TRENDS & Ideas

HEALTH AND WELL-BEING

The Therapeutic Benefits of Gardens

The beauty and serenity of a garden located on hospital grounds can have an overwhelmingly positive effect on employees, patients, families, and friends, according to a study by the Center for Health Design.

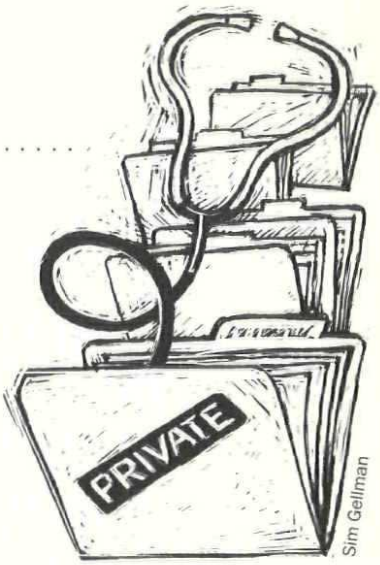
In 143 interviews at 4 hospital gardens in Northern California, researchers Clare Cooper Marcus and Marni Barnes found that:

- Ninety-four percent of users come to the garden to relax, and 78 percent reported feeling less stressed, calmer, and contented.
- Twenty-five percent said they felt refreshed, rejuvenated, and stronger; 22 percent said they were better able to think and cope.
- Sixty-nine percent mentioned trees, flowers, and plants as their favorite characteristics of the garden. Another 59 percent pointed to features involving auditory, olfactory, or tactile sensations, while 50 percent praised the psychological or social aspects of the garden.

In addition to conducting the interviews and writing case studies, the authors visited an additional 20 gardens, reporting the results in *Gardens in Healthcare Facilities: Uses, Therapeutic Benefits, and Design Recommendations.* The researchers suggested that hospitals establish exterior gardens that are somewhat enclosed or separated from the outside world to heighten the feeling of escape from the facility's high-stress atmosphere. Design should focus on ill patients' mobility and physical comfort, as well as their sense of security and serenity. Thus the authors recommend defined seating areas, wide paths, and clear signage.

But garden design hinges on its uses. Since employees often have limited time, a garden, courtyard, or roof terrace next to the cafeteria can help draw them outside, the researchers note. For long-term care facilities, visibility for monitoring patients is important; so a patio area off a day-room may be ideal. Large balconies with a garden view can add to the use of an outdoor space, especially for those in wheelchairs or on gurneys.

The authors also recommended educating employees and medical staff about the garden's benefits to increase both staff's and patients' use of the garden. And healthcare facilities can hold events and meetings in gardens, an informal setting that often enhances communication.



Sim Gellman

THE LAW

Healthcare Versus Privacy

Partly because they want to provide their workers with reasonably priced healthcare, employers tend to accumulate vast amounts of medical information about them. But that same information can land employers in legal trouble over privacy issues, writes Dan Wise in *Business & Health.*

Wise cites the case of a Chicago-area woman who, in 1989, sued her employer because confidential information about her health was apparently leaked to co-workers. The woman and her employer settled the case out of court—an indication of the current murkiness of the law. But, Wise writes, companies can expect healthcare and privacy interests to continue to clash in three main areas:

- Hiring. The Americans with Disabilities Act (ADA) strictly limits employers' use of information from preemployment medical exams for prospective workers. Because the ADA is a complex piece of legislation, employers unfamiliar with it may be vulnerable to lawsuits.
- Wellness. Many employers now offer workers incentives for healthy behavior. To judge whether a worker's behavior is indeed healthy, the company needs certain information about his or her life-style. But the use of this information may constitute an invasion of privacy.
- Employee assistance programs (EAPs). Such programs have a dual purpose: to help employees with personal problems, and to help the employer make sure the workplace is undisturbed by troubled workers. These purposes are obviously sometimes contradictory. An employer who uses EAP information may well be accused of violating a worker's right to privacy.

Wise recommends that employers appoint a "privacy czar" to oversee workers' medical files. The czar, who must be familiar with privacy law, should rigorously regulate access to medical information. The czar should also ensure that the company's confidentiality policies mesh with those of its vendors—EAP counselors, for example.

But not even these precautions can fully protect an employer from possible adverse legal decisions, Wise writes, because it may be years before courts sort out all the issues.

Do HMOs Shortchange AIDS, Psychiatric Patients?

Managed care may not be the best care for certain illnesses, according to two recent *New York Times* news stories. In one article, Elisabeth Rosenthal writes that some persons with AIDS say they get inappropriate or insufficient therapy from their HMOs. The complaints are significant because employers and government insurance programs are contracting with HMOs for the care of more and more workers and Medicaid patients.

AIDS patients say they have two main objections to HMOs:

- Physicians working in such programs often have little experience treating persons with HIV or AIDS.
- The prescription drug coverage offered is often too limited, sometimes excluding experimental medications, sometimes putting unrealistic caps on the dollar amount allowed.

Some New York officials have tacitly agreed that few state HMOs are equipped to handle persons with HIV-related illnesses. Gov. George Pataki recently announced that the state would fund research into the feasibility of creating healthcare networks tailored for persons with HIV or AIDS.

In another *Times* story, by Daniel Goleman, mental health patients and professionals alike complain that, to hold down costs, HMOs often mandate short-term courses of psychotherapy and psychiatric medication. "Short-term care has been oversold by managed-care companies," says Dr. Daniel Abrahamson, an official of the Connecticut Psychological Association. Although short-term therapy has proved to be effective against problems like panic disorder, Abrahamson argues, it is less useful in treating more severe illnesses.

Dr. Frederick Schiffer, a Harvard psychiatrist, has gone further, filing a lawsuit in which he accuses Massachusetts Blue Cross/Blue Shield of deceiving prospective clients about the extent of their mental health benefits. Schiffer's suit also accuses the HMO of attempting to intimidate professionals who refuse to limit treatment.

On the other hand, even HMO critics like Dr. Abrahamson admit that managed care is bringing needed discipline to a field in which—unlike, say, internal medicine or cardiology—there are few objective indicators of health or illness. Still, he says, "too many patients are finding it impossible to get the care they need."

Rewards Linked To HMO Penetration

The number of metropolitan markets served by HMOs continues to rise, according to a recent report by InterStudy Publications, *The Competitive Edge Regional Market Analysis 5.2*. As of January 1, 1995, 91 percent of the nation's total HMO enrollees (46,175,105 out of 50,877,844 persons) resided in metropolitan areas. Average HMO penetration rates were 25 percent in large markets (population of 1 million or more), 17.6 percent in medium markets (250,000 to 999,999), and 12 percent in small markets (less than 250,000).

The InterStudy report pointed to some rewards of competitive pricing, such as lower family premiums in markets with high enrollment growth compared with markets with low enrollment growth. A recently released KPMG Peat Marwick study seconds this conclusion, stating that "hospitals in cities with high levels of managed care report significantly lower costs, reduced length of stay, and decreased mortality rates."

The study, *The Impact of Managed Care on U.S. Markets*, looked at 11.7 million patients at 3,700 acute care hospitals nationwide. It found that in high managed care markets:

- Hospital costs were about 11 percent below the national average and 19 percent below costs in low managed care markets.
- Hospital stays were 6.32 percent shorter than the national average and almost 12 percent shorter than stays in medium managed care markets.
- Risk-adjusted mortality rates were 5.25 percent below the national average.
- The Pacific region led the nation in hospital cost efficiency, with average costs 16.4 percent below the national average. The region also had the briefest average length of hospital stay.

Despite these positive findings, the study reports that costs are now flat or starting to inch back up in many high managed care markets, suggesting that continued cost reduction is difficult. "As the aggressive managed care markets begin to stabilize, further cost initiatives are likely to become more strategically focused and linked to the redesign of core business processes," according to Michael S. Hamilton, national director of KPMG Peat Marwick's Health Care Segment.