

Woman's 1st rate care costly, mired in forms

BY TEDD SCHNEIDER
STAFF WRITER

Mary Ellen Lehtikoinen is an example of most of what's right and much of what's wrong with U.S. health care.

The 31-year-old Northville Township woman — whose fight against diabetes and related illnesses goes back to her childhood — has no complaints about doctors, treatments or hospital stays.

Medical care she has received has been "first-rate," she said.

The downside: sky-high costs and horrible bureaucracies that dominate the health-care provider and insurance systems.

Lehtikoinen's experience will likely make her an early beneficiary of the health-care reform proposal outlined Wednesday by President Bill Clinton.

Had the Clinton plan been in place three years ago, Lehtikoinen might still be working as a receptionist at a Southfield psychiatric clinic.

"I loved working there," she said. "But because I was under so much strain, quitting was the best thing for me to do at the time."

Had health-care reform been around in February 1992, Lehtikoinen's \$53,000 pancreas and kidney transplant surgery would have been covered under federally mandated insurance.

Instead, the bill was added to a \$400,000 pile of medical expenses — many still outstanding — that has robbed the Lehtikoinen family of its life savings.

More important though, said Urho "Al" Lehtikoinen, is the time and energy lost to endless, usually unproductive phone calls and letters to insurance companies, not spent with his ailing daughter.

Diagnosed as a diabetic at 4, Lehtikoinen began taking insulin and suffered few complications until her senior year at Temple Christian High School in Redford Township.

"I noticed my vision was getting worse and then during a check-up my doctor asked if I knew I had experienced a renal failure."

She embarked on an odyssey of lengthy, on-and-off hospitalization and daily dialysis treatments for her failed kidneys, still managing to graduate high school (a

year behind her class) and eventually earning a degree from the Detroit College of Business.

Dialysis and extended hospitalizations have been eliminated with the transplant surgery.

However Lehtikoinen still takes 30-40 prescription medications daily and is constantly sending blood and urine samples to the lab for evaluation.

When coverage on her parents' insurance policies ended in her mid-20s, the Lehtikoinens used Social Security and Medicare benefits to help defray medical costs.

The kidney/pancreas transplant, done at the University of Minnesota Hospital — slipped through the cracks in their coverage, according to Al Lehtikoinen.

The operation, which would have been covered by Medicare, was done after Mary Ellen's 90-day hospital benefit and reserve coverage had expired.

Blue Care Network refused payment, calling it "experimental surgery." "It's unbelievably frustrating. We have all this insurance and I'm still falling through the cracks," Mary Ellen Lehtikoinen said.



JIM JAGGFIELD/STAFF PHOTOGRAPHER

Costly care: Al and Mary Ellen Lehtikoinen catalogue her daily medication while Mary Ellen's mother, Ida, watches from the kitchen.

Health administrators skeptical on financing

BY BILL COUTANT
STAFF WRITER

Most hospital administrators tell you the idea of universal health care is not only one they endorse but one that could end up saving the health care system in the long run.

The same administrators will tell you that the Clinton health plan's mechanism for paying is either "scary" or so much "smoke and mirrors."

"The intention is good," said John Labriola, vice president and CEO at Troy Beaumont Hospital. "Coverage for the uninsured is something we all want. But the administrative costs of health care are already totally out of control."

Hospitals and the health care system are already regulated by the government. But the idea of a stepped up role strikes several administrators, doctors and other health care professionals as the wrong direction.

Gerald Lo Duca, Crittendon Hospital's director of patient accounts, said the Rochester hospital's billing is already simplified, with most patients using one of two forms. Part of the high cost of billing, clerical and other costs comes from the number of insurers. But going to a one payer system, such as Canada's, would make the system even slower.

"It takes 4-6 months for repayment in that monster," he said. "In our system, the maximum amount of time is 75 days."



Worries about cost: John Labriola, vice president and CEO at Troy Beaumont Hospital, says everyone is for universal health care but that costs have gotten out of hand.

Lo Duca, who supervises 64, said President Lyndon Johnson had said the Medicare system would cost \$9 billion by 1990. It now costs \$90 billion, he said.

"They're talking about savings," he said. "But nothing the

government does is going to save money."

And speaking of Medicare, that's what has led many health care professionals to mistrust the Clinton proposal, which earmarks cuts in the growth of Medicare

and Medicaid as one part of the means of financing.

"They've been cutting Medicaid for years," said David Marcelino, chief financial officer at Botsford Hospital in Farmington Hills. "You can only go to the well so often."

Hospitals reimbursements from Medicare and Medicaid have not matched what it costs hospitals to provide them in many cases. That leaves patients with other forms of insurance to pick up a bigger tab. But with the prospect of regional health networks or alliances called for in the plan, hospitals will have a harder time making up the difference, said Wayne George, CEO at St. Mary Hospital in Livonia.

"It's going to limit hospitals from recouping from their other payers," he said.

George said the proposal relies on government projections, which have always been inaccurate.

"I have no confidence in their figures," George said.

Donald Potter, president of Southeast Michigan Hospital Council of the Michigan Hospital Association in Southfield, said bringing the 37 million or so uninsured Americans into the system would alleviate the inefficiencies of using emergency rooms for the uninsured, which is expensive and often forces the patient to wait until a condition becomes serious before treatment is sought.

And hospitals combining services could also save the system money. But the conflict between the Department of Justice, which comes down against such

combinations as anti-trust violations — and the Department of Health — which encourages the idea of sharing technology, staff and facilities to save money — is another conflict indicative of the problems the government will face.

Add the time it will take for any proposal (the Republicans, conservative Democrats and others planned) to make it through the gauntlet of regulations, enabling legislation and state departments of health, social services and insurance regulators, and it could take six to 10 years for a plan to be in force.

"If 85 percent say they like the insurance they're getting and they realize that they will have to pay so that everyone is insured, does everyone believe we have a health care crisis?"

With small businesses picking up 80 percent of an employee's health insurance tab and employees having copays for care and prescriptions, the plan faces opposition, he said.

Potter said the recent agreement between Ford and the UAW did not address a fundamental change in health care delivery or payment.

"They couldn't even pull it off at that level," Potter said.

Doctors welcome malpractice reform

BY BILL COUTANT
STAFF WRITER

Although the Clinton health care plan offers some relief to the present system, it presents problems for the people who provide health care.

Dr. Max McKinney, an osteopath in private practice in Farmington Hills, said the plan has some features he hopes will fly, but as a primary care physician and a small businessman, he also has concerns.

"It offers some malpractice reform," he said. "If we as physicians did not have to worry about malpractice, there are a lot of tests we would not do and that would save the system a lot of money."

McKinney, who employs another doctor and 10 other employees, also sees the continuation of a fee for service approach as an important issue.

But as a small businessman, McKinney, who now pays about \$15,000 in health insurance premiums for employees, said the new higher burden on small businesses will also hit him. And the emphasis on primary care physicians will make them the "gate keepers" for health care at a time most doctors opt for a specialty.

Like McKinney, Dr. Gerald Robbins, a neurologist who practices in Garden City and is president of the Michigan Association of Osteopathic Physicians and Surgeons, headquartered in

Farmington Hills, says providing access to the system for an additional 37 million patients is a tall order.

"We believe universal access to health care is something every American is entitled to," Robbins said. "We want to keep up the quality of our work as in the past and keep improving."

"Probably one way to reduce costs is paperwork. I spend probably two hours in every 10-12 hour work day on paperwork. It takes away patient care to do that."

Dr. Susan Hershberg Adelman, a pediatric surgeon and member of a health professional review group appointed to critique the work of the 500-member Clinton/Ira Magaziner health care task force said fears that universal health care, one of the plan's main goals, won't be as easy to achieve as we still won't get it because we don't have a way to pay for it.

Dr. Paul LaCasse, medical director at Botsford General Hospital in Farmington Hills, said although the plan puts big demands on primary care physicians, it also emphasizes the training of more primary care physicians.

"One of its strengths is that it



Dr. Richard Beaumont: vice president and medical director of Troy Beaumont Hospital.

encourages patients to choose alternatives with primary care physicians," LaCasse said.

Because medical students often go into debt to complete school and specialists can command bigger fees, doctors have been reluctant to go into primary care, he said.

LaCasse said malpractice reform could also make it easier for obstetricians to practice in Michigan.

Dr. Richard Herbert, medical director at Troy's Beaumont Hos-

pital, said paying for universal health care and keeping choices available are going to be tough to juggle under the plan.

"Universal health care is a great idea," he said. "But how we are going to do it is the question. The American public is going to continue to expect a high level of health care."

Carol Zenas, acting dean of nursing at Oakland University, said she is concerned that the plan may not provide adequate access to the uninsured, especially women and young children.

And although nurses are the largest group of health care providers, the plan leaves doctors in control, which will leave nurses and nurse practitioners under used.

The plan will also get some resistance over concerns about managed care, which limits the choices of doctors for patients.

"They (patients) know their own doctor, but how do they know their own doctor is any good?" she said.

Ed Hodges, Botsford's chairman of the board, said the plan is a good start, but a lot of people are afraid of change.

"It's not as complicated as it seems," he said. "Some complications will be eliminated by the plan. There are just a lot of groups with their own biases."

"We're all going to take some hits," he said. "But on balance, it's a good plan."

Health advisers see benefits, flaws in Clinton plan

BY HUGH GALLAGHER
STAFF WRITER

Two Plymouth companies that work regularly with the current health care system are expecting major changes if the Clinton health proposal becomes law.

Health Decisions Inc. headquartered on Plymouth Road is a management consultant firm specializing in advising on health care packages and helping companies on claim recovery.

The Michigan Peer Review Organization, with offices on Ann Arbor Road, is a non-profit, physician-sponsored company that reviews health care programs. It has contracts with the federal government to review Medicare and with the state government to review Medicaid.

Company president Si Nahra said he expects the changes will be positive for his company. But he has doubts about the proposal.

"Basically he's dodged the issue. It's a political response to a financial and economic issue," Nahra said.

Nahra said a political compromise will probably be reached. He said a Republican proposal by Sen. John Chafee, R-R.I. might be used to define a middle ground.

"The true impact of health care reform will be at the state level," Nahra said. He said states have already taken a lead in this area and two proposals are already being considered in the Michigan Legislature.

Gary Horvat, MPRO's chief executive officer, said his organization had reviewed the Clinton health proposal that was leaked to the press last week. He said his initial reaction is that the proposal is ambitious and will have a major effect on how health care is distributed.

"In general we support what the president is doing," Horvat said. "There will be a coalition formed about managed competition. One concern we have is that a lot of consumer protection items are fragmented throughout the report."