



E000672



A NATIONAL NETWORK FOR BASTARD CASES, HEDONISM, AND BEMCHING
IN HEART DISEASE, CANCER, AND BIRTH

Components of the Network

1. Medical Complexes - built around a medical school and related hospitals
2. Regional Centers - categorically oriented, providing for clinical investigation, teaching, and patient care, located in universities, hospitals, and research institutes
3. Diagnostic and Treatment Stations - widely dispersed in local communities

Alternative Methods for Establishing This Network - Pros and Cons:

Alternative 1 - Planning and administrative responsibility for the entire network given to the medical complexes which would serve as the channel for funds and provide the administrative mechanism, thus assuring a close relationship between the several components of the network.

Pros:

- Puts control of the network in the hands of the component with the highest professional competence, thereby facilitating the maintenance of high standards of care in the diagnostic and treatment stations.
- Insures a strong connection between the teaching competencies of the medical complex and the programs of continuing education for medical personnel in the local community.

- By the establishment of a unitary administrative framework, facilitates the referral of patients from one component to another.
- Affords the maximum opportunity for fast and effective communication of the benefits of research from the medical complex to the diagnostic and treatment stations.
- Stimulates more efficient operation of the network by providing for clear determination of the role and function of each component and by providing the means for effective utilization of centralized specialization in facilities, equipment, and personnel.
- Provides the cleanest break with the status quo in medical theory and practice, creating the opportunity for a dramatic overhaul and improvement in the present system.
- Avoids involvement in the political, social, and economic problems of State governments and the uneven quality of State health departments.

Cons:

- Politically unfeasible--by bypassing the State and local governments, professional societies, local hospitals and institutions, this approach would greatly augment the political opposition which is sure to arise from any attempt to bring this network into being.
- Lack of qualified manpower in the medical complexes to take on this additional service responsibility.
- Some existing medical schools and medical complexes might refuse to participate on the grounds that the addition of this vast administrative responsibility would constitute a diversion from their responsibilities for teaching, research, and related service.

- By concentrating on central administration by an often distant medical complex, fails to come to grips with the problems of providing voluntary incentives for effective participating by local communities, institutions, and practitioners.

- Fails to provide for the input of social and political forces in determining the needs for and the shape of the regional network. These political and social forces are often the controlling factors in the distribution of service.

- The geographic distribution of medical complexes, especially those of high competence, is not coincident with distribution of demand for medical care.

- Since this alternative would depend on the willingness of existing medical complexes to take on this responsibility, a likely result would be a raising of the standards of medical care and practice in those areas where the care is already above the national average and where there is already good access to medical complexes of superior quality. As a result, the existing gap in the quality of medical care available in different areas of the country might actually widen for some years before a truly national network could be established. Political forces could not be expected to tolerate this system if such networks are financed with Federal funds.

- By ignoring the State and local governments, this alternative approach might further weaken the ~~key~~ role of the State and local governments at a time when there is considerable discussion of the need to strengthen State and local governments.

- Most medical schools, which would have to be the nuclei of these networks, lack the administrative competence to undertake a vast expansion into the area of local medical care and practice.

Alternative 2 - This alternative would adopt a two-pronged approach, utilizing both the State governments and the medical complexes as channels for Federal funds. Federal funds for the diagnostic and treatment stations would be given through the States, which would distribute the funds according to a State plan (analogous to the Hill-Burton and Community Mental Health Centers programs). Planning on an interstate basis would be required for States without a medical school or for geographic areas (such as certain metropolitan areas which cross State lines) where interstate planning would create a more effective network. The Federal Government would deal directly with the medical complexes and the regional centers in providing grants for the strengthening of the research, teaching, and service capacities of the medical complexes and for constructing and staffing the regional centers. These grants would have to provide for augmented staff and for other inducements sufficient to motivate the medical complex in establishing relationships with the diagnostic and treatment stations.

Pros:

- Involves State and local governments in the planning of an important innovation in medical care.
- Utilizes administrative capabilities already in being.
- Provides for more effective integration of the diagnostic and treatment stations into the existing framework of medical care,

thereby providing an opportunity to strengthen the capabilities of the State and local health authorities and encouraging their support of these innovations.

- By involving the State governments and local institutions in the planning administration of the diagnostic and treatment stations, allows for greater input of social and political considerations which bear on the distribution of medical services.
- Relieves the medical complexes of a major administrative burden in the administration of diagnostic and treatment stations.
- Provides the opportunity for administrative innovations in relating the diagnostic and treatment stations to the medical complexes and regional centers. Such innovations to be consistent with American practices and traditions.
- Provides the opportunity, in some States, to use the State government as the link between the State-supported medical complex and the network of diagnostic and treatment stations within the State.
- Provides greater opportunities for the integration of the planning of these categorical diagnostic and treatment stations with the State planning and other health matters, including the distribution of hospital facilities.

Cons:

While methods can be devised to require the diagnostic and treatment stations to establish a relationship with a medical complex and/or a regional center, it would be very difficult to create

equivalent incentives for the medical complex to play a significant role in the State or regional network.

- Even if such a network is established, there are likely to be considerable administrative and professional frictions between the diagnostic and treatment stations and the medical complexes and categorical centers.

- The addition of qualified manpower to staff the diagnostic and treatment stations presents almost insuperable problems for the foreseeable future.

- The medical societies are likely to oppose this system even though such opposition might be less strong than in the case of Alternative 1.

- By making less of a break with the status quo in medical care than Alternative 1, this approach will probably be less effective in raising the quality of medical practice made available to the local community.

- The capability of State governments is variable and their involvement will be accompanied by political interference in many of the States.

- Because of the split in administration and funding between the medical complex and the diagnostic and treatment station, the flow of professional expertise and the timely application of research results will be less effective.