WTE column of February 27, 2015. Editor's headline: "Corporate health care a bust"

As noted in this space before, American healthcare seems to have gone corporate. When a letter arrived from Cheyenne Regional Medical Center (CRMC) that sounded suspiciously like PR spin, inviting me to an evening open-house discussion of questions pertaining to billing and "MyChart enhancements," I found this notion confirmed.

I am familiar with MyChart as it exists in Cheyenne. "Access your medical records," promised the pamphlet I picked up at the doctor's office, but "Access" turned out a thin promise. MyChart merely shows past and upcoming appointments. Oh, it may give the date of an X-ray or mammogram, but it discloses no results. Worse, there's nothing about billing, much less does MyChart respond to inquiries about upcoming medical procedures and likely expenditures.

The evening of the meeting, as I sought my way through a recently added or renovated wing, I stopped in a spacious restroom gleaming with expensive features. Its fixtures were the latest models; its floor and 8-foot walls, tiled with authentic ceramics of tasteful Southwestern motif.

"Auditorium B," too, was spacious and lavishly appointed. Half a dozen or more billing clerks had "volunteered" to extend their daytime jobs for the PR work. Still, no one was able to extract information from the computers that abounded. MyChart is new yet, I was told. It'll take time to develop.

Yet MyChart innovation is the result of dollars infused into the sector as part of the "stimulus" funding of 2009. The congressional HITECH act sought to induce a complacent healthcare system to go digital. I happen to know, MyChart works well in other parts of Wyoming and so it does in Colorado. There, clients access billing and treatment statements online.

I raised the issue with the physician whose practice had been acquired by CRMC a couple of years earlier. He only shrugged. "So you don't find my report on MyChart," he said. "You wouldn't understand it anyway."

Try me, I wanted to say but didn't get the chance. The doctor had complaints of his own.

"The busywork that has come with the blessed electronics! These days I'm seeing maybe half of the patients I used to," he said. Naturally, he ascribes the electronic paperwork to government meddling that resulted from the funding. There may be other reasons.

A reader reports that his physician, who is Canadian, has observed that, while clients may obtain faster care for non-emergency treatment in the U.S., doctors here are frustrated by the time and expense of dealing with American insurance companies. When the physician started practicing in Canada, four staff and nurses supported eight physicians. Now, in the U.S., four doctors require some 16 people.

You can find similar statistics in recent books on healthcare; indeed, in some systems, particularly famous nonprofits, the ratio of physician to staff is 1:16. "Imagine sixteen attendants

squeezing into your hospital room behind your physician," wrote one author. Yes, and imagine the paperwork, electronic or otherwise, that must account for the "helpers."

It may run deeper yet. Late last year the Associated Press issued a report, "Health care M&A leads global deal surge," in which "M&A" is shorthand for mergers, acquisitions, and hostile take-overs. "In a big year for deal making, the healthcare industry is a standout," announces the cheery report, before explaining that large drug makers, as well as big hospitals, have been snapping up competitors to "deploy surplus cash." Not to worry: the frenzy of healthcare M&As "has been good for stocks."

The article tries hard to put lipstick on a pig, though it does note certain unwholesome results: "For employees the mergers could mean some job losses," while patients have "fewer doctor and hospital options."

Taxes are big reasons behind the M&A gold rush. Healthcare firms across the board have begun to emulate U.S. corporations' transfer of headquarters to other countries to avoid paying taxes at home. As example, the article cites "Medical device maker Medtronic's $43 billion acquisition of Covidien, a Dublin, Ireland-based rival" in June 2014.

Corporate employees are well aware that post-M&A low-echelon positions are either cut outright or else having their workload "adjusted" to part-time. Simultaneously, the entity becomes top-heavy with administrators. To justify ever more administrative assistants, CEOs demand "accountability" documentation. Meanwhile patients become the cash cows that finance ever more extravagant expansions. Hospital rooms? Try hospital "stations" flimsily curtained off, hardly larger than a hospital bed.

MyChart negligence may seem small potatoes, a minor example of indifference to clients. Worse is that patients without healthcare are stiff-armed as a matter of "sound" business practices. Considering that MBA programs across the nation rehearse enrollees in anti-social doctrines, the healthcare corporate approach should come as no surprise.