

More HMOs cause some doctors to discuss unionizing

Some doctors argue that hospital systems and HMOs are dictating medical decisions

The Associated Press

SOMERS POINT, N.J. — Marcus Welby with a union card?

It seems an unlikely proposition. Yet with the rise of the HMO, many doctors think unionizing is their best weapon against Big Medicine, and they are seeking the same right as that afforded to truckers or factory workers: to bargain collectively over pay and working conditions.

Many group practices are now owned by hospital systems and managed care companies, so more than 45 percent of doctors are now employees. And many argue that health maintenance organizations, or HMOs, have become their de facto employers, dictating how they run their practices, how much they are paid, even what care patients receive.

"These doctors are employees, no ifs, ands or buts. If you don't follow the rules, you are de-selected," meaning fired, says Dr. Frederick Nahas.

Nahas, a vascular surgeon, approached United Food and Commercial Workers Local 56, which already represents nursing home and other health care workers, for help in organizing 500 family doctors and specialists in South Jersey as "employees" of an HMO for which they all do some work.

The National Labor Review Board was scheduled to begin hearing arguments on Monday, after postponing an earlier session.

If successful, Local 56's petition would set a precedent for the nation by allowing doctors in private practice to bargain collectively for a contract.

But the HMO, AmeriHealth Inc., a subsidiary of Independence Blue Cross of Philadelphia, doesn't see doctors as employees. It insists in legal briefs to the National Labor Review Board that they are "independent medical practitioners" who derive most of their income from other sources and provide their own facilities, equipment and support staff.

AmeriHealth says the physicians make independent medical decisions, and any rules it imposes are largely dictated by state health regulations.

Up to now, federal antitrust law has blocked moves to unionize, categorizing doctors as independent contractors.

But Dr. John Hoeveler, an obstetrician-gynecologist in Somers Point, says that independence is gone.

"HMOs dictate to us how to write our chart notes ... how much time you will spend with the patient, hours of coverage availability, who can cover your practice when you're gone, how much insurance you'll carry and in what form, what specialists you will refer your patients to, what labs you will send your lab tests to, what radiologists you must send your patients to for X-rays, what drugs you can and can't use to treat a particular patient's disease, when patients have to leave the hospital, how much you will be paid," he says.

Hoeveler and other physicians interviewed by The Associated

Press also claim red tape forces them to employ extra staff just to handle insurance company calls and paperwork, increasing costs and inconveniencing or harming patients. Forms are different for every company and change often, complicating requests for payment, doctors say.

Local 56 attorney Robert F. O'Brien says most South Jersey doctors get 95 percent of their income from insurance reimbursements, much of it from managed care companies, so they limit their complaints for fear of being cut from networks. Unions, with their lobbying power and war chests, would give them a stronger voice.

Figures on unionized doctors are scarce, but interviews, media accounts and American Medical Association reports indicate more than 30,000 of America's 700,000-plus physicians belong to unions or guilds. Private doctors can't join unions, and guilds don't have collective bargaining rights.

The entry of AFL-CIO affiliates into the fray may change that.

Richard Bensinger, AFL-CIO organizing director, expects doctor unionization "to be a big, big effort of local organizing in the next few years."

Dr. James B. Couch, a former internist who analyzes health care for consultants Coopers & Lybrand, believes private physicians will have a tough time getting around the legal obstacles to unionizing. He believes doctors can achieve more by uniting into very large group practices and linking with local hospitals to compete with managed care companies for health care contracts.

Doctors concede money is a motive but insist their greatest concern is regaining control over medical decisions.

Many doctors accuse HMOs of ruining the doctor-patient relationship by overruling them on treatment, leaving patients with less-than-optimum care. For example, physicians say people with poor leg circulation sometimes end up as amputees because they can't get expensive vascular surgery and rehabilitation.

"The insurance companies always deny high-tech treatments like bone marrow transplants, or they delay treatment like heart surgery," recommending medication instead, says Dr. Anthony M. Tonzola, a general surgeon in Westfield. "Maybe the patient will die if they delay it long enough."

HMOs insist doctors make all medical decisions.

Susan Pisano, speaking for the American Association of Health Plans, the managed care trade group, says the real culprit "is the old, failed system," which let costs escalate without measuring quality of care.

Pisano says studies have shown HMO patients receive care "at least as good as those outside of managed care."

The association's new policy requires members to have physicians involved in developing guidelines for treatment and coverage determinations, and in measuring care quality.

Tonzola is helping organize colleagues to join another union, Clifton-based District 15, International Association of Machinists and Aerospace Workers. District organizing director Kevin P.

Lynch says he has signed up more than 500 doctors, primarily in northeastern New Jersey, and is aiming for 1,000.

Tonzola, and physicians and their unions elsewhere, also plan to lobby for laws giving doctors and patients more clout — and for ways to salvage Medicare other than by slashing physicians' reimbursements.

The American Medical Association formed a division last July to help doctors negotiate with HMOs and push for legislation governing managed care. It supports physicians' right to unionize but not to strike. Doctors organizing in New Jersey say they cannot envision striking, although unions of hospital-employed physicians occasionally have threatened or engaged in strikes.

Couch of Coopers & Lybrand says physicians must convince the public they are putting patients' interests ahead of their own wallets. Local 56 is attempting that with an ad campaign and says its polling finds the majority backing the doctors.

"I think this union thing is ... excellent for finding a balance" in the health care system, says Patricia Downs, whose dissatisfaction with HMOs led her to found a grassroots patient advocacy group in Morris County last summer.

"We want a voice with the HMOs," says Dr. Dennis Piccone, a Margate family practitioner. "We want to be able to sit down with them and say, 'Your regulations are unreasonable. We can't treat the patients well with the restrictions you've put on us, so here's the compromise.'"

Deputies patrol ski resorts in response to ski safety concerns

Two Wyoming resorts now have full-time cops to enforce skiing rules

The Associated Press

JACKSON, Wyo. — As concerns over safe skiing grow after two high-profile skiing deaths in the last week, the Teton County Sheriff's Department is putting deputies on duty at two major ski areas.

Deputies will patrol full-time at both the Jackson Hole and Grand Targhee ski areas to help enforce

laws regarding skiing outside of area boundaries, skiing recklessly and skiing while intoxicated.

"I'm here to make sure everybody has a good time by safe skiing and to enforce Wyoming statutes," said Deputy Dave Hodges, who helps patrol at Jackson Hole.

Sheriff Roger Millward said the decision to post deputies at both ski areas stemmed in part from complaints about the use of marijuana and other controlled substances at the ski areas.

"We've had incidents where we

thought we needed to have the sheriff's presence," said Jackson Hole General Manager Jim Gill. "We feel obligated to respond. There's many folks that want to enjoy this mountain without being around illegal or unlawful activity."

Deputies at the areas are expected to write tickets for skiing out of bounds, skiing impaired, unsafe and reckless skiing and hit-and-run skiing, all misdemeanors carrying fines of up to \$750. However, those citations can usually be settled without a court appearance for from \$50 to \$200.

Deputies can also cite skiers for possession of a controlled substance, also a misdemeanor that carries a \$170 fine.

Gill said problems with marijuana use appear to have increased since Jackson Hole installed its new high-speed gondola, which some valley residents have dubbed the "Ganj-ola," a reference to the word "ganja," slang for marijuana.

But some skiers are not welcoming the presence of the deputies.

A message board at the ski area earlier this week said the gondola would be vandalized unless

deputies left the ski area.

One skier who asked not to be identified blamed reckless marijuana users for the decision to assign deputies to the slopes.

"I heard a lot of people blew it by throwing down with people in the gondola," he said. "I think anybody that's pushing the envelope is bringing on their own troubles."

Millward said his deputies will not aggressively pursue skiers.

"We're not going to get into chasing people down the hill," he said. "We don't think everybody out there is skiing impaired."

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