

1972

# Changing role of the community hospital

C. Thomas Smith

Follow this and additional works at: [https://egrove.olemiss.edu/dl\\_tr](https://egrove.olemiss.edu/dl_tr)



Part of the [Accounting Commons](#), and the [Taxation Commons](#)

---

## Recommended Citation

Tempo, Vol. 18, no. 3 (1972/73, winter), p. 27-31

This Article is brought to you for free and open access by the Deloitte Collection at eGrove. It has been accepted for inclusion in Touche Ross Publications by an authorized administrator of eGrove. For more information, please contact [egrove@olemiss.edu](mailto:egrove@olemiss.edu).

# THE CHANGING ROLE OF THE COMMUNITY HOSPITAL

by C. Thomas Smith

*Detroit's Henry Ford Hospital is undergoing significant change as it moves into its second half-century of service.*

Problems of a changing sociological environment have had a strong impact on the 1,000-bed Henry Ford Hospital in central Detroit. In order to adjust to the changes, the hospital has embarked upon a two-pronged program, *concentrating* health care and health education where they are most needed in the inner city,

and *expanding* with new satellite health-care facilities in selected suburban areas as far as 20 miles from downtown Detroit.

**The Hospital.** A community group was formed in 1909 to establish a general hospital. In the face of disagreements and delays, Henry Ford, chairman of the finance committee, returned all donations and built the Henry Ford Hospital at the expense of the Ford Motor Company. The hospital opened in 1915 and was made an independent nonprofit corporation.

The initial 48 beds soon proved inadequate, and more inpatient facilities were added from time to time, also a 17-story building housing a clinic and allied services. Highly functional nursing units have provided a model for other institutions throughout the country. The close physical proximity of inpatient and outpatient facilities, combined within a single organizational hierarchy, centralizes expensive support services and provides efficient use of health manpower and equipment.

From its inception, Henry Ford Hospital has striven to provide quality patient services to the citizens of the community. The innovative atmosphere that Henry Ford devised half a century ago makes it a unique health-care provider in the Detroit area and in the United States.

The existence of a full-time salaried medical staff has made it possible to render patient services that are comprehensive in scope and of the highest quality available in American medicine. The hospital has attracted leading physicians and other health-science professionals to serve the citizens of the seven-county metropolitan Detroit area, the state of Michigan, and some patients from around the world.

This outstanding service would not have been possible without complementary programs in the fields of education and research. Strong emphasis on training and the pursuit of new knowledge are the hallmarks of quality patient care. The extent of programs in both graduate and undergraduate medical education, as well as in nursing and other health professions, reflects Henry Ford Hospital's commitment to and participation in health education. The full-time medical staff permits a depth of educational involvement that is not found in the typical community-hospital setting.

Research historically has played a significant role at Henry Ford Hospital. Organizationally linked to the hospital is the Edsel B. Ford Institute for Medical Research. Through this organization the research staff and their clinic colleagues engage in both basic and clinical research which is appropriate and complementary to the patient service and education programs. The investigators in the institute enjoy an international reputation for work in electron microscopy, radioactive isotopes, steroids, and enzymes.

**The Problem.** As with other large urban areas, Detroit has undergone significant change during the last two decades. Although the surrounding metropolitan area has experienced major growth, the city of Detroit has had a declining population. New population growth and

shifts in population distribution are occurring in the suburban communities, but not in the city of Detroit.

When they first moved to the suburbs, the patients who had historically used Henry Ford Hospital continued to seek medical service there. Increasing availability of similar services in the suburbs, however, eliminated the necessity of going into Detroit for medical services.

In addition, major social changes in the city, particularly since the civil disturbances of 1967, have significantly reduced the suburbanites' willingness to seek services within the city.

Thus the problem consists of three main parts: the shift in population concentration, the increased availability of services in outlying locations, and changing attitudes toward the city.

As a result, it became imperative that the hospital examine its patterns of service to patients, redefine its objectives, and reorder its programs. (See box.)

**Inner-City Programs.** Public health statistics indicate that in the city of Detroit there are significantly higher disease rates than there are in other parts of the metropolitan area. Many observers of the health scene have noted that access to services is markedly different for the inner-city patient population. This is due to a variety of factors, ranging from the citizen's value system relative to health services, to his insufficient awareness of health services, transportation, and financial resources that are available to him.

Henry Ford Hospital realizes that it may be preferable for many reasons to serve this population in ways that differ from the present pattern of service. The current Ford institution is of such size as to be intimidating to many people. Service centers of more human scale may move closer in the direction of meeting needs than does the current facility.

Consideration is being given to neighborhood-based programs oriented to the primary physician and health team, with means for community input and perhaps different financing mechanisms, such as prepayment.

Ford is currently involved, in a voluntary way, with two neighborhood-based programs. It is seriously considering a more formal engagement with two other neighborhood programs. In addition, other community groups have approached the hospital for potential involvement with their programs.

Specifically, the following efforts are being made in the inner city:

**Henry Ford Hospital, having examined its role and its responsibilities, reached the following conclusions:**

- **Henry Ford Hospital has made a significant contribution to the health needs of the Detroit metropolitan area. The resources embraced by the institution and the health needs that continue to exist in the metropolitan area dictate that Henry Ford Hospital continue to be a significant component of the health-care delivery system.**
  - **If Henry Ford Hospital is going to remain a viable and dynamic institution capable of meeting health needs, it is imperative that it examine the milieu in which it exists and, where appropriate, alter its program to reflect changing community needs and expectations.**
  - **Henry Ford Hospital is committed to responding to the health needs of the total metropolitan Detroit area in a spirit of cooperation with other health-care providers and consistent with community planning principles that seek to avoid unnecessary duplication of services.**
  - **The institution believes it imperative to maintain a heterogeneous patient population in order to demonstrate that all socioeconomic classes of patients can effectively secure services in a one-class system of care. In addition, this principle is important in order to enable the institution to attract the quality of staff which it needs to conduct its programs, to enhance the effectiveness of health-profession training programs, and to maintain financial stability.**
- A grant request has been submitted by the hospital to fund a health station in a poverty area of 28,000 primarily black residents. This project involves a coalition of community organizations seeking to improve the quality of social services to this population.
  - Meetings are being held with a health committee of citizens of the neighborhood adjacent to the hospital. This is a transition area, once white middle-class, but with increasing numbers of low-income residents. Topics of discussion include the hospital's objectives, its land and facility needs, its relationship with this community, and health-service needs of the citizenry.
  - A contract has been signed with the City of Detroit Health Department to develop a program for drug addicts when a federal grant is funded. Recent word indicates that this will occur shortly.
  - Sickle-cell anemia (a disease affecting the black population) screening programs have been held with local high schools. Screening tests are a routine part of employee health evaluations, and genetic counseling services are available to patients with this disease.
  - Exploratory meetings are being held with the City of Detroit Health Department for follow-up treatment efforts for illnesses identified in pediatric Medicaid patients. This is envisioned as a citywide effort involving a number of health-care providers.
  - Ford Hospital is working with three other hospitals in the North Central area of Detroit on a health-education program. The thrust of the effort would be to increase citizen awareness of the importance of good health, as well as to focus special attention on certain diseases indigenous to this area.

- For several years Ford physicians have shared medical responsibility for rendering service at a nighttime clinic operated by a church in a poverty area.
- For the past year, Ford has voluntarily been involved medically and administratively with a state-funded clinic serving a primarily Mexican American low-income population. Plans are being made now to create a formal relationship with defined medical and support roles for the hospital, with control residing in the community and funding with the state.

**Suburban Programs.** In considering where to locate suburban services, the primary criterion is to find growth areas that have not developed adequate health services. Henry Ford Hospital proposes to develop in such areas primary-care services that can be expanded as needs arise.

Ford's unique organizational structure, which integrates hospital and medical services, makes it possible to begin a program with physicians' services and to add institutional services later, when needed. It is not anticipated that such developments would duplicate the services available in the present institution; but it is ex-

pected that as needs for specialists arise, these needs can be met on an incremental basis. This is a major advantage of a large multispecialty group.

Although ambulatory services would be the primary focus, it is anticipated that at some point in time inpatient services will be needed at perhaps one of the peripheral locations. At present, Ford is considering locating satellite clinics in three areas, with a potential for an inpatient facility adjacent to one of those sites.

Steps that have been taken in the suburban community are:

- In Troy, Michigan, approximately 15 miles northeast of Ford Hospital in adjoining southeastern Oakland County, the hospital purchased a 60,000-square-foot building and 8.5 acres of property. The primary purpose of the acquisition was to provide space in which to house computer-oriented and accounting functions which were inadequately based at the main hospital campus.

Approximately one-fourth of the space is available for other uses. It will house some special-purpose medical programs to serve this area. Planning is under way to develop a low-cost outpatient kidney dialysis center, also a community mental-health

center to serve both addiction and general mental-health problems.

- Ford Hospital has purchased a 78-acre parcel in West Bloomfield, a western Oakland County community approximately 20 miles northwest of the hospital.

Envisioned for this site is a comprehensive medical center, with the main focus on primary medical services. Ambulatory programs will be emphasized, with hospital facilities added when required. Other programs could be added at this site, such as rehabilitation, extended care, and mental health.

- Ford Hospital has reserved 15 acres in a major residential-commercial-shopping development of the Ford Motor Company in Dearborn, Michigan. This site is approximately 10 miles southwest of the hospital.

Current preliminary plans for this site stipulate an ambulatory care center, with emphasis on primary medical-care services and, potentially, industrial-medicine support programs. The latter would be oriented toward the large industrial work force in this area, and would provide back-up medical serv-

ices which industrial programs are not prepared to handle.

No hospital services are planned, as the area is already adequately served.

In each of these ventures, the hospital is attempting to work closely with other hospitals already in the area, or which also have interests in serving these communities. The potential for joint ventures is being seriously explored in order to prevent unnecessary duplication of services and useless competition.

**Future Rural Programs.** In addition to being directly involved in delivering health services, Henry Ford Hospital thinks it appropriate that it explore extending its services to other health providers outside the Detroit metropolitan area in the state of Michigan. It appears appropriate for large urban medical centers to assume responsibility for affiliating with and supporting rural health providers in ways that are meaningful to both institutions and enhance the services for patients in rural areas.

The nature of such relationships will vary, depending upon the institutions involved, but could include such activities as consultations, training opportunities, sharing of programs, extension of patient-service relation-

ships (particularly with the current state of communications technology), and patient transfer arrangements.

This idea does not necessarily envision the organizational integration of separate health providers, but it does suggest the development of a health system linking urban and rural areas. It is an approach with the potential of integrating health services and one which Ford will explore in the future.

**The Expanding Community.** The approach to patient-service programs by Henry Ford Hospital is built upon the commitment, made at the building of the institution, to be of service to the community. It recognizes that the definition of *community* must vary over time, and that the arrangements for serving a community must respond to changing needs and to changes in social values.

Furthermore, it suggests a willingness on the part of the institution to experiment with new health-care delivery patterns and to cooperate rather than compete with other health providers.

Henry Ford Hospital believes these attitudes are important if Ford is to fulfill the responsibility which it has assumed to deliver comprehensive health services to the citizens of its community. ■

*The author gratefully acknowledges the assistance of Dennis E. Sal, finance officer at Henry Ford Hospital*



*HENRY FORD HOSPITAL  
Architectural rendering  
of Satellite Health Care Center including ambulatory clinic,  
inpatient beds, staff housing and parking.*