

# IN THE MAIL

## Vol. 14, No. 1 Health Care in North Carolina: Part II

#### More on Rural Hospitals

Today I saw your May 1992 issue, in which letters were published in reference to the article about rural hospitals [Vol. 13, Nos. 3-4]. I would like to extend my appreciation to you. It certainly was difficult to balance fair and comprehensive analysis with the simplicity required for assessment of rural hospitals to be comprehensible. There were also real data constraints, which seemed to be the basis of most of the complaints. Yet the dialogue raised by the article has, in my experience, been valuable and I hope that your Center has heard some of the positive comments. As a whole, the two volumes present an incisive, multifaceted view of health care in North Carolina and I am glad that I was able to contribute to the effort.

Thank you again for your repeated and articulate support of the research.

--Jeanne Lambrew\* Cecil G. Sheps Center for Health Services Research

\*Jeanne Lambrew is the co-author of an article on rural hospitals that appeared in the November 1991 edition of Insight.

#### Nursing Home Regulation

Thank you for the advance copy of *Insight*. I also want to let you know how much I appreciate your willingness to consider comments on the early draft. While I readily admit that I have some prejudices about the issue of nursing home regulation, I think the final version is a very balanced analysis. It is difficult to read criticisms from both advocates and providers, but I realize that it would indicate that we are not doing our job well if either group were completely happy with our efforts. Your statement that "regulators face a tricky balancing act" is very true. I hope that your recommendations can be implemented to assist us in that difficult task.

Thank you again for your openness and time consuming thoroughness.

—Lynda McDaniel Deputy Director, Division of Facility Services N.C. Department of Human Resources

### Who Makes Policy in Health Care?

I have read your article entitled "Who Makes Policy in N.C. Health Care? A Fistful of Dollars and a Few Dollars More" in *N.C. Insight*, Volume 14, No. 1. You begin your article by saying "How much government money is spent on health care in North Carolina every year? A lot. More, in fact, than the gross national product of some third world countries."

What an extraordinarily inaccurate and misleading statement! In reviewing your article, you've included vast numbers of agencies and millions of dollars which have nothing to do with providing health care. You've lumped administrative and regulatory costs in the same category as patient care costs; you have included programs which have absolutely nothing to do with health care, such as vocational training and educational services to the mentally retarded. You've included the expenses for the WIC program, which is a food program, not health care.

This is like saying the paving of highways is a health care expense because it cuts down on automobile accidents and, therefore, is a preventive medical service.

I can't see the logic behind this article, and I certainly don't see any productive needs served by it.

With a little more effort, you could have separated out administrative costs and non health care related costs and produced a productive and useful number.\*

It seems in fact that this article is merely an inflammatory catalyst for further useless debate. By creating the illusion that there is a "3.6 billion dollar" problem, you seem to decry the lack of a central controlling agency.

It looks like an excuse for more government to me.

Perhaps it was simply an effort to fill pages.

I firmly believe it is better to publish nothing than to publish this sort of pointless pen pushing.

-Dr. Paul B. Duvall, M.D. Family Practice, Brevard, N.C.

\*Editor's Note: Programs were categorized according to whether they were primarily concerned with treatment, prevention, or administration. Where agencies had a broad mission, an effort was made to include only health-related expenditures. Administrative expenses were included as part of the true cost of delivering services.