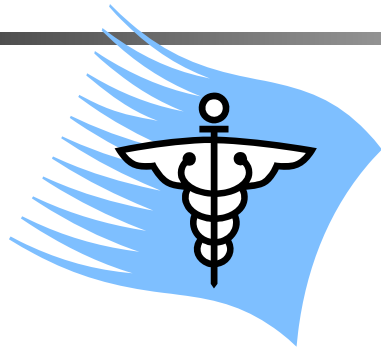


MANAGEMENT OF THE U.S. HEALTH SERVICES SYSTEM

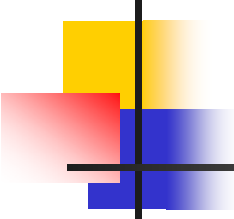


Chapter 5



Objectives

- Discuss the main components of the Roemer Model
- Discuss the role of legislation in the public sector
- Discuss the role of planning, administration, and regulation in both public and private sectors



Management Component of Roemer Model

The management component of the Roemer model of a health services system incorporates four major functions:

- Planning
- Administration
- Legislation
- Regulation Planning



Planning

- The planning occurs at several levels within a health services system – at the level of a project, program, or organizational unit or subunit.
- Only the most hearty of optimists would argue that the U.S. health services system shows evidence of national-level planning.



Planning

Despite these challenges to health planning, Two major national initiatives were mounted:

- The 1966 Comprehensive Health Planning Act (PL 89-749)
- The 1974 National Planning and Resource Act (PL89-749)



Comprehensive Health Planning (CHP)

- The Comprehensive Health Planning (CHP) Act created a state CHP-A agency and local CHP-B agencies charged with developing a statewide, comprehensive plan for the delivery of health services in each state.
 - Each agency had a governor-appointed advisory board with required participation from consumers of health services.



Comprehensive Health Planning (CHP)

- The CHP program succeeded in bringing together community members and health services providers to discuss the area's health services system.
- States generated massive planning documents, but their success in implementing these plans varied.



Comprehensive Health Planning(CHP)

Success was contingent on several assumptions:

- That resources to meet identified needs would be forthcoming
- That consumers and providers could achieve a collaborative process and formulate a plan that was generally supported and could feasibly be implemented
- That all participants would voluntarily abide by the plan, even if it meant the denial of an institutional development for the greater good of the community



The 1974 Health Planning Act

- The CHP program was replaced in 1974 by another national health planning program.
- The replacement program established three levels of organization:
 1. Statewide Health Coordinating Council (SHCC),
 2. State Health Planning and Development Agency (SHPDA)
 3. Health Systems Agencies (HSAs)



Cont:

- The SHCC was governor-appointed and charged with approving and implementing the state health plan developed by the SHPDA.
- The SHPA was a unit of state government, usually located within the state's health department, but in a few cases located either in the governor's office or created as a separate state agency.



Administration

- Administration is defined in the Roemer model as “the decision making of program leaders and the supervision, controls, and other actions to ensure satisfactory performance and attain certain goals” (Roemer 1991).



Administration

Dimensions of an administrative capacity include:

- The organization of a program into manageable units to accomplish the required tasks
- Staffing with appropriate personnel and budgeting for adequate resources to perform the work



Administration

- Supervision of the workforce and consultation with employees to achieve the program's goals
- Procurement of necessary supplies and materials
- Maintenance of appropriate records and establishment of reporting systems
- Coordination of activities
- Evaluation of the unit's efforts



Legislation

- All governmental units have legislative authority to enact laws and ordinances to aid in governing.
- Roemer identifies six types of legislation that govern a health services system:
 1. Authorizing or enabling legislation to provide governmental authority to carry out a program or an activity
 2. legislation that facilitates resource production to train the workforce or develop health services facilities



Legislation

3. social financing of health services, either through the direct provision of services by government employees or the reimbursement of providers from government funds
4. quality surveillance to ensure that the health services and products offered meet established standards of quality
5. legislation that prohibits injurious behavior, including environment protection laws
6. legislation that protects individual rights, such as laws regarding the informed consent of patients prior to the receipt of services



Regulation

- The *regulatory process* provides control mechanisms to authoritative bodies to ensure that programs or services are provided in the prescribed manner.
- *Regulation* can operate through command and control incentives or through the alteration of market incentives (Eisenberg 1994).



Regulation Process

- The regulatory process takes several forms
- Enabling legislation may include regulatory provisions
- Regulations for the implementation of specific programs may be issued



Registration, Certification or Registration Requirement

- Governing bodies may impose *licensure, certification, or registration* requirements on health facilities or health providers.
- *Accreditation* by a national body is an additional, and usually *voluntary, form of regulation*



Specific Program Regulations

- Regulations are frequently required to fully implement a piece of legislation.
- Regulations spell out how one is to comply with the law and also specify any sanctions and penalties for noncompliance.
- The Administrative Procedures Act (APA) of 1946 provides for a rule-making process in which proposed regulations are printed and widely disseminated in the Federal Register.



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- Following consideration of public input, final regulations with an effective date are issued and become part of the Code of Federal Regulations.



Licensure

- Licensure may be required for the operation of a facility or the ability to practice a profession.
- Licensure is generally the preview of state governments, although national standards are sometimes required to be incorporated into state licensure status.



Cont:

- States license hospitals, nursing homes, and other health services facilities to ensure that they meet construction standards, have adequate numbers of appropriately trained personnel, have modern and safety-tested equipment, and provide services in a hazard-controlled environment.



Cont:

- States license many health professions, including physicians, nurses, pharmacists, and dentists.
- Professional licensure specifies, usually in a Practice Act, the scope of practice and provides sanctions, including loss of licensure, for misconduct and malpractice.



Licensure

- Although some states permit reciprocity in licensure, most require specific licensure by that state before a professional may practice there.
- Interest in licensure for public health workers has blossomed in the last several years.



Education and Training

- Studies by Lichtveld et al. (2001) show that as much as 80 percent of the public health workforce has received little or no education or training in public health, and this lack of education and training is pervasive throughout the workforce, from the leadership to the entry-level work.



Certification

- ***Certification*** may also be required for a facility or a profession, or it may be voluntary but sought as an indicator of advanced practice and professionalism.
- ***Hospitals, nursing homes, and certain other facilities*** must be certified by the Medicare program as meeting its quality standards before Medicare will reimburse for care in those facilities.



Professional Certification

- State health facility licensure agencies, usually located within state departments of health, generally conduct the Medicare certification process in conjunction with their own on-site facility licensure inspection and review.



Professional Certification

- Certain professions offer certification in at least two instances.
 - First, professions that are not licensed may be certified to have met a standard set of skills and competencies.
 - Second, professions that are licensed may offer certification of advanced training and specialization.



Accreditation

- **Accreditation**, though usually voluntary, is an additional way to ensure that facilities and programs meet certain ***national standards***.
- ***Hospitals*** and other facilities may seek accreditation by the ***Joint Commission on Accreditation of Healthcare Organizations (JCAHO)*** as evidence that their facilities and services meet ***national standards***.



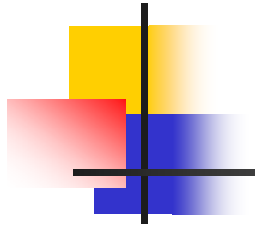
Health Maintenance Organization (HMOs)

- *Health maintenance organizations (HMOs) and other managed care organizations* seek accreditation by the *National Committee for Quality Assurance (NCQA)* as proof to providers, consumers, and payers of their ability to *provide high-quality services*.
- *Educational programs seek* accreditation by the appropriate professional bodies as evidence of their *advanced standing among their counterparts*.



Liaison Committee on Medical Education (LCME)

- Medical schools seek accreditation through the *Liaison Committee on Medical Education (LCME)* and *schools of public health and public health programs* in other academic settings seek accreditation ensures the users of a facility or a program – be they patients, students, faculty members, or the public – that the program or facility meets specified operational standards.



Questions

