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Health Care the Way It Used to Be; Dinkins Idea Is Tried and True. Can It Work Here and Now?

By LISA BELKIN

Melissa Lopez sat in the waiting room of the William F. Ryan Community Health Care Center yesterday, waiting for a pediatrician to examine her feverish niece. She had heard, she said, about the health care plan proposed by Mayor David N. Dinkins on Monday, but she wondered what was new. The Mayor's proposal that each Medicaid patient have a personal doctor sounded to her like the way care is already provided at the Ryan center, where she has been going for nearly five years.

The Dinkins administration's plan to eventually provide every poor person in the city with a family doctor is not new. The concept has been discussed for decades in New York and around the country as the ideal approach to preventive health care. Similarly, the plan, known as managed care, is not untried. Already there are more than a dozen city clinics like the Ryan Center, on the Upper West Side of Manhattan, which serve as models for the new clinics proposed by the Mayor.

What is new, judging from the details released so far, is the scope of the plan's long-term goals. Most of the managed-care programs that already exist are private, providing care to the relatively small populations of their immediate neighborhoods. The Dinkins plan, in contrast, would be an ambitious attempt by government to coax a large number of Medicaid patients to seek primary care in clinics rather than hospital emergency rooms, in effect returning to the way medical care used to be but has not been for a long time. 'Have to Start Somewhere'

"It's a new bottle, old wine," said Dr. Merle C. Cunningham, medical director of the Sunset Park Family Health Care Center of the Lutheran Medical Center in Brooklyn, whose clinic assigns doctors for the continuous treatment of Medicaid patients. "This was a great idea in the 60's. It was a great idea in the 70's and in the 80's, and it's still a great idea, just as long as the city does it right."

What it would take to do it right is the subject of much debate. In announcing the program, Cesar Perales, Deputy Mayor for Health and Human Services, said the goal was to provide doctors where there currently are none, giving patients an alternative to the emergency room for their basic medical care.

Initially, he said, three new centers would be built and 17 existing clinics would be converted into full-service 24-hour health centers, at an estimated cost to the city of \$20 million. Another \$13.9

million would be spent to hire 600 doctors, nurses and other workers for those centers.

Those 20 centers would only be able to meet about 5 percent of the need, Mr. Perales said, but "you have to start somewhere."

The centers would be run like health maintenance organizations and would be paid a flat monthly fee by Medicaid for each patient. Patients who do not qualify for Medicaid would be charged a sliding fee based on their incomes. In exchange for that fee, the clinic would provide all the patient's care, including referrals to specialists when needed.

That approach is known as capitation, or per-head payment. Critics say it encourages doctors to undertreat patients because the fee remains the same regardless of how often a patient comes to the clinic. Supporters say that capitation encourages preventive care, because if a patient becomes sick he will be a greater economic drain on the clinic.

Health care experts described the plan as a start, but only a start, toward better care for the poor. There is concern that the announcement might be only a political move, one in a spate of proclamations of increases in city services as Mr. Dinkins's re-election campaign nears.

"If there's no long-term commitment, the program will die," said Barry L. Liebowitz, president of the Doctors Council, which represents the 3,000 doctors employed by the city. "This can't just be the idea of the month."

Mr. Perales, who calls the proposed plan "my baby," said he regrets that the timing of the announcement came in the middle of "good news week," at City Hall. "The timing is unfortunate for me," he said. "But this has been in the works a long time and it represents a long-term commitment." 'A Little Skeptical'

There is concern, too, that the plan is too ambitious for the city's Health and Hospitals Corporation and the Department of Health, which will run the new centers. The city's municipal hospitals, run by the hospitals corporation, are currently overcrowded and financially troubled. Similarly, many Health Department clinics are inefficient and dingy.

"Reading what has been happening with the city hospitals, I feel a little skeptical about the city taking on this new plan," said Dr. Pedro Plamenco, the associate director of adult medicine at Sunset Park.

Specifically, there are questions about whether the city can find enough doctors to staff the clinics. Both the hospitals corporation and the Health Department regularly have problems finding and retaining doctors.

Dr. Liebowitz said the doctors would have to be paid enough to keep them, a figure he put at \$100,000 a year. At the Ryan Center, staff doctors are paid between \$75,000 and \$80,000, said Barbara Minch, the deputy director. Turnover, she said, is "not a problem." Mr. Perales said no salary has been set for the doctors.

Dr. Emilio Carrillo, who resigned as president of the Health and Hospitals Corporation last year and who is now the medical director of the Ryan Center, said it would take more than money to find doctors for the new centers. He said the city would have to rethink the entire relationship between the city hospitals and the private medical centers that staff them.

The medical centers must create more training programs in such primary care specialties as obstetrics, pediatrics and family medicine, Dr. Carrillo said.

Even skeptics agree, however, that when managed-care centers in poor neighborhoods work, they work well.

Both the Ryan Center and the Sunset Park Center are clean, modern places, with comfortable chairs and a cheerful staff. Recent visits found that patients wait longer than they might like but not as long as they would in a local emergency room.

"You do have to wait, but you have to wait everywhere," said Carmen Ortiz, who was at Sunset Park with her 7-month-old daughter, Jennifer.

Ms. Ortiz said she particularly likes that the same doctor sees her daughter at every check-up and that she was even allowed to change doctors when she did not feel comfortable with the first one assigned.

Most patients said that they would prefer to have a private doctor in a small personal office, but that they could not afford that luxury.

"The private doctor was more personal," said Louis Rodriguez, who lost his insurance recently when he lost his job. "Now I have to resort to this. Generally it's not that bad. The care I've seen is O.K."

Photo: The William F. Ryan Community Health Care Center in Manhattan serves as a model for the new clinics proposed by Mayor David N. Dinkins. Dr. Pleno Moise examined Megan Edwards, as her mother, Cynthia Stokes, watched. (Jim Estrin/The New York Times) (pg. B1) Chart: "Health Care: The Clinic Sites" shows centers that will offer continual treatment of Medicaid patients by physicians under Mayor Dinkins' plan. Three of the centers would be new; 17 would be converted. Bronx: Morrisania Neighborhood Family Care Center, 1225 Gerard Ave. Highbridge Clinic, 1070 Ogden Ave. Lincoln Medical and Mental Health Center, 234 East 149th St.* Segundo Ruiz Belvis Diagnostic and Treatment Center, 545 East 142d St. Tremont District Health Center, 1826 Arthur Ave. Brooklyn: Bushwick District Health Center, 335 Central Ave. East New York Family Care Center, 2094 Pitkin Ave. Cumberland Neighborhood Family Care Center, 100 North Portland Ave. Woodhull Medical and Mental Health Center, Graham Avenue Extension Clinic, 760 Broadway. Woodhull Network, Greenpoint Health Center, 960 Manhattan Ave., and Woodhull Williamsburg Clinic, Williams 151 Maujer St. Queens: Queens Hospital Center, Archer Avenue extension.* Jamaica District Health Center, 90-37 Parsons Boulevard. Maspeth Child Health Clinic, 769 Onderdonk Ave. Manhattan: Renaissance Health Care Network, five sites in Harlem, center at 215 West 125th St. Renaissance Adolescent Health Care Center, no site opened yet.* Gouverneur

Diagnostic and Treatment Center, 227 Madison St. Judson Health Clinic, 34 Spring St. Governor
Smith Child Health Clinic, 60 Madison St. Dyckman Child Health Clinic, 175 Nagle Ave. Staten
Island: Hylan Boulevard Child Health Clinic, 2979 Hylan Boulevard. (*New center) (pg. B6)

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