

Plan to slice relief funds has county, private hospitals scrambling

By Julie Sneider

As Milwaukee County officials scramble to figure out how John L. Doyne Hospital will survive if it loses a large chunk of its state funding, a group of private hospitals and a community health center are drawing up their own plans on how best to deliver medical care to Milwaukee's indigent population.

Members of a new hospital task force studying how to care for indigent patients hope to put together a plan for legislators to consider as they begin debating the 1995-97 state budget.

The task force — which does not include Doyne — will consider a number of options, including developing a program to manage care for Milwaukee County's 22,000 indigent residents whose medical care now is covered by the county's general relief medical assistance program.

The hospitals, all members of the Hospital Council of Greater Milwaukee, formed the task force as a result of Gov. Tommy Thompson's plan to eliminate the mandate that counties provide general relief in the form of cash and medical assistance as of Jan. 1, 1996.

Hospitals' worries

The hospitals are worried that, if the state funding is eliminated, more of the cost of providing care to relief recipients will be shunted onto their institutions — which in turn may have to raise their rates to private payers as a result.

"We're hoping to come up with a program that makes sense, that all hospitals can support, so that we can deal with this category of the population that falls through the cracks," said Marvin Neely Jr., president of the hospital council.

"We're hoping to come up with a program that makes sense, that all hospitals can support, so that we can deal with this category of the population that falls through the cracks."

— Marvin Neely Jr.
Hospital Council of Greater Milwaukee

The task force, which had yet to meet as of Feb. 21, hoped to prepare a recommendation for state lawmakers when the Legislature's Joint Finance Committee begins debating Thompson's 1995-97 budget proposal.

One option that already has surfaced is creating a network of hospitals and primary care providers that would "manage" the health care of the indigent.

The program would encourage the indigent to seek primary medical care when their health problems are minor and less expensive to treat.

Currently, about \$50 million in medical care is provided to needy Milwaukee County residents covered by the current county plan for the indigent. Many of those covered are single men with low-wage jobs that offer no health insurance.

Nearly half of that coverage is paid for by the state; the rest is covered by the county. Most of the medical care is provided at Doyne and at Froedtert Memorial Lutheran Hospital, a private hospital next to Doyne in Wauwatosa.

The two hospitals, which are considering merging, rely heavily on the general relief medical assistance program for revenue.

Cutting emergency funds in half

Under Thompson's 1995-97 budget proposal, the state would continue to provide some financial support to counties that choose to provide "emergency medical care" to indigent and low-income people with no health insurance.

But Thompson's proposal worries county, Doyne and other hospital officials for two reasons: The state funding would be significantly less than what it is now; and the state would cover *only* emergency medical care.

A state budget analyst projected that, under Thompson's proposal, the state would pay Wisconsin counties a total of \$13.9 million for emergency medical care in 1996.

Of that, about \$12.4 million would go to Milwaukee County.

The analyst cautioned that the figure could change, because it won't be included in the state budget until 1997-99.

Still, \$12.4 million would be about half of what Milwaukee County now receives for providing emergency and non-emergency care to the indigent.

County and Froedtert officials also are

concerned that by only funding emergency medical relief, the state would be encouraging indigent people to put off going to a doctor until they're so sick they require much more expensive emergency room care or hospitalization.

Private hospitals' push

For years, other private hospitals serving Milwaukee's central city neighborhoods, such as Sinai Samaritan Medical Center, have tried to get the county to include them in the general relief medical assistance program, since many indigent county residents often seek medical treatment at those hospitals first, yet the hospitals don't get paid for providing the care.

Usually, those hospitals stabilize the patients and refer them to Doyne.

The private hospitals hope to convince state officials not to cut the relief funding entirely or to restrict it to emergency room care. If they don't convince the state, some hospital officials fear, their institutions will be the primary sources of care for those patients, but won't get paid for providing it.

The private hospitals' task force isn't alone in working to convince state officials to seek an alternative way to care for the indigent.

For the past several months, John Bartkowski, chief executive officer of 16th Street Community Health Center in Milwaukee, has tried to persuade legislators to let the city's community health centers take over much of the care of the county's indigent.

Bartkowski argues that the current system wastes too much money by emphasizing expensive hospital care. Instead, he says, it should encourage low-income uninsured patients to get primary medical care at neighborhood clinics.