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## Letters

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### Wrong on Gingrich

Todd Sloane's editorial about Newt Gingrich and the Center for Health Transformation includes a number of erroneous statements ("Transparent motives," March 27, p. 28).

In his broad critique of the health-consumerism/right-to-know movement, Sloane stated that citizens' ability to know price and quality information "won't really help consumers." Consumers should go to [floridacomparecare.gov](http://floridacomparecare.gov) and see if the cost and quality data available there would influence their healthcare decisionmaking. Often, the best-performing hospitals are the most cost-effective and affordable.

Second, while he dismissed the validity of Gingrich's positions, it was Sloane himself who asserted incorrectly that hospitals can give health information technology to their community physicians. In fact, statutory barriers still prohibit this. The Medicare Modernization Act addressed electronic prescribing only, and proposed regulations from HHS have not yet been issued.

As Sloane mentions, the Center for Health Transformation is indeed a for-profit venture. We passionately believe that the free market is key to building a healthcare system of more choices of better quality at lower cost for every single American. It's true that for-profits need a financial base in order to complete their mission. Yet, beyond that, our experience has been that the best and ultimately the most successful for-profits have the vision and solutions to make the world a better place.

*Nancy Desmond  
Chief executive officer  
Center for Health Transformation  
Washington*

### Disabled are minorities, too ...

Congratulations on an illuminating cover story on the various types of glass ceilings that still exist in the healthcare field and how some remarkable leaders are crashing through those barriers ("Diversity in the executive suite," April 10, p. 6). I think it would have been even more powerful if the list of the Top 25 Minority Executives in Healthcare included members of country's largest minority group -- people with disabilities.

It is time for those who are concerned about diversity to broaden their perspective to include people with disabilities when they talk about underrepresented population groups in our field's executive ranks.

As we live longer, more and more of us will acquire various diseases and disabilities. The progress of technology and medical practice will allow us to remain independent and active for longer than anyone ever dreamed. There is no reason why a person with a disability could not be a hospital or health-system executive just as there is no reason why he or she could not be a physician, lawyer, member of Congress or president of the U.S.

It would be enlightening for our field, given the current turmoil over such subjects as community benefit, to show how we are taking

the lead to take down society's hurdles so that all minorities have the chance to succeed in any field, including healthcare administration.

*Wayne Lerner  
President and chief executive officer  
Rehabilitation Institute of Chicago*

### **... what about HIP's Watson?**

It is hard to imagine how your cover story on the most important minority executives in healthcare could have overlooked Anthony Watson, chairman and chief executive officer of HIP Health Plan of New York, a national healthcare leader.

Watson leads the largest HMO in the New York metropolitan area with a collective membership of about 1.4 million. In the late 1990s he embarked on a program to turn HIP around, and today it is a growing, award-winning, innovative healthcare company. Currently, HIP is awaiting final regulatory approval for a merger with Group Health. The combined companies would have about 4 million members throughout New York, New Jersey, Connecticut and Massachusetts.

*Ronald Maiorana  
Senior vice president of public affairs  
HIP Health Plan of New York*

### **Surgical accreditor replies**

We have read with great interest your recent cover story, "Searching for a single voice" and an accompanying story, "Dodging conflicts?" (March 6, pp. 6 and 14). We commend you for promoting safety and quality in the care provided to patients in various locations. We are particularly interested, of course, in the level of care rendered in ambulatory and office-based surgical facilities, which is the prime mission, focus and goal of the American Association for Accreditation of Ambulatory Surgical Facilities.

As such, we would like to clarify some of the statements made concerning our for-profit subsidiary, Surgical Facilities Resources. The AAAASF is not unlike any other accrediting organization in that we have been approached many times by facility directors and staff members to aid and assist them in their compliance with the ever-increasing number of federal, state and local regulations that pertain to their type of facilities. These requirements are over and above the basic standards that we have developed over the years. Many calls to our central office for supplemental information and questions during our biannual workshops and seminars relate to the requirements of other regulatory bodies.

Any service that any accrediting organization provides to elucidate and assist in satisfying these rules, regulations or requirements must clearly be viewed as an attempt to maintain quality and safety in such facilities. Anything that our subsidiary does in this fashion must not be seen as self-serving but as benefiting the broad venue of ambulatory surgical facilities and office-based units as an industry, without reference to accrediting organization.

Any materials that Surgical Facilities Resources can provide in terms of compliance, such as SurgiMetrix, may not in many instances be directly related to the accreditation process per se but will assist facilities with office management compliance, billing and general efficiency. Using the SurgiMetrix compliance software does not give a facility any assurance of getting accreditation, since it does not directly address any standard that is required by the AAAASF.

We hope this provides a better understanding of the reasons for developing the subsidiary and recognize that it does not have any conflict whatsoever with the services provided by the AAAASF and any such services provided by Surgical Facilities Resources are in no way illegal or unethical.

*James Yates  
President  
American Association for Accreditation  
of Ambulatory Surgical Facilities  
Gurnee, Ill.*