

LI Hospitals: Public Speaks Up

By David Zinman
Newsday Science Writer

Last month consumers helped bring a major change to Nassau County Medical Center by persuading the board of managers to open its regular meetings to the public.

Within weeks, the boards of several county health agencies said that they, too, would hold open meetings. Now consumer advocates are turning their attention to the boards that run Long Island's community (non-profit) and private (profit-making) hospitals. These powerful boards—which set policy, approve budgets and hire and fire personnel—all conduct their official business in private.

Some hospitals, however, say they get residents' views by setting up consumer advisory panels or meeting with local organizations from time to time.

"All hospitals that deal with the public should be open to hear from the public at the top level of management," said Lorenzo Merritt, vice president of Long Island's Congress of Racial Equality. Merritt, one of the consumer leaders who campaigned successfully for open board meetings at the county-owned Nassau Medical Center, noted that community and private hospitals get much of their income from state and federal sources. Therefore, he said, they are just as accountable to the public as public hospitals.

Merritt is not without his supporters in the medical profession. "Every hospital is a quasi-public body," said Dr. A. Burton White, chairman of the Nassau Board of Health. "They are involved in community medicine. They run clinics for the general population . . . Part of the failures I see in hospitals occur because they don't listen to the public."

In the long run, said Joan Saltzman of Community Advocates, a consumer health group, it would be to a hospital's advantage to have the public at board meetings. "As competition for the health dollar increases, hospitals

will find that without the support of their communities, they will be in a terrible position," she said.

Nevertheless, consumer groups have mounted no effort to attend board meetings at Long Island's 18 community and eight private hospitals. And random poll of the largest of those institutions indicated that if they do so, their task will not be easy. Most hospitals either were noncommittal or said they felt that what happens at Nassau Medical Center is not germane to what happens at nongovernment hospitals.

"We don't intend to go in that direction [of open board meetings]," said Aaron L. Solomon, board president of Long Island Jewish-Hillside Medical Center, the Island's largest community hospital. "What does the public have to do with our board? If you are talking about consumer input, I'm a consumer and every member of my board is a consumer," Solomon, a senior partner in a New York City law firm, said.

"It [open board meetings] would be 100 per cent idiotic," said Dr. Benjamin Stein, president of Brunswick Medical Center in Amityville, Long Island's biggest private hospital. "This is a private institution owned by my wife and myself. I see no reason to hold public meetings."

The Rev. Msgr. Edward Melton, board chairman of St. Francis Hospital in Roslyn, said that members of hospital boards serve without pay. "I'm not sure these people would be as willing to serve if every meeting would be open to the public," he said.

Some hospital board members said they fear that open meetings would be counter-productive because they might be disruptive. Even if they weren't, they said, the presence of the public might inhibit board members from expressing frank opinions. Moreover, some said, they doubt that the ordinary person could add to the complex financial discussions about running a hospital. A spokesman for South Nas-

sau Communities Hospital in Oceanside said: "Would you think a guy could walk off the street and be able to understand, or make a meaningful contribution? Even if he could, if you open hospital board meetings to the public, you'd have thousands of people streaming through your doors."

Consumer advocates respond that at a June public forum at Nassau Medical Center, many consumers showed a broad knowledge of the hospital, making informed comments from the patients' viewpoint that directed hospital officials toward new areas of concern. One suggestion, for example, was for a patients' ombudsman to mediate patient complaints. Although the center serves the county's 1,400,000 residents, only 30 consumers attended—far from the throngs some fear.

Merritt said that community hospitals, which are accorded tax-exempt status, depend on the state or federal government for Medicare and Medicaid money, for Hill-Burton funds to finance construction, and for research grants. Moreover, they go to the public each year for donations.

Although private hospitals do not rely on the government or the public for financial aid, they, too, run programs supported by public money and derive much of their income from Medicaid and Medicare. In addition, they are often the only facility providing patient care in a community.

Some hospital officials insist that community and private hospitals are in a different category from public centers. "We are not a tax-supported institution," said Martin Nester, administrator of Long Beach Memorial Hospital, a community hospital. "What is right for Nassau Medical Center is not necessarily right for us."

The American Hospital Association has not taken position on open board meetings. Instead it has urged its member hospitals to reflect the composition of their communities in their boards.

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—Henry R. Bang,
LI Health and Hospital Planning Council

However, a recent survey of Long Island's hospitals disclosed that their board members are drawn predominantly from "community elites." Not a single blue-collar or clerical worker sits on any of these policy-making bodies—although these workers make up 70 per cent of the Island's work force.

Board members said privately that the chances of hospitals moving toward open meetings soon are slim. More likely, what may be done to bridge the gap between hospitals and their communities, they said, would be attempts to set up more lines of communication.

Some hospitals, like Brunswick, have created consumer advisory boards. But these boards, consumer advocates say, often are composed of establishment people.

Other hospitals, like Franklin General in Valley Stream, have their board meet occasionally with service groups, like the Kiwanis and Lions clubs, to discuss hospital programs. But that falls short of reaching the public because the groups have a limited membership.

"A better alternative," said one hospital director, who asked that his name not be used, "would be to invite the community to regular meetings where the board, the administration and the medical staff would make a report to the public. This should be done quarterly or semiannually or annually. And comments from the public should be invited so there would be direct input from the users of the hospital at these meetings."

At least one community hospital, Brookhaven Memorial in Suffolk, is exploring the ramifications of full disclosure. Joseph Zack, its board president, said his panel is giving serious consideration to holding open meetings.

The movement toward public accountability and citizen participation in government is a growing one. And some feel it will spread inevitably to hospitals. "I believe there are no secrets in hospital management," Edward T. Gluckman of the Consumer Commission on the Accreditation of Health Services said. "And there shouldn't be any."

"Hospitals serve the public," Henry R. Bang of the Long Island Health and Hospitals Planning Council said. "They should want to know what the public feels . . . I think it's only a question of time [before board meetings are open]. I think it can be done. And it will be done."

NEWS DAY SUN. 8/11/74

THE JOURNAL OF COMMERCE, Tuesday, August 13, 1974

By Time-Holdings' Chief

Nat'l Health Bills Called Inflationary, Wasteful

Impact Aired

"Proposed national health insurance legislation which nationalizes the private health insurance industry eventually will create a giant new government agency," Frank W. Norris, president of Time Holdings, Inc., told the New York Society of Security Analysts last week. "This means more inflation, wasteful political patronage, higher taxes and limitations on individual freedoms."

Forecasting improved 1974 earnings results for the diversified insurance and financial services company, Mr. Norris said:

"Earnings per share for Time Holdings will increase to more than \$4.00 for calendar 1974 compared with \$3.91 for 1973. Life insurance, disability income insurance, investment income and commercial banking operations will contribute improved profits. Medical insurance will have modest growth. These gains will be offset partly by losses in mobile home financial services operations."

Barry F. Kane, treasurer and chief financial officer, detailed the negative impact of government administered comprehensive national health insurance plans, such as that proposed by Senators Edward Kennedy and Wilbur Mills. Mr. Kane said, "If the Kennedy-Mills plan is enacted in 1975, the earnings per share of Time Holdings will decline to \$3.75 in 1976, the first year of implementation."

"Loss comprehensive plans, e.g. the Long-Ribicoff plan, will cause earnings to decline to \$4.75 in 1976. The Nixon Administration plan will have no effect on 1976 historically projected earnings of \$5.00. Future earnings growth of 10-12 per cent will build upon these 1976 earnings bases."

Mr. Norris stated that medical insurance accounts for less than 50 per cent of the earnings of Time Holdings today, compared with about 75 per cent in 1969. He said: "This downward trend will continue

whether or not health insurance legislation is enacted by Congress. The company has accelerated its growth in life insurance at a pace more than twice the industry rate. Disability income insurance also is growing faster than the industry average. This internal development was spurred late in 1973 by the creation of a new marketing program, the Personal Producing General Agent system, which augmented the company's traditional independent agency distribution system. This PPGA program already accounts for 19 per cent of new life insurance premiums applied for."