

HEALTH

Should Medicare patients pay cash?

By Alice Ann-Love
THE ASSOCIATED PRESS

WASHINGTON — The issue of whether senior citizens on Medicare should have the choice of paying doctors' bills out of their own pockets has created a political uproar.

Because of a recent change in federal law, the nearly 37 million seniors with Medicare doctors' office coverage would, for the first time next year, be allowed to pay to receive care from those doctors who don't participate in the government's health insurance program for the elderly.

But the nation's largest doctors group and a number of conservatives complain that the vast majority of doctors, who do take Medicare, would still be essentially cut off from taking on any private-paying patients. That's because under the change in law, doctors would have to choose between those private-payers and the larger universe of people who do want to use their Medicare coverage.

"For some time now there have been certain patients who have said we're willing to pay our own doctors' regular fees — because of

access or whatever," said Dr. Thomas Reardon, chairman of the American Medical Association. "Why shouldn't the physician be able to contract (with them) and still see other Medicare patients?"

The AMA is lobbying hard for a bill sponsored by Sen. Jon Kyl, R-Ariz., and key Republican leaders that would let doctors who ordinarily accept Medicare name their price whenever older people are willing and able to pay.

President Clinton disapproves. Republicans say to get it past him they may try to attach the measure to legislation Clinton badly wants, such as a free trade measure.

"It's critical that we get it done," Kyl said.

The dispute does not involve services not covered by Medicare, such as some preventive health screenings and elective procedures. These will continue to be available to any patient willing to pay private prices or find private insurance coverage.

And seniors always have the option of not enrolling in Medicare; in such cases, the restrictions on doctors don't apply.

Until the recent change, it had been illegal for any doctor to bill a Medicare patient at private rates for services that otherwise would be covered under Medicare's standard fees, which are generally lower.

That rule, designed to protect seniors from price-gouging, also had cut off Medicare patients from doctors who wouldn't take Medicare. That was especially a problem in cases of rare specialists or lone practitioners in isolated areas who wouldn't accept Medicare payments.

Lawmakers seeking a solution to that problem got it changed as part of this summer's budget deal that was approved by Congress and the president.

In return for that change, the Clinton administration demanded and won a provision that would make a doctor give up all claims on Medicare for two years if the doctor saw Medicare patients who paid private rates.

That provision, the administration officials said, would discourage doctors now accepting Medicare from in the future turning away new patients unless the patients paid privately. It also

would prevent doctors from refusing certain treatments to those who want to use Medicare coverage.

"We want to make sure that Medicare beneficiaries have the same access to high quality health care as those who choose private contracts," Medicare spokesman Chris Peacock said.

Letting doctors mix and match payment plans for Medicare patients also would make it harder for the government to keep track of its share of fees, said the nation's largest senior citizen's group.

"It really does begin to open up a whole new spigot for unscrupulous operators to rip off beneficiaries and rip off the Medicare program," said Martin Corry of the American Association of Retired Persons.

Yet, most doctors don't want to and couldn't afford to turn away the hordes of seniors who rely on Medicare, AMA officials said. Only about 5 percent of U.S. doctors have no Medicare patients, and it is unclear how many of them are actually sought by and refuse seniors.

Children healthier, but not healthy enough

THE ASSOCIATED PRESS

NEW YORK — American children have gotten healthier over the past year, but their physical well-being still needs significant improvement, says a health advocacy group.

The American Health Foundation issued its annual report card on children's health on Monday, giving an overall grade of "C" — a slight improvement over last year's "C-minus."

The foundation assigned grades in 23 major areas, including health habits, death rates, hospitalization rates and dietary patterns. The foundation said child health care is getting better in 10 areas, including infant mortality, immunization rates among preschoolers and dental health.

But the foundation said the United States is making little progress in five areas: enrollment of eligible preschoolers in Head Start, motor vehicle deaths, mental disorders, child poverty and cholesterol levels.

According to the report card, child health care has worsened in eight areas, including childhood obesity, physical activity in high schools and low birth weight.

The report card covers both health behavior and health care, said Dr. Ernst L. Wynder, the foundation's president. Good health behavior includes exercising, practicing dental hygiene and staying away from drugs and alcohol, he said.



This is the fourth year the foundation has issued its report card. It also designated Monday Child Health Day.

"We say on Child Health Day, we ought to reflect on what we can do for our children's health," Wynder said in a telephone interview. "We're doing reasonably well, but we can do better."

"For example, if you asked how many children brushed their teeth last night, you'd find that many did not," Wynder said. "To parents, that may seem a small item to deal with. But if children begin neglecting their teeth, they are more likely to begin to ignore other health-related things as well."

Wynder said parents must lead by example if they want to improve their children's health behavior. At a Monday breakfast at the White House with First Lady Hillary Clinton, 80 children and their parents signed the "Healthy Family Practices Pledge," a commitment to better their daily health routines.

Another way to improve children's health is to have comprehensive school health programs starting in kindergarten, Wynder said.

"When you go to kindergarten, you should also learn how to brush your teeth, how to exercise," Wynder said.

Diet key to surgery recovery

By Heather Lalley
THE ASSOCIATED PRESS

CHICAGO — What you eat may predict how well you recover from major surgery, a massive new study has found.

Good nutrition is even more important than age or pre-existing medical conditions in determining which patients will develop serious complications or die within 30 days after surgery, according to a study of 87,000 non-cardiac surgical patients that appears in this month's issue of the Journal of the American College of Surgeons.

Before surgery, patients were given a cheap and readily available blood test that measures serum albumin, an indicator of protein levels in the blood. The test has been shown in studies over the last several decades to be a good indicator of nutritional health.

"We were quite surprised" at how well the test predicted the outcome of surgery, said Dr. Shukri Khuri, the study's co-chairman and chief of surgery at the Veterans Administration Medical Center in West Roxbury, Mass. "It allows us to calculate

expected mortality rates for a variety of sub-specialties in surgery, and that form of risk adjustment is what surgeons have been trying to develop for years."

The next most important predictor of surgical outcome was the American Society of Anesthesia classification, a ranking of patient health as measured by anesthesiologists. Also important was whether the operation was emergency or elective, whether the patient had cancer and the patient's age.

Nutrition experts say the study's findings should make people more aware of what they eat before undergoing surgery.

"Too often people are thinking about what nightgown and toothbrush to pack, and they don't think about being well-nourished," said Chris Rosenbloom, an associate professor of nutrition at Georgia State University. "Make sure you're eating well. This is not a time to diet. It's not a good time to think about weight loss."

Sufficient levels of protein in the blood are important in helping wounds heal and guarding

against infections, Rosenbloom said.

Besides potentially saving lives, nutritional therapy can also be cost-effective, said Helenbeth Reiss Reynolds, spokeswoman for the American Dietetic Association.

Reynolds pointed to a recent ADA survey that found that more than \$8,000 per patient can be saved if they are properly nourished before surgery.

"It puts them in a better situation for having a better recovery and a better survival rate," she said. "That means a reduced hospital stay and reduced hospital costs."

The VA study was conducted at 44 veterans administration hospitals around the country from 1991 to 1994. It is part of a large, ongoing study to determine a comparative assessment of the quality of care within the VA system, Khuri said.

He said the researchers are now considering launching a study to determine how to raise serum albumin levels and improve patient outcomes after surgery.

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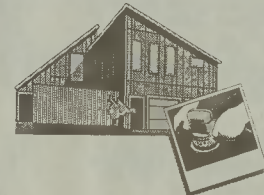
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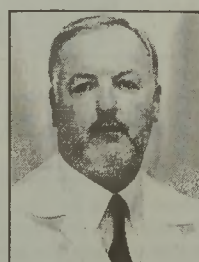
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