

FORM HEW-30 REV. 11/56 ROUTE SLIP

BUILDING

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ROOM

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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH RESOURCES DEVELOPMENT

DATE: December 4, 1974

TO

Acting Director, DRMP

FROM : Acting Chief, OSM

SUBJECT: Comments on Draft Analysis of Budget Requirements Through June 30, 1976

• Under V;D., p. 15, Technical Assistance Program:

If there are going to be only 10 Centers for Health Planning, it would make more sense to develop them using the expertise of the EHSDS than to start 10 new ones from the ground up. Discarding the expertise of the EHSDSs makes no sense at all. If the intent is to have one in each DHEW region, then these centers should be established as government centers to be run by civil servants with access to consultants. At least, there would be more continuity and continuing expertise available.

On page 16, mention is made of a contract with GWU regarding the collection and analysis of health service modelling efforts that can be used as tools for health planning. There is a man in BHRD by the name of Roger Cole who has already gathered this material. Dr. Charles Flagle of Johns Hopkins is the authority most mentioned on models and modelling efforts in the health field.

The Bay Area CHP is mentioned as refining a population projection methodology. Already available in NCHS is a software package developed at Research Triangle called POPSIM, which is a computer-based population simulator.

On page 17, regarding the National Center for Health Planning Information, it is my experience that systems built upon interactive retrieval by key words and phrases have serious deficiencies in that it is difficult to retrieve more than one third of the citations in a file dealing with a specific subject. The reasons are many why this happens, but it does. I mentioned this to Cal Meadows, who is the project officer on this contract and suggested that the taxonomy development include a numerical or alphabetical classification scheme which would allow one to do a more thorough selection with one search.

On page 19, under "Continuation Strategy," it is mentioned that no centers would be required. The CHRPI would be functioning already according to the contract let to Aspen Systems. This means that CHP/RMP/DFU personnel would have to be trained in the use of this Center. It also seems to me that the expertise of the EHSDS would be wasted by allowing the funding to lapse for these centers. Some arrangements should be made to continue funding for the best of these.

Joseph J. Ott