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BODY:

BEFORE YOU start talking about problems with health maintenance organizations, a few things should be acknowledged.

First, in this era when HMOs are assuming more responsibility for the nation's health care, America still has a standard of medicine that is the envy of most of the world. Second, since HMOs have assumed the job of stemming increases in healthcare costs _ which government is not going to do _ some degree of friction with patients, doctors and hospitals is unavoidable. Third, you can find lots of people who are pleased with the health care they get through their HMOs.

For all that, something is badly out of whack when a questionnaire _ sent to more than 2,000 county residents by the Medical and Chirurgical Faculty of Maryland and Del. Michael Busch of Annapolis _ comes back with 55 percent of those who responded saying they don't believe managed care organizations are providing high-quality medi

cal care. (Seventeen percent thought the organiza

tions do provide high-quality medical care; 28 percent were undecided.)

Nor is it a good sign when a study by a Michigan medical statistical group found that residents of the Baltimore-Washington area, when compared with people in other regions of the country, give their health care lower ratings.

And it's not encouraging to hear doctors and hospitals talk about the time and paperwork needed to fight over treatment and procedures HMOs have refused to pay for.

Noted North Arundel Hospital's vice president for finance: "If I have a staff of 25 billing employees, at least a quarter of them are constantly on the phone with HMO providers, giving them the same information over and over. It makes you crazy."

The hospitals strongly suspect that denials go up not for any reasons connected to medicine, but simply because insurers' profits have gone flat.

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Medicine is still as much an art as it is a science, and it can't always be conducted according to the checklists and categories the HMOs use as costcutting tools. Tests and treatment that seemed necessary to a doctor when a patient was brought into an emergency room doubled over in pain can look flagrantly unnecessary to an HMO clerk who _ unlike the doctor _ has the benefit of hindsight.

The state has made some progress on this issue. Last year it became the first state in the nation to publish an annual report card giving HMOs general rankings in 21 categories. This year the General Assembly passed a bill instituting appeals and grievance processes.

Such general measures will probably do more for the state's HMO clients than laws aimed at specific abuses_ like drive-through delivery of babies or hospital stays of less than 48 hours after mastectomies. For just as the HMOs run into big problems trying to fit all medical care into rigid categories, governments run into big problems when they try to micro-manage medicine.

But there must be more that can be done _ by legislators, by doctors, by hospitals, by HMOs _ to get the kinks out of this system.

And it will get done only if the patients who are the base of this whole pyramid get actively involved in their care, keep track of their bills, consult the state's HMO report card, and make sure that lawmakers hear about it when things go outrage

ously wrong.

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