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THE RMP MECHANISM

If we are to impact on the "health care crisis" by improving access to care, improving productivity and quality, and containing costs, we must have an effective mechanism for dealing directly with the provider community. Without the provider's active participation, desirable changes cannot be effected.

RMP is a functioning professionally acceptable link between the Federal government and health care providers. In our opinion it can become a most important implement to foster constructive change.

The past RMP record is thought by many not to have been satisfactory. We appreciate that the program has lacked direction. It has sometimes subsidized continuing education for the best paid profession. It has often duplicated the efforts of local planning bodies. It has not demonstrated sufficient substantive accomplishment to warrant high levels of continuing Federal expenditure.

However, despite these shortcomings, the RMP mechanism has developed and exists as a valuable asset. It is a functioning link between the private sector and the Federal Government. In a system of predominately private providers, such linkage is critical.

The health service provider community must participate in developing and must be willing to accept changes in the delivery system. There is no system of compulsion available to this government to force a privately financed, privately run and privately staffed system to undertake delivery system reform--nor do we advocate such compulsion. Thus, we need a mechanism through which the Federal Government can effectively influence the health services provider establishment. RMP is the only such mechanism, already in place, that has been accepted by much of the provider community. The system is established, does work and is reasonably effective. It would be exceedingly difficult and expensive to replace.

Loss of this mechanism, either by abolishing RMP altogether or by incorporating it into special health revenue sharing, would mean loss of effective contact with the most important professional constituency the Department seeks to influence to improve the delivery of health care.

We believe that the RMP mechanism can make a key contribution to improved health care in at least the following three priority areas:

1. Developing and implementing new and specific procedures for quality assessment and assurance. (Indeed it may be essential for prompt and effective implementation of the PSRO legislation).
2. Developing and implementing programs to improve access to health services.
3. Providing technical assistance to implement CHP-identified priority programs.

Therefore, we believe our best approach is to clarify the RMP mission by changing the authorizing legislation to articulate these priorities.

Attached is a paper which summarizes RMP history, identifies its strengths and weaknesses, and spells out some important needs to which we believe RMP can respond-- needs which would not be met if RMP is included in Revenue Sharing.