical plant — If CHPC estimated that the hospital building had a life of less than 10 years, it was scheduled to be closed.

Kinzett said that CHPC also was interested in seeing that hospital facilities were current with such things as 220 volt power to each room and oxygen lines to each bed so that survival equipment could be plugged in.

Hospitals with buildings or wings made of wood frame construction would be asked by CHPC to close that wing or building because of the fire hazard.

- Obstetrics — Hospitals with obstetric floors are expected to serve a minimum of 1,000 deliveries a year, or face merger.
- Pediatrics — Hospitals providing pediatric services are expected to have 20 such beds, following national guidelines on the subject, Kingzett said.
- Average length of stay — Hospitals with longer than average lengths of stay are expected to justify the extra time or lose points in the scoring process.
- Good fiscal management — Operating hospitals in a "financially responsible manner" was determined by reviewing their audits, according to Kinzett.
- Specialized services — CHPC examined hospitals to see if the frequency of special services offered justified their cost. Such services would include open heart surgery, kidney dialysis, computerized tomography (a three-dimensional x-ray), neonatal intensive care and kidney transplants.

The hospital profiles were drawn up on the basis of the surveys they submitted as well as information from Blue Cross-Blue Shield, Medicare, Medicaid and the Michigan Department of Public Health, according to Kingzett.