··· LETTERS TO THE EDITOR ···

TO THE EDITOR:

In a recent article, Stano admits "there is no comprehensive theory of HMOs to guide policymakers and analysts."[1] Stano then presents the concept of the "firm." As a family physician working in a managed care system, I can offer another view of an HMO based on a family systems model.

With indemnity insurance, life was fairly simple. If the patient had a problem, it was the patient's problem. There was comfort and protection for the provider in keeping a certain amount of distance in that relationship. With the advent of managed care the financial risk is shifted to the provider. This is most problematic when the patient has self-destructive or dysfunctional behavior that creates problems. Suddenly the patient's problems become the provider's problems as well. We've created a whole new job description under the category of "care managers" to assist patients' interaction with the health system. We are no longer advising and consulting, we've entered the realm of "mothering." Suddenly I'm concerned if my patient is taking their medicine, following their diet, keeping their appointments, and generally taking care of themselves. By taking over a role that formerly was the patient's responsibility we've altered the nature of the relationship.

This creates a whole new set of dilemmas. If we're completely at risk for healthcare costs and handrails in the tub that will prevent elderly patients from falling and breaking their hip, do we pay for the handrails or do we pay for the hip replacement? But if we pay for handrails, why don't we pay for transportation, nutrition, housing, or any other service that will generally benefit the health and well-being of the patient? The task of the HMO becomes overwhelming when you realize that you are at risk for a very needy population.

If we use the family as an analogy, healthcare services may be taking on a mothering role but we should also look to the "father" for "child support." We need to form those bonds with social agencies and other payers or providers of service that will also impact the health and well-being of our patients. If we've been forced into the role of parents, our goal should be what every parent strives for, to raise their children to be emotionally and financially independent and learn to care for themselves. It's the only way we can make managed care mutually beneficial for the patient and the healthcare industry.

I would like to acknowledge Cindy Bala for the conversation that led to this letter.

James P. Meza, MD, MSA
Department of Family Practice,
Henry Ford Health System
Henry Ford Medical Center—East Jefferson
St. Clair Shores, MI 48080

1. Stano M. HMOs and the efficiency of healthcare delivery. *Am J Man Care* 1997;3:607-613.

AUTHOR'S REPLY:

I have two thoughts on Dr. Meza's novel and refreshing paradigm. First, the economic rationale for a national policy of promoting competitive, integrated healthcare delivery rests on the validity of both consumer sovereignty and cost-effective decision-making by providers and patients (in response to appropriate financial incentives). The efficiency of such a system in allocating limited healthcare dollars is called into question if patients are highly dependent on the "mothering" skills of their plans, particularly when financial risks have been transferred to providers. There are thus significant policy implications of Dr. Meza's family systems model as well as warnings to those who view healthcare as just another commodity and advocate total market solutions.[1,2]

Second, I am also curious about the extent to which Dr. Meza's views represent those within the health maintenance organization (HMO) community. Much of the recent outpouring of concerns with managed care has dealt with the demise of the traditional patient-oriented relationship and its replacement by population-oriented relationships that promote standardized care. Two recent examples from within the managed care industry reinforce these concerns. An oped piece by Goldberg ("What Happened to the Healing Process," *The Wall Street Journal*. June 18, 1997;A22) quotes an HMO executive: "We see people as numbers, not patients. It's easier to make a decision. Just like Ford, we're a mass-production assembly line, and there's no room for human equation in our bottom line. Profits are king." Greene ("Has Managed Care Lost Its Soul?" *Hospitals and Healthcare Networks*. May 20, 1997;36) exposes the fear expressed by some HMO chief executive officers that the "goal of managing care has been replaced by the goal of managing costs." The social goals that motivated first-generation HMOs, providing affordable, quality care to a broad segment of the community, have been jettisoned by the reality of competition and survival.

Finally, I want to draw attention to several excellent contributions that have appeared recently in this *Journal*.[3-6] Especially when reviewed as a group, these articles provide considerable insight on a variety of clinical, economic, social, political, and ethical issues relevant to the future of managed care.

Miron Stano, PhD
Professor of Economics and Management
School of Business Administration
Oakland University
Rochester, Michigan 48309
E-mail: Stano@oakland.edu

1. Epstein RA. *Mortal Peril: Our Inalienable Right to Health Care?* Reading, MA: Addison-Wesley; 1997.

2. Herzlinger RE. *Market-Driven Health Care: Who Wins, Who Loses in the Transformation of America's Largest Service Industry*. Reading, MA: Addison-Wesley; 1997.

3. Emery DW, Fawson C, Herzberg RQ. The political economy of capitated managed care. *Am J Man Care* 1997; 3:397-416, 491.

4. Oberg CN, Bosse LL, Mosow, SR, Bach ML. Appropriate and necessary healthcare: New language for a new era. *Am J Man Care* 1997;3:423-428.

5. Chin MS. Health outcomes and managed care: Discussing the hidden issues. *Am J Man Care* 1997;3:756-762.

6. Pellegrino E. Appropriate and necessary healthcare. *Am J Man Care* 1997;3:808-813. Letter.