

Health Care A Headache

By WALLACE WOOD
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Aaron Jacobs had a headache last February 15-worse than an Excedrin headache. His sinuses were inflamed, and the agony was killing him.

Jacobs is a long-distance truck driver who lives in Bonny Doon. He knows enough about hospitals to go to County General. But County General is closed, and its outpatient clinic isn't open weekends.

So Jacobs went to the emergency room of another local hospital, worried about the pounding pain in his head. A nurse took his temperature and blood pressure, asking him how he was going to pay his bill, and then he sat for 2½ hours, he said, until a doctor came to examine him briefly, sent him off for a perinasal sinus x-ray, and then gave him a penicillin shot and prescription.

Jacobs still has his inflamed sinus—and a bill for \$82 from the hospital, plus

\$13 from the radiology laboratory that took the x-ray.

He is more than a little annoyed.

Whether the hospital's charges are justified isn't the question. The question is whether people like Jacobs can find medical care at a reasonable cost here in Santa Cruz County.

If you can't wait out the night or the weekend, the answer is probably "no."

If your illness is more serious, then you can get care, no matter how much or how little money you make. Emergency rooms have to take you in, by law, if it's really an emergency.

Health care is a tremendously complex business, but it has two common denominators: the first is money—money to run hospitals, doctor's offices, buy equipment, pay for insurance and malpractice suits; the second is the human need for help when in physical and mental pain, and the people who sympathize with that pain

and treat it and those who don't.

The fear of some doctors is that people who need medical care won't get it because of this cost of complexity.

Babies are born without either the mother or child ever seeing a doctor even in this county. Many such births are from the "counterculture" people who are not only poor in terms of money but suspicious of the standardized world and its red-tape ways of snarling lives.

Medi-Cal, the program which is supposed to make medical care available to the poor, pays only about one-third the usual doctor's charges and is so wrapped in red tape most doctors don't want to bother with it.

The result, many physicians admit, is that some patients can't find doctors, especially in the o.b. (obstetrics) and gynecology field.

Though they don't like to admit it,

some doctors or medical clinics either refuse to take Medi-Cal or limit Medi-Cal patients to a percentage of their patient load.

The county does operate an outpatient clinic for "drop-in" patients without appointments, but only weekdays and only in the afternoons to 5:30 p.m. County Health Officer Dr. Joe Craig said it isn't worth it to keep it open longer in Santa Cruz, though the county has later hours in Watsonville "where we really see sick people." Most local patients have minor or chronic ailments which can wait, he said.

"Sure, you can usually get medical care—if you wait long enough," said Coleen Douglas, an oceanographer who is part of a Patients Rights Collective.

"The wait at the county's outpatient clinics is usually two to three hours," she declared.

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Weather

MONTEREY BAY AREA-Fair through Monday. Mild afternoon temperatures but cool nights. Lows Sunday night in the upper 30s to low 40s. Highs Sunday and Monday in the 60s. Light winds.

Santa Cruz temperatures for the 24-hours ending Saturday at 5 p.m.: High 65, Low 32; For the period ending at 8 a.m. Saturday: High 56, Low 33.

Health Care Is A Problem In Santa Cruz County

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Douglas thinks the treatment, though, is "very good," but other local physicians said they are concerned because the county uses few doctors, and has nurses and para-medical people, not physicians, seeing patients.

Something is going wrong, though. Monterey County's Natividad General Hospital in Salinas reportedly has 17 per cent of its patients coming from Santa Cruz County.

Yet, Monterey County Supervisors held a hearing Saturday on closing that hospital, just as Santa Cruz County General was closed three years ago.

Ironically, a group of concerned physicians and citizens in Santa Cruz County are now talking about reopening County General here.

The group doesn't want to reveal itself, and a spokesperson said they are still gathering "facts and figures to see if it could be done."

Does the county need a General Hospital?

It may—if the question is one of providing medical care at low cost to people.

"Today, a county hospital would be thriving," said Dr. Joseph Anzalone, current head of the County Medical Society and an o.b. and gynecologist who worked for years at the old County General.

"We used to get paid about \$600 a month; a token amount to cover our office fees, but we enjoyed it," he said. "It was unique, a place where poor people could get first-class care by qualified physicians. I'm kind of sorry it closed. The medical practice at that hospital was excellent, and the equipment was the best in the county at that time."

Another physician, Dr. John Eicholz, who was head of County General's medical operation, commented that "I said at the time it closed it was a tragedy, and I still

believe that. The poor were always welcomed with open arms there; it was their hospital. If I had my druthers, I would like to see it reopened."

What also hurts, Eicholz said, is that "the physical plant was the most efficiently designed in this end of the county. It was meant to operate with fewer personnel and to be enlarged to a much larger institution by the architects without losing that efficiency."

Another loss is the county's residency program to train doctors in general practice. Eicholz said he and other physicians "dedicated to the flag and motherhood" worked long hours to set up the residency program. It was so well thought of that 55 of the country's top medical students applied for three openings there before it closed.

Now, there is a shortage of doctors in general practice, or "family physician" status, in Eicholz' view.

A check of the list of Santa Cruz County physicians shows only about 10 per cent list themselves as in family practice or general practice. The rest are specialists.

There are nearly 250 physicians in Santa Cruz County, or about one for each 625 persons, considered a good figure for medical care.

But without doctors in general practice to see people with sinusitis, the flu, bad cuts, minor diseases, or other apparently minor ailments, it means long waits in doctors' offices, 15-minute "can you hold a moment" phone calls for appointments or consultations, even for patients who can pay, the doctors point out.

Some county supervisors are so concerned over the lack of pre-natal and o.b.-gynecological care for young mothers they are talking about setting up a county midwife program. This is a move that disturbs some physicians like Anzalone, who believe a doctor should be present at a birth.

But there's another side.

Even though the new general hospital building is only eight years old, closed five years after proud county officials and physicians dedicated it in 1968, it isn't really a hospital any more.

The County Health Department moved in on the lower two floors (now called the County Health Services Agency), and in neuro-psychiatric wards moved in upstairs.

Where surgeons like Eicholz once worked in the third story operating rooms, mental patients now lounge in a day room. And the psychiatric patients eat in what was once the intensive care unit with its heart monitors and life support equipment.

That equipment was sold at auction for about \$150,000.

"I asked about starting up the old hospital again about a month ago, and I was told the startup cost would be horrendous," said County Supervisor Dan Forbus.

"It really isn't possible," agreed one of the county's administrative analysts, Pat Busch. "You would have to move all the people out and start again. The social welfare department has taken over the old health department; the alcohol detoxification unit in the old Ferguson building for extended patient care, and the methadone drug treatment program is upstairs there. The city schools have taken over the kitchen in the new hospital building as their central kitchen."

In short, it would be a mess, Busch said.

Not only that, but other county officials maintain that people who are really sick get treatment now.

The problem, said Dr. Craig, is that many people still "rip off" county taxpayers through Medi-Cal.

Medi-Cal was one of the major reasons the old hospital closed. The state's reluctance to pay full costs of

medical care, and the difficulty in getting people signed up on Medi-Cal meant the county was losing between \$500,000 and \$1 million year at the hospital. At the same time, the other private hospitals in the county were losing money, too, since there were far more hospital beds than there were patients.

The losses apparently exceeded \$600,000 one year at Dominican, and \$200,000 at Community, a knowledgeable physician said.

When the county considered leasing its general hospital to a private hospital corporation, the other two hospitals moved quickly to stop that, making a counter-offer.

They would take county patients, picking up Medi-Cal billing, and charging the county only for patients Medi-Cal wouldn't pay for.

The situation for hospitals was financially so desperate at one point that county supervisors said the hospitals were paying ambulance firms to bring patients to them.

Since then, though, times have gotten better. Dominican has virtually full occupancy most of the time, while Community, which added its own four-story enlargement, is below 50 per cent capacity, but run well enough to make money, according to Community administrator Jim Gilbank. Gilbank doesn't believe the county needs another general hospital, and his offices are now putting together some "facts and figures of our own on that point," he said.

T.J. (Jerry) Crotwell, the county's health services administrator, told county supervisors in a report two weeks ago the "medical care program has been effective in meeting the legal responsibilities of the county for providing medical care to indigents (poor persons)."

In addition to Medi-Cal, the county paid out \$112,000 over the last six

months for indigent patient care, most of it to private hospitals.

Where the "rip-off" comes is that many patients don't bother to help the county get Medi-Cal payments. Crotwell said 87 per cent of the county's payments were made for people who were "uncooperative, gave no information, supplied false insurance information, or initiated applications for Medi-Cal but failed to provide the necessary verification to receive financial assistance."

Put another way, as Dr. Craig said, the county has to pay twice for these people. That's because the county is "charged" a Medi-Cal fee by the state, whether it puts in a claim or not. The only way it gets money back is by putting in Medi-Cal claims.

Who got treated? Crotwell said the biggest medical bills were for "illegal aliens" (usually farm workers) who don't qualify for Medi-Cal anyway, and the county also has to pay for out-of-state people just passing through who become ill, or for young people under 18 not living at home.

Nor would a general hospital help cut bills much, in Craig's view. "We have to charge the usual and customary fee if we expect to get paid a reasonable amount under Medi-Cal, because Medi-Cal will only pay a percentage of what we charge."

Craig said the county outpatient clinic will "take anyone who walks through the door," appointment or not, so that persons who can't find local doctors to take Medi-Cal can get treatment.

Who can blame the doctors, he asked? "Medi-Cal hasn't raised its rates, while doctors' malpractice insurance not only goes up, but forces them to protect themselves with x-rays, extra tests, and so on. And 75 per cent of the malpractice suits come from Medi-Cal cases," as the county saved money by closing County General?

Perhaps. It cost \$3.9 million the last year the hospital was in operation, 1962-63. But the cost of the Health Services Agency has largely taken up the slack. It's proposed budget this year is \$3.7 million—up from the \$700,000 a year when County General was in operation in 1962-63. But it offers a wide range of services in addition to its outpatient clinics and payments to private hospitals. Craig said the county saves nearly \$1 million yearly.

Still, said Dr. Anzalone, "it was predicted by Dr. Eicholz that the health department would cost as much in a few years as the hospital, and I think he's right."

After all this complexity, where does it leave the situation?

It's still a matter of money and pain. If doctors like Anzalone and Eicholz are willing to work for less to help the poor, and someone is willing to provide the building and equipment, such as taxpayers, then those on the lower end of the scale can get medical help for minor ailments as well as major ones at odd hours and weekends.

There is no consumer protection agency for patients, as such, but it would also help if hospitals and physicians were required to post a list of their basic charges. This would at least ease the shock on people like Aaron Jacobs, who don't always know what they are getting into.

"It costs so much to go to emergency rooms that some of us come in nights and weekends to see patients rather than send them there," said Anzalone.

The current medical care system does work, apparently, but with much paperwork and machinery which grinds slowly while the patient waits.

"I got the feeling they cared a lot more about my money than they did about me," said Jacobs. That's not a good situation, and does concern those who are sympathetic to the ill.