

Readers' Forum

To The Editor:

Attitude, Actions and Service at a "Public" Hospital

I am still "manning the clinics" at the University of North Carolina Hospital in Chapel Hill. When I started as a young physician forty-two years ago, there was a sign at the front of the hospital which read: "Built by and for the people of the State of North Carolina."

This service philosophy attracted me a place which has worked hard to educate, to be a leader in medical research, and to provide medical care to all the people of our state. During these years, the costs to accomplish those tasks have greatly increased, and the sources of money have changed. The proportion of the annual budget for education and patient care provided through the UNC Hospitals by the state legislature has dropped to near 10%. All other sources of financing for patient care (e.g., Medicare, Medicaid, private health insurance, etc.) are "managing" their payments for patient services while trying to keep their payments as small as possible, and, in the case of the private insurance companies, to show a profit to their shareholders. The fact that the executives for these companies are getting huge salaries and bonuses is well known and a constant reason to question the yearly announcements of benefit reductions, or increases in co-payments and deductibles associated with these plans and their enrollees.

Those responsible for the "management" of both public and private insurance companies have squeezed the UNC Health System (and all other providers of care), creating make-believe charges (such as \$2 for an aspirin tablet) so that as much money as possible can be retrieved from firms that have negotiated a favorable "discount" for the patients they insure. This is fine, except that those without health insurance (which is over 40% at our institution) are billed for the full charges for their care and are asked to make full payment or negotiate a plan for such.

Administrative responsibility for all of this has fallen to our healthcare system "executives." Our chief executive, Dr.



William L. Roper, has worked within the current (in my view, broken) system of healthcare payments to make sure that the budget balance for the institution is favorable. Oversight for the enterprise falls to a board of directors largely made up of people from the business world who have done much to support the UNC Hospitals and to keep their services and facilities excellent. The yearly accounting for this "non-profit" institution shows a substantial "profit" (or revenues in excess of expenses).

The dilemma of squeezing money to deliver care out of those who are sick, needy, uninsured, and outside any support network (such as undocumented immigrants, but including many native North Carolinians with low incomes as well) leads to policies which discourage delivery (and the seeking) of service. For instance, there are now telephone calls to remind patients in our hospitals and clinics which include the automatic message "please be prepared to pay any balance of your bill at the time of the visit," or "you will have to bring \$250 or \$500 to pay before the study/necessary procedure will be performed."

My impression is that such messages (or "attitudes" reflected in these messages) will often lead a patient without adequate healthcare insurance to forego needed medical care or services, and ultimately to a less-than-optimal health outcome. When this type of "caring" occurs at the same time as incentive bonuses are offered to the administrators who organize this "care" (which can be up to \$100,000 per year for some), the "service" focus is lost. We need, as a society, to re-examine the whole system, starting with the UNC Health Care System enterprise, but including all elements of the public and private healthcare industry on which we all depend.

*James A. Bryan, II, MD
Professor of Medicine and Social Medicine
UNC School of Medicine
Chapel Hill*

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