

Cincinnati Bargains for the Poor

By Lynn Wasnak

What happens to indigent care when an area's primary public hospital goes private? Cincinnati has lied out this experiment since the 1996 transfer of assets, control and direction of University Hospital to a private, non-profit company, The Health Alliance.

The privatization of the region's only teaching hospital was planned secretly by University trustees and Health Alliance officials under a misleading code name, "The Batman Project," that critics say underscored the stealth nature of the plan. It caused a phenomenal uproar at the time, spawning three lawsuits in opposition, but the privatization went through.

Last year, litigation was replaced with negotiation in hopes of creating a coordinated care system for uninsured and underinsured people. "If we are effective in working together, then the lawsuit becomes irrelevant," says Trey Daly, senior attorney of the Legal Aid Society, an advocate for Cincinnati's indigents.

Those negotiations are now bearing fruit—sweet or slightly bitter, depending on who is asked.

Dr. Judith Daniels, health department medical director and negotiator, is generally pleased. Bypassing lawyers helped former antagonists trust each other, she says. "Now people in high places agree there is a problem and everyone has to work on it."

One big problem is welfare reform, which increased the number of uninsured. Five years ago, 52 percent of patients in city clinics were uninsured. Today's uninsured clientele is about 70 percent.

Unfortunately, area hospitals, especially University, seem to do a poor job of identifying and registering eligible patients for subsidized services. "Providers don't or can't invest in medical social work as much as they used to," says Daly.

One negotiating year produced a request for a second phase and notable progress:

Building a stronger net. New uniform referral paperwork and schedules reduce the number of people who "drop through the cracks" as they shuttle between city clinics, specialty providers and hospitals.

Getting grant money for heal care programs. An aggressive attempt to win a grant of \$1 million from the U.S. Department of Health and Human Services targeted to regional health care access seems likely to succeed. The grant will assist communities in establishing regional health care programs, though, as Daly notes, little if any would be spent to help indigents get through the process of signing up for programs.

Creating a database...with privacy. Three separate databases have been developed, including HealthBridge, one of the largest regional health information networks in the

country. HOMER accumulates homeless data, protecting personal privacy. And SOPHIA provides daily updates for housing, transportation and other needs.

Several sore spots remain. Two of the most prominent are billing practices and access to medication.

Before privatization, University's medical school traditionally provided uncompensated physician's services, while the tax levy covered hospital costs. According to Daly, now indigent people are being billed for both doctor's services and hospital care. "Billing people in and of itself is not a big problem, but turning them over to a collection agency, and not adequately explaining to them the availability of free care programs—that's a problem," he says.

Access to prescription drugs continues to be a problem. A recent survey of Cincinnati's uninsured show that 46 percent do not take needed medications because they can't afford them, while 90 percent say they need help to pay medical bills.

At The Human Resource Center in poverty-stricken Over-the-Rhine, nurse-manager Connie Ragiell says only her clinic and the Medical Van provide Cincinnati's indigent with medications at no cost. "A three-dollar co-payment isn't much for you and me, but these people can't come up with it," she says. Clinics ask for co-payments up front, and turn away the poor who can't pay it. "We've had lots of people go without health care, that should not have had to go without."