



E001210

PROPOSED OUTLINE FOR RMP DECISION PAPER

I. NARRATIVE DISCUSSION

A. Program Description: Brief, summary touching upon:

- 1. Legislative and administrative history/evolution.
- 2. Current status of RMPs in terms of
 - a. structure and process
 - b. program activities
- 3. RMPs-RMP nexus highlighting
 - a. national review and funding process
 - b. decentralization

brief
factually neutral
evolutionary
regionalization
priorities
seed money

B. Criticisms of Program: Identification of major criticisms, their bases/sources, and including when appropriate brief rejoinders to "set the record straight."

- 1. Lack of really any overall program strategy and direction, specific mission, etc.
 - a. Local laissez faire/Brownian movement
 - b. No "agreement" at national level (e.g., HEW, HS) as to RMP role. General agreement by all concerned that RMP needs to be tied to a larger national purpose, but none as to what more specifically that should be.
- 2. Non-compliance with, non-responsiveness to national priorities.
- 3. Major educational and training trust of RMP inappropriate, not valid
 - a. Subsidization of continuing education for physicians specifically
 - b. Turf issue vis-a-vis BHME generally,
- 4. Inordinate "overhead" cost of supporting RMPs (Program staffs, and related activities)
- 5. Involvement in planning, which is CHP's bag.

Assertions
Perceptions

no role vs.
no specific role
C-H, P, OS

leg. language

can't be depended upon

Other facts - OE, Kahn.

a. duplication of prog. effort

- 6. Provider/medical school domination
- 7. Continued centralization of program administration and management at Federal level.
 - ~~a. Too little RO involvement~~ *Coord. team*
 - b. ~~Council has too much say-so~~ *Ranking system*
RO's have been window dressing.
- 8. Inadequate demonstration/documentation of substantive accomplishments
- 9. Categorical nature

C. Program Strengths: Enumeration of the major strengths of RMP on which there is general agreement, consensus.

- 1. Constitutes a functioning and acceptable link between the Federal government and providers of care *Providers*
- 2. Provides a forum and mechanism for productive dialogue and cooperative action between and among formerly disparate health interests and groups at the local level.
- 3. Supports and strengthens institutional reform in health arena.
- 4. Strengthens local initiative and non-dependency *Teepover*
- 5. Bridges the services-education/town-gown chasm
- 6. Enhances local health planning, both its capacity and potential pay-off. *Resource / response*
- 7. Increasingly problem-oriented (e.g., EMS, quality assurance). *Fed. initiative*
- 8. Provides a good fulcrum for increasing the leverage of limited Federal health dollars. *non*
- 9. Flexibility! *inter. req. activity* *Alternative Fed. info. dissemination*

D. Federal Needs: Identification of those major, rather specific Federal health needs that RMP might reasonably be expected to contribute to.

- 1. Implementation of quality control/assurance mechanisms *PSR's*
- 2. Mechanism(s) for conducting pilot experiments, demonstrations, and reforms within the system. This includes community-based test beds for valid R&D efforts. *Innovation*
collaborative research
- 3. Local implementation of CHP plans and priorities.

Providers

Resource / response

Fed. initiative

Bad Rayons can be chgd.

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4. Promotion of/assistance to new Federal initiatives (e.g., HMO, EMS, AHEC).
5. Vehicle for large-scale implementation of community-based categorical control programs (e.g., hypertension, end-stage renal disease)
6. Feedback loop from the service to the educational sector, those institutions responsible for the production/training of health manpower
7. Stimulation and support of greater sharing of resources and services among health institutions aimed at moderating cost increases. *Regulatory*

*Assessment
impact Fed.
expenditures*

II. ISSUES AND OPTIONS

- A. Issues Both of these are pretty well laid out in the Berman and DuVal outlines.
- B. Options

III. APPENDICES

Elements Required to Address Federal Needs.

Such training & tools available.