



E001368

Summary Report on
RMP INVOLVEMENT WITH HMO'S

Regional Medical Programs appear to have a considerable interest in and involvement with HMO's already. This is based on information obtained by a recent telephone survey of the regions. (Fifty-five regions responded; Puerto Rico did not. In addition, separate responses were obtained from five of the nine California RMP areas, for a total of 60 separate responses.)

Most regions report that there has been general attention and/or consideration of HMO's within the RMP framework. For example:

- * Forty-three (43) of the 60 responses indicated sponsorship, participation, and/or conduct of seminars, panels, discussion sessions regarding HMO's for RMP core staff, practicing physicians, and others.
- * Forty-four (44) mentioned meetings and/or contacts with representatives of state or local medical societies, hospital associations, or similar groups to discuss HMO's and related developments generally.
- * Fifty (50) indicated initial consideration and/or discussion by the Regional (or Area) Advisory Group, its executive or steering committee, or another RMP committee or task force of possible RMP roles vis-a-vis HMO's.

These 55 Regional Medical Programs reported a total of 166 specific contacts and/or interactions (as of mid-April) with individuals and/or groups interested in possibly establishing HMO's. These contacts have been with a diverse range of institutions, groups, and individuals as the table below would indicate.

Table 1 -- RMP Contacts Regarding HMO's

<u>Kind of Institution</u>	<u>No. Contacted</u>
Planning groups (CHP & other)	32
Hospitals	27
Clinics	22
Medical Schools	20
Medical societies (state & local)	16
Individual physicians	16
Existing group practices	10
Neighborhood health centers & other Federally-sponsored programs	10
Private insurance carriers	4
Labor unions	2
Other	8

It is not possible to assess these contacts qualitatively, the extent to which they have been significant or substantive. There was only one instance reported in which funds (\$5,000) as well as considerable core staff effort had been extended in assisting with preliminary planning for an HMO. On the other hand, some of the contacts certainly would on the surface appear to be potentially significant. (See attachment, Selected Contacts by RMP's Regarding Possible HMO Development, which lists a representative sampling of the 166 contacts reported.)

Only five regions (Central New York, Indiana, Nebraska, North Dakota, and South Dakota) reported having made no contacts. Three (California, Illinois, Maryland) reported nine or more contacts. (Three regions indicated that they had had such contacts but did not desire to be specific as to the number or with whom.)

Table 2 -- Frequency of Contacts by RMP's 1/

<u>No. Contacts</u>	<u>Frequency</u>
0	5
1-2	15
3-4	24
5-6	3
7-8	2
9 or more	3

One possibly interesting sidelight to this is that only three of the 22 states with restrictive legislation relating to prepaid group practice, reported no contacts.

RMP coordinators were asked to "characterize the level of interest, movement, etc. with respect to HMO's" in their regions utilizing a scale ranging from "substantial" to "very low." These responses revealed the following: 29 (48%) characterized RMP interest as "high" to "substantial"; 19 (32%) "moderate"; and 12 (20%) "low" to "very low."

Coordinators also were asked to give their "best estimate of the potential role of RMP in assisting in the development, promotion, and/or support of HMO's in your region during the next 6-18 months." Based on a scale ranging from "substantial" to "nil" forty-two (42) responses (70%) indicated a "significant" or "substantial" interest; 10 (17%) categorized it as "modest"; and 8 (13%) stated that interest was only "slight" or "nil."

A final, open-ended question as to their comments and observations regarding the potential role of RMP involvement in HMO's more generally, did not elicit any widely shared reactions or concerns, identification of signal issues, or the like. There were some more common points by several coordinators, however. Among them:

- Misgivings were expressed about RMP's getting involved with HMO's, in view of resistance to the concept by some providers.

- . Others indicated that they are moving behind the scenes to place RMP "in a position of leadership" regarding the whole HMO issue. In this connection, coordinators in three regions (Bi-State, Missouri, and Texas) did not wish to specifically indicate the contacts they had made to date; and several others expressed their reluctance to do so for fear that this might jeopardize either the position of the groups with whom such discussions have or are being held or the RMP itself.
- . A few rhetorically raised questions as to what should be the role of RMP's with respect to the stimulation of and assistance to HMO's; what in effect was expected or anticipated of them.
- . Some suggested possible roles as they viewed it and referred to such things specifically as quality review, establishment of standards, and evaluation of HMO's.
- . Several noted that the recent cut-backs—and funding outlook for RMP would be a significant constraint.
- . A number observed that interest in HMO's varied widely within their regions.

The intent of the survey from which the above data were drawn was to provide a rough, overall reading or assessment of the extent to which the Regional Medical Programs have become involved with current HMO developments. The information is as reported by the 60 regions/areas responding; and it was obtained with a very few exceptions by the ten RMP Regional Office Representatives by telephone using an interview guide, a copy of which is attached.

RMPS is now exploring ways in which such information, and especially that relating to specific contacts, might best be updated periodically in order that it in turn can keep HSMHA's HMO Clearinghouse advised on a semi-monthly basis of current RMP developments with respect to HMO's. Such a reporting requirement was instituted last month.

Selected Contacts by RMP's
Regarding Possible HMO Development

Abnaki Health Council
East Los Angeles Health Task Force
East Range Clinic, North
Minnesota Health Services Corp.
Group Health Planning of Greater
Philadelphia, Inc.
Health, Inc.

Hough-Norwood Family Health Center
Hunterdon Medical Center
King County Medical Society
Lancaster General Hospital
Lovelace Clinic

Maricopa County Health Network
Marshfield Clinic
Maryland Health Maintenance
Committee, Inc.
Mount Sinai School of Medicine
Mountain Family Health Plan

Ripler Clinic
San Francisco General Hospital
Santa Fe Hospital Group
Southeast Alabama General Hospital
Tishimingo Medical Society

United Mine Workers
Univ. of Illinois Medical School
and Illinois Masonic Hospital
West Montana Clinic
Yale - New Haven Medical Center

Vermont
Los Angeles, Calif.

Virginia, Minn.

Philadelphia, Pa.
Boston, Massachusetts

Cleveland, Ohio
Flemington, New Jersey
Seattle, Washington
Lancaster, Pa.
Albuquerque, New Mexico

Phoenix, Arizona
Marshfield, Wis.

Baltimore, Maryland
New York, N. Y.
Beckley, W. Va.

Little Rock, Arkansas
San Francisco, Calif.
Topeka, Kansas
Dothan, Alabama
Iuka, Mississippi

Pittsburgh, Pennsylvania

Chicago, Illinois
Missoula, Montana
New Haven, Connecticut

4/8/71

Interview Guide
RMP Involvement with HMO's

Region: _____ Date: _____

Respondent: _____

1. Has the RMP become involved with HMO's in any way to date? Specifically, has this entailed -

a. General attention and/or consideration of HMO's with the RMP framework. For example:

(1) Sponsorship, participation, and/or conduct of seminars, panels, discussion sessions, or the like re HMO's for core staff, practicing physicians, or others. Y ____ N ____

(2) Meetings and/or contacts with representatives of state or local medical societies, hospital associations, or similar groups to discuss HMO's and related developments. Y ____ N ____

(3) Initial consideration and/or discussion by the Regional Advisory Group, its executive or steering committee, or another RMP committee or task force of possible RMP roles vis-a-vis HMO's. Y ____ N ____

(4) Other (describe briefly) Y ____ N ____

b. Specific contacts and/or interactions with individuals and/or groups interested in possibly setting up an HMO. For each, specify: Y ____ N ____

(1) Name(s):

(2) Location:

(3) When:

(1) Name(s):

(2) Location:

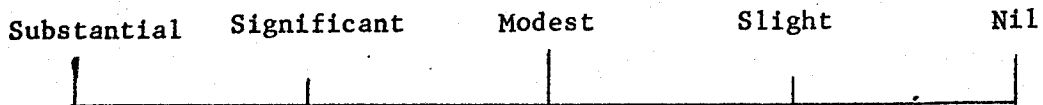
(3) When:

(1) Name(s):

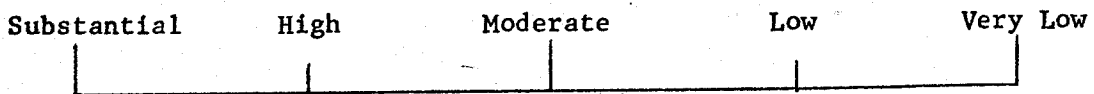
(2) Location:

(3) When:

2. What is your best estimate of the potential role of RMP in assisting in the development, promotion, and/or support of HMO's in your Region during the next 6-18 months?



3. How would you characterize the level of interest, movement, etc. with respect to HMO's in your Region?



4. What further comments or observations, if any, do you have regarding this matter of potential or possible RMP involvement with HMO's generally?