

Patience, Work Can Whip Problems Of Medicare, Hospital Authority Says

Many Fine Points Found In Program, But Caution Urged

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COLUMBUS, July 29 (AP)—A national hospital official said today that the first impact of Social Security-medical care will be "an exaggerated hospital bed shortage in urban centers."

Kenneth Williamson, associate director of the American Hospital Association's Washington service bureau also warned:

"This is no time to go hog-wild on a bed-building spree. Other facilities will become available, and we should wait and take a second look."

Mr. Williamson, principal spokesman for U.S. hospitals during the long Medicare legislative hearings, came to Columbus to explain the bill to some 300 Ohio Hospital Association administrators and medical staff personnel.

He said that when the program starts next July 1 it is expected to increase the number of patients in hospitals by 5 per cent.

For city hospitals, now running at 90 to 95 per cent of capacity, this will mean great pressure at first, he said. For smaller hospitals in rural areas, average 55 to 60 per cent occupancy, "it will actually be a financial boon."

Sees Good Points In Bill

He believes the measure now awaiting the President's signature is "a very fine bill in many, many respects."

"Don't think there aren't going to be a lot of problems, a lot of hard work involved," Mr. Williamson said. "But Congress, on behalf of the American people, has placed a great trust in the

hospitals and medical profession to perform. It's up to us to do it. The hospitals will."

'Plus' Factor

Asked about the attitude of the medical profession, he replied: "You have to separate the medical staffs of hospitals from organized medicine. Medical staffs have a tremendous sense of responsibility. I don't know any profession that has as much. I think they're going to work

together with hospitals to make this program work."

Mr. Williamson said that a "plus" factor comes in the bill because of its stringent standards for nursing homes and hospitals participating. Of some 70,000 "so-called nursing homes" in the country, he said, "probably 25,000 are considered good, and about 5,000 of them will meet the requirements of this bill. They're going to have to measure up — and they'll have the financial incentive to do so."

He said that getting older patients receiving Medicare benefits to accept discharge from hospitals would be a big problem. He believes the utilization committees of medical staff members provided for in the bill will establish sensible procedures.

"The only way a surgeon can make a living is by getting patients into hospital beds—and out of them," he said. "Other specialists, too. It seems quite unlikely they're going to stand for a lot of old people languishing in hospitals."