



E001214

10/3/74

REGIONAL MEDICAL PROGRAM DECISION PAPER

I. RMP ALTERNATIVES

A. MISSION

ISSUE 1

Emphasis of the
What should be the future mission(role) of RMP?

An/The

OPTION 1 - Agency responsible for implementing change
in local delivery system (implementing
agencies for CHP, NIH, HSMHA, etc.). (Eliminate
restriction on interference with practice of medicine
and categorical emphasis.)

A-10

PRO

1. Clearly separate planning from implementation.
2. Consistent with HSMHA's mission in delivery reform.
3. Give it specificity without unnecessary restriction.

CON

VRA pitfall

1. Makes it hard to evaluate.
2. Hard for Federal direction.
3. Unpopular with AMA and other lobbying groups *(to include restriction)*

4. *New role*

Ignore new + untested responsibility

5. *Disrupts use, assurance of effective local, state process*

OPTION 2 - Continue as is -- flexible, variable, broad authority which encourages providers to use their own initiative to bring about change they support.

PRO

1. Consistent with HSMHA's philosophy of decentralization and local initiative.
2. Allows flexibilities so that the program is able to meet local needs in a local manner.

3. Maintains multi-potential capacity.

CON

1. Not necessarily ^{always} consistent with HEW objectives. *expensive slot - run*

2. Hard to evaluate and monitor benefit from investment.

3. ^{Provides projects and programs} Encourages Federal support for providers ^{of} for some programs for which providers should bear the cost.

OPTION 3 - Restricts Option 2 to "categorical areas" (heart, cancer, stroke, kidney).

PRO

1. Political and constituency easy to identify. ^{prof} *I & highly supportive explain/trach*
2. Easier to account for expenditures.
3. Provide ^{opportunity for working & development} clear mechanism for relationship between NIH Research and HSMHA delivery activities.

CON

1. Has Federal emphasizing ^{at discrete fragmentation} categorical areas rather than delivery reform?

2. ~~Not consistent with HSMHA investment strategy for only providing services which are currently \$ reimbursed.~~

3. Raises question of duplication of effort with NIH. ^{interpolation}

4. ~~Still has reform problems.~~

OPTION 4 - Improving the utilization and productivity of manpower.

PRO

1. Consistent with HEW philosophy of cost containment and delivery reform.

2. ~~Stringent in that area~~ ^{an appropriate input area} for providers, with which to be concerned with.

3. ~~Encourages a closer~~ ^{Encourages a closer} ~~relationship~~ ^{between the production} ~~output~~ of health manpower and actual performance - (relationship between education and ^{service delivery} ~~service delivery~~) ^{provides opportunity for closer work} ~~provides logical mechanisms for~~ relationship between Bureau of Health Manpower activities and HSMHA delivery reform activities. DL

Progress cannot be achieved without the cooperation and concern of providers.

CON

^{Can only be addressed within framework of a Fed manpower strategy}

1. These activities are more appropriately done on a Federal level rather than allowing each area to recreate the wheel.

2. This should be done within the education establishment, and/or within manpower establishment of HEW.

3. Tax problem

OPTION 5 - Agency responsible for aiding local groups
to organize and follow-up ^{audit} review activities
aimed at monitoring and ^{assessing/assuring} evaluating quality of care.

PRO

1. Necessary to develop mechanisms for measuring quality that are acceptable to the ^{providers} community.
2. Necessary in order to provide positive benefits relating to quality monitoring.
3. Only provider influenced group will be effective in this area.

4. ^{Develop necessary techniques and expertise - this is a federal need to provide mechanism to encourage these to be developed at community level and state level.}

CON

1. ~~Hard~~ to measure results.
2. This activity ^{might} should better be supported by professional income rather than HEW. We ~~have~~ done ~~this for 5 years; now is time to take next~~ ^{step.}
3. RMP ~~doesn't have the wherewithal,~~

OPTION 6 - Agency responsible for monitoring quality
of care.

PRO

1. Logical existing institution which relates to providers.

2. Federal need to take more positive ^{leadership to provide/a} area in either PSRO and Quality Assurance ^{at the} Commission and other ^{in the} ~~medical and professional pressure to take positive~~ leadership

collection

*peer review
lg. resources*

complex

complement mechanisms which complete the cycle of development - monitoring

CON

1. ^{not all} Many RFP's are ~~not~~ equipped to handle this responsibility.
2. ^{question of budget} ~~question of~~ provider involvement ^{should be} and regulatory ^{ing} activities.
3. ~~It~~ might jeopardize the relationship ^{the H&C has developed} with ~~providers~~.

OPTION 7 - Eliminate the program completely.

Would severely compromise present rule.

Would pose an unres. threat to peer review system to be estab. by pending legis.

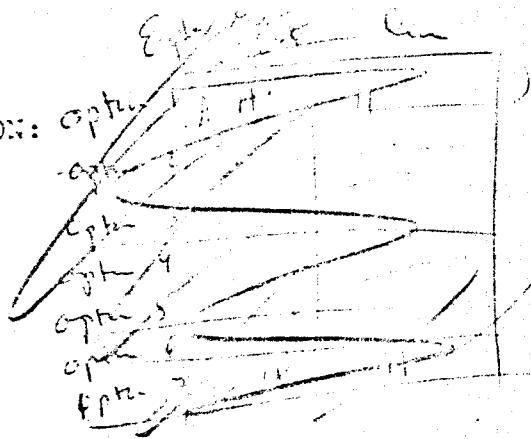
PRO

1. In times of budget stringency, large amounts of ~~some~~ money could be saved.
2. Provider dominated groups will not bring ~~not~~ bring about ^{major} this ~~central~~ change in delivery system.
3. See criticisms ^{in purpose} in Section I. of narrative

CON

1. ^{has} Taking 5 years to develop acceptable ^{link} between Federal government and providers of care, ^{which} ~~it~~ would be lost.
2. See Program Strength, Section I.
3. ^{may} Not ^{be} politically viable.

RECOMMENDATION:



primary mission opt 1
 secondary mission opt 2
 net effect opt 3

RATIONALE:

CONCUR _____

NONCONCUR _____

B. What should be the relationship between the Federal government and the local RMP units in order to maximize the probability of successfully completing the objectives or purposes previously selected?

ISSUE 2

Should the local RMP units be programmatically independent?

OPTION 1 - Yes. Completely locally responsive.

PRO

1. Consistent with HEW and ~~HSMHA~~ and philosophy of decentralization, and State responsibility and local initiative.
2. Most acceptable to providers.

Tw-on with

More realistic

CON

1. May or may not address priority issues for purposes identified ^sadmission.
2. Difficult to conduct collaborative or joint studies.

ves for
OPTION 2 - Yes, but incenti/ working on HEW
priorities.

PRO

1. Reduce criticism. Same as PROs in OPTION 1 but reduces criticisms.

CON

1. In tigh/money years hard to make incentives meaningful without moving to OPTION 3.

OPTION 3 - Most money obligated for HEW priorities are
to be
criteria with remaining monies/spent on local
priorities.

PRO

1. Most chance for ^{address}meeting HEW priorities.

CON

1. Willingness of providers to participate.
2. Not consistent with philosophy of local initiative to meet local problems.

RECOMMENDATION:

RATIONALE:

CONCUR _____

NONCONCUR _____

ISSUE III

How should the funds be distributed?

OPTION 1 - National competition by project.

PRO

1. Improves review of projects against criteria.
2. Reduces amount of unnecessary duplication.

CON

1. Cumbersome.
2. ~~CON~~ tends to reward those who are more proficient grant writers not necessarily ^{where} most problems are

more sources need to ^{be} diverted.

OPTION 2 - National competition by program.

PRO

- 1. Incentive for programs to address national priorities.
- 2. Encourages high level of competition.

CON

- 1. Reduces flexibility once programs are approved.
- 2. May tend to reward stronger programs and not help weaker programs. tech. assistance

OPTION 3 - Form ^{ulate} the grant with your ^{FAR} remarks.

PRO

- 1. Allocates money within ^{given} ~~Thursday~~ criteria ¹⁸⁵ priority.
- 2. Easier for states to manage ~~implem.~~
- 3. Forces programs to come up with projects within the ~~year~~ ^{FAR} mark even if that distributed fund resulted in funding some weaker programs in category 1, and funding ^{rather than} strong programs in category 2.
- 4. Hard to ^{develop a} ~~predict~~ the formula, potential resources ~~in~~ ^{which helps to account} AND needs in any specific areas that is applicable to all

50 states.

*One started, multiple hard to
get rid of.*

OPTION 4 - Formulate grant without earmarks.

PRO

1. Consistent with HEW position on local initiative.
2. Provides more flexibility for local RMPs.

CON

1. Reduces probability of money being used to meet national priorities or criteria.
2. Harder to measure the benefit of expenditures.

OPTION 5 - Combination of formula with competition.

PRO

1. Provides a financial base for long-term commitment to professional staff.
2. Provides for competition, ~~which encourages for those projects a consistency with objectives and strength of proposal.~~

CON

- 1. May have programs sending stronger projects for competition and funding weaker non-priority projects out of formula.

RECOMMENDATION:

RATIONALE:

CONCUR _____

NONCONCUR _____

- C. Organization of local RMP unit.

ISSUE IV - From what categories of people should the law require representation on the board?

OPTION 1 - Providers, consumers, elected officials, low income consumers, third parties, and CHP.

Present

PRO

1. Encourages well rounded board composition.

CON

1. Maybe too restrictive to be practical in each of the areas.

OPTION 2 - Providers, consumers, elected officials, low income consumers. (Eliminates from OPTION 1 third party and CHP representation)

PRO

1. Third party and consumer representation are redundant.
2. CHP representation on board is not necessary if they review in comment or review in approve RMP projects.

CON

1. Third parties ^{and} in CHP provide different perspectives on problem areas and priorities that need to be addressed by RMP.

OPTION 3 - Providers, consumers, elected officials, and CHP. (This option liminates designation of low income consumer from OPTION 2)

PRO

1. Provides more flexibility for CHP.

CON

1. Low income ~~with~~ consumers often experience different types of problems ~~and~~ do other consumers and therefore, might provide a good balance to the board.

OPTION 4 - Providers, consumers, and low income consumers.

(This option deletes specific mention of elected officials from OPTION 2).

PRO

1. More flexible than OPTION 2 and allows for elected officials under consumers without specifically mentioning them.

CON

1. Elected officials often are an important source of support for the program ~~and the project~~ as well as sensitive to local issues and pressures.

OPTION 5 - Providers and consumers.

OPTION 1 - Yes (20%)

PRO

1. Shows a minimum commitment, ^{by} ~~but~~ the Department to consumer representation.

CON

1. May be inappropriate, or at least reduces flexibility for each agency, and perhaps not necessary in the law.

OPTION 2 - Yes (33 1/3%)

PRO

1. ^{Shows} Should a stronger commitment to meaningful consumer and participation/involvement in decision making.

CON

1. Same as in OPTION 1.

OPTION 3 - Yes (51%)

PRO

1. ^{Shows commitment to} Strong consumer representation involvement ^{in the} ~~mandated~~ in changing the delivery system.

CON

1. Same as OPTION 1.
2. ^{MAY} ~~made~~ harm relationships with providers and un^{do} what

PNP
was developed *in 1971* five years, ~~of RUP program.~~

OPTION 4 - No requirement.

PRO

- 1. Most flexibility.
- 2. Do not have to address this issue at this time.

CON

- 1. Reduces HEW's posture in terms of consumer participation.

RECOMMENDATION:

RATIONALE:

CONCUR _____

NONCONCUR _____

granted?

ISSUE VI - WHAT SHOULD BE THE ORGANIZATIONAL RELATIONSHIP
OF THE LOCAL RMP UNIT?

OPTION 1 - State agency.

PRO

1. Large amount of public funds are involved, therefore, accountability should be focused in the public agency.
2. The ^{state} government is responsive to ^{local} state needs.

CON

1. ^{clearly} Not related to providers and the mix between voluntarism and regulatory status would be questioned.
2. Difficulties in conducting activities do to bureaucracy of state government i.e., civil service requirements, contracting requirements etc.

OPTION 2 - Part of the university structure.

PRO

1. Medical expertise is located at medical centers.

CON

1. Relationship between private practitioners and medical center not always the best.
2. Activities of medical schools and delivery system, terms of efficiency and effectiveness often questioned by private practitioners.

OPTION ³/₄ - Independent agency.

PRO

1. More flexibility on.
2. ^{can} To achieve benefits from OPTION 1 by having governor designate members for some members to board.
3. Most benefits of OPTION 4 by involvement ^{ing} in ^{the medical center} direct ^{specific} projects.

CON

1. Accountability ^{NO ONE} to whom.) *Not so!*
2. Must still address the questions of relationships with state and university organizations.

RECOMMENDATION:

RATIONALE:

CONCUR _____

NONCONCUR _____

ISSUE VII - SHOULD THE LAW REQUIRE RMP TO HOLD PUBLIC HEARINGS BEFORE IT APPROVES ANY PROJECTS?

PRO

1. Meaningful involvement from consumers.

CON

1. Weakens CHP and other reviews.
2. Duplication of existing reviews including CHP, certificate of need etc.

RECOMMENDATION:

RATIONALE:

CONCUR _____

NONCONCUR _____

ISSUE VIII - ^{Should} THE LAW PROHIBITS RMP FROM FUNDING ANY PROJECT
THAT HAS NOT BEEN APPROVED BY THE APPROPRIATE
CHP REVIEW GROUP?

PRO

1. Clearly identify ^{its} the relationship between Planning and Implementation.
2. Strengthen^y CHP.
3. Assures that federal money is not used ^{to} undue other federal programs.

CON

1. Restricts the activities of the provider.
2. CHP's are not equipped to respond either to the technical aspect of how they should be done, or ~~or quick~~ to respond in a timely fashion and, therefore, ^{this} is not realistic requirement.

RECOMMENDATION:

RATIONALE:

CONCUR _____

NONCONCUR _____

ISSUE IX - SHOULD THE AMOUNT OF MONEY WHICH CAN BE USED
FOR EACH ^{CORE} ~~CORP~~ STAFF BE LIMITED?

OPTION 1 - Yes (10%)

PRO

1. Assures that money will go to the field or its most needed.

CON

- 1.