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*Berman*  
OUTLINE FOR

REGIONAL MEDICAL PROGRAM DECISION PAPER

NOTE: This paper is being developed to prepare a Departmental position on RMP on the assumption that there has been no final decision to include RMP in Revenue Sharing.

9/15/72

OUTLINE FOR

REGIONAL MEDICAL PROGRAM DECISION PAPER

I. DESCRIPTION OF PROGRAM

II. RMP ALTERNATIVES

A.  
MISSION

ISSUE 1

What should be the future mission(role) of RMP?

*app. Sec. 6*

2

Option A - Continue as is -- flexible, variable, broad authority which encourages providers to use their own initiative to bring about changes they support.

3

Option B - Restrict Option A to "categorical areas" (heart, cancer, stroke, kidney):

1

Option C - Agency responsible for implementing change in local delivery system (implementing Agency for CHP, NIH, HSMHA, etc.). (Eliminate restriction on interference with practice of medicine and categorical emphasis.)

6

Option D - Agency responsible for monitoring quality of care.

5

Option E - Agency responsible for aiding local groups to organize and follow-up review activities aimed at monitoring and elevating quality of care.

7 Option F - Eliminate program completely.

4 Option G - *Transfer of CHS R&D into RMB.*

ISSUE 2

In order to accomplish the mission selected, should RMP be involved in continuing education and training of health professionals?

Option A - Yes.

Option B - Yes, but not to duplicate efforts of NIH and BHME.

Option C - No.

Option D -

2. *Admin. Mechanisms*

B.  
FUNDING

ISSUE 3

How should the funds be distributed?

Option A - National competition by project.

Option B - Formula grant with earmarks.

Option C - Formula grant without earmarks

Option D - Combination of formula with competition

3 *National competition by program.*

*→ with earmarks*  
*↓ without earmarks*

C.  
ADMINISTRATION

ISSUE 4

From what categories of people should the law require representation on the Board?

Option A - Providers, Consumers, Elected Officials, Low Income Consumers, Third Parties, and CHP.

Option B - Providers, Consumers, Elected Officials, and Low Income Consumers.

Option C - Providers, Consumers, Elected Officials, and CHP.

Option D - Providers, Consumers, and Low Income Consumers.

Option E - Providers and Consumers.

option F Providers only

Issue 5

Should the law prescribe a minimum number of consumers representatives for each Board? <sup>percentage</sup>

Option A - Yes 20%

Option B - Yes 33 1/3%

Option C - Yes 51%

Option D - No requirement.

ISSUE 6

Should the Agency be a State governmental agency?

Option A - Yes.

Option B - No.

Option C - No, but governor should designate <sup>majority ?</sup> number <sup>minority ?</sup> of Board. <sub>1</sub>

Option D -

ISSUE 7

Should the law require RMP to hold public hearings before it approves any project?

→ or submit to A.M.P.S

Option A - Yes.

Option B - No.

Option C - <sup>source of</sup> Should serve as a professional advice & input to local CHP when it holds public hearings on CHP's proposed plans.

ISSUE 8

Should the law prohibit RMP from funding any project that has not been approved by the appropriate CHP review group?

Option A - Yes. (provided the CHP group has been "approved" at the <sup>with local down</sup> CHP has been developed a local plan & has the capability to develop ~~and review~~ plans & to provide a meaningful "review & comment" of RMP-proposed projects.)

Option B - No.

ISSUE 9

Should the amount of money which can be used for each core staff be limited?

Option A - Yes 10%

Option B - Yes

Option C - Yes 30%

Option D - Yes

Option E - By Law, yes.

Option F - By Administration, yes.

Option G - No