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RMPS REVIEW CRITERIA AND RATING SYSTEM

INTRODUCTION

Several important factors have contributed to the need for and development of an RMPS rating system. Foremost among these is the recognition that the RMPS program is a mature, complex national activity whose processes are deserving of and accorded scrutiny by the public at large, Congress, and others. Additional factors include the need to assess the degree to which Regional Programs' strength and activities are consonant with evolving national priorities as reflected in the Council-endorsed Mission Statement and the growing gap in recent years between the grant funds actually made available to the program and the dollar level of Council approvals.

Irrespective of fluctuations in the levels of funds available, it is important that the Review Committee and Council continue to base their assessments and recommendations on the overall merit of individual programs and to leave to the Director, RMPS, the responsibility for implementing the judgments of the Council. To assist him in discharging this responsibility, and with the encouragement of HSMHA, a rating system has been designed and tested.

Subsequent to the May Council meeting, an RMPS staff committee was formed to develop and apply on a trial basis a rating system for the applications currently under review. The Committee's

approach was to develop a further elaboration of the 17 criteria included in the RMPS Mission Statement, a weighting scale for the criteria, a 1-5 point evaluation scheme, and associated forms and instructions for use by the RMPS Review Committee in applying the criteria. The materials developed were reviewed by the Administrator, HSMHA.

The purpose of this report is to summarize the reaction of the Review Committee to their initial experience in using the criteria and rating system, and to present an analysis of the results.

#### THE REVIEW COMMITTEE'S REACTIONS

The Review Committee met in executive session after completing the review of 13 triennial applications in the current cycle for the purpose of providing feedback on the rating system. In general, Committee members were quite favorable in their reaction to the criteria themselves. They apparently felt that these comprehensively covered the relevant and salient points that need to be taken into account in assessing and ranking RMP's.. They also appeared to feel that the sub-criteria that had been developed in the form of questions were useful in clarifying the broader criteria and helping them to score these.

The principal drawback in applying the criteria was lack of specific information relating to some of the individual items. A number of suggestions relating to the arrangement of the material also were received.

### ANALYSIS OF RESULTS

1. The criteria and ratings clearly discriminated between the best, average, and poorest regions.
2. The reviewers were tough graders. The top Region received a score of only 327 out of a possible 500. If, as expected, they become more lenient in the future, it will be necessary to apply weighted means to insure comparability from one review cycle to the next.
3. Reviewers were asked to circle ratings about which they were uncertain due to insufficient evidence or for other reasons. Three criteria, Continuity of Care, Prevention, and Ambulatory Care were the most troublesome. There was virtually no uncertainty about Goals and Objectives, Organizational Viability and Effectiveness. In general, criteria relating to organization, management and objectives appeared to be least troublesome.

### FOLLOW-UP

Certain minor modifications have been made in the criteria, however, as the result of Committee suggestions and staff analyses. Some interim steps also have been taken to provide additional information in selected areas (e.g., continued support, evaluation, other funding) so that the uncertainty of reviewers with respect to their criteria may be reduced in the future.

CONCLUSION

The trial use of the review criteria and rating system by the Review Committee, their reactions to it, and the analysis of the results strongly suggest that it is an effective and workable basis for assessing the quality and performance of Regional Medical Programs.

INSTRUCTIONS: Using a one through five scoring scale (5-outstanding, 4-good, 3-satisfactory, 2-Fair, 1-Poor) rate the Region in accordance with the criteria set forth under:  
I - Performance, II - Process, and III - Program.

Subcriteria or elements in the form of questions have been included in order to make the broad, general criteria more specific and understandable. These are designed to be of help to the reviewer in assigning a score to each of the criteria. Multiplication of scores by the assigned weights and the necessary addition will be done by staff; reviewers need not make those computations.

Reviewers should provide their overall subjective assessment of the Region and its application by rating on a one to five basis in Item IV, OVERALL ASSESSMENT.

Use a check (✓) in Item V, DEVELOPMENTAL COMPONENT, if in your best judgment this Region has achieved sufficient program maturity and status to warrant award of a developmental component.

In Item VI, BASIS FOR EVALUATION, indicate for each Region the basis for your evaluation. When appropriate more than one item in ITEM VI may be checked for each Region.



## FACTORS TO BE CONSIDERED WITH THE REVIEW CRITERIA

### I. PERFORMANCE

#### 1. GOALS, OBJECTIVES, & PRIORITIES

- a. Have these been developed & explicitly stated?
- b. Are they understood and accepted by the health providers & institutions of the Region?
- c. Where appropriate, were community and consumer groups also consulted in their formulation?
- d. Have they generally been followed in the funding of operational activities?
- e. Do they reflect short-term, specific objectives and priorities as well as long-range goals?
- f. Do they reflect regional needs and problems and realistically take into account available resources?

#### 2. ACCOMPLISHMENTS AND IMPLEMENTATION

- a. Have core activities resulted in substantive program accomplishments and stimulated worthwhile activities?
- b. Have successful RMP activities been replicated and extended throughout the region?
- c. Have any original and unique ideas, programs or techniques been generated?
- d. Have activities led to a wider application of new knowledge and techniques?
- e. Have they had any demonstrable effect on moderating costs?
- f. Have they resulted in any material increase in the availability and accessibility of care through better utilization of manpower and the like?
- g. Have they significantly improved the quality of care?

- h. Are unsuccessful or irrelevant activities being phased out?
- i. Are other health groups aware of and using the data, expertise, etc. available through RMP?
- j. Do physicians and other provider groups and institutions look to RMP for technical and professional assistance, consultation and information?
- k. If so, does or will such assistance be concerned with quality of care standards, peer review mechanisms, and the like?

#### 3. CONTINUED SUPPORT

- a. Is there a policy, actively pursued, aimed at developing other sources of funding for successful RMP activities?
- b. Have successful activities in fact been continued within the regular health care financing system after the withdrawal of RMP support?

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## FACTORS TO BE CONSIDERED WITH THE REVIEW CRITERIA

### II. PROCESS

#### 1. ORGANIZATIONAL VIABILITY AND EFFECTIVENESS

- a. Is the coordinator effective; has he provided strong leadership, developed program direction and cohesion and established an effectively functioning core staff with due regard to equal employment opportunities and minority group interest.
- b. Does core staff reflect a broad range of professional and discipline competence and possess adequate administrative and management capability?
- c. Are most core staff essentially full-time?
- d. Is there an adequate central core staff (as opposed to institutional components)?
- e. Does the grantee organization (1) provide adequate administrative and other support to the RMP and (2) permit it sufficient freedom and flexibility, especially insofar as the RAG's policy-making role is concerned?
- f. Are all key health interests, institutions, and groups within the region adequately represented on the RAG (and corollary planning committee structure)?
- g. Does the RAG meet as a whole at least 3 or 4 times annually?
- h. Are meetings well attended?
- i. Are minority groups and consumers adequately represented on the RAG and corollary committee structure, and do they actively participate in the deliberations?
- j. Is the RAG playing an active role in setting program policies and establishing objectives and priorities?
- k. Does the RAG have an executive or steering committee to provide more frequent administrative program guidance to the coordinator?
- l. Is that committee also fairly representative?

#### 2. PARTICIPATION

- a. Are the key health interests, institutions, and groups actively participating in the program?
- b. Does it appear to have been captured or co-opted by a major interest?
- c. Is the region's political and economic power complex involved?

#### 3. LOCAL PLANNING

- a. Has RMP help develop in conjunction with CHP effective local planning groups?
- b. Is there early involvement of these local planning groups in the development of program proposals.
- c. Are there adequate mechanisms for obtaining substantive CHP review and comment?

#### 4. ASSESSMENT OF NEEDS AND RESOURCES

- a. Is there a systematic, continuing identification of needs, problems, and resources?
- b. Does this involve an assessment and analysis based on data?
- c. Are identified needs and problems being translated into the region's evolving plans and priorities?
- d. Are they also reflected in the scope and nature of its emerging core and operational activities?

#### 5. MANAGEMENT AND EVALUATION

- a. Is there regular, systematic and adequate monitoring of projects, contracts, and other activities by specifically assigned core staff?
- b. Are periodic progress and financial reports required?
- c. Is there a full-time evaluation director and staff?
- d. Does evaluation consist of more than mere progress reporting?
- e. Is there feedback on progress and evaluation results to program management, RAG, and other appropriate groups?
- f. Have negative or unsatisfactory results been converted into program decisions and modifications; specifically have unsuccessful or ineffective activities been promptly phased out?

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## FACTORS TO BE CONSIDERED WITH THE REVIEW CRITERIA

### III. PROGRAM PROPOSAL

#### 1. ACTION PLAN

- a. Have priorities been established?
- b. Are they congruent with national goals and objectives?
- c. Do the activities proposed by the region relate to its stated priorities, objectives and needs?
- d. Are the plan and the proposed activities realistic in view of resources available & Region's past performance?
- e. Can the intended results be quantified to any significant degree?
- f. Have methods for reporting accomplishments and assessing results been proposed?
- g. Are priorities periodically reviewed and updated?

#### 2. DISSEMINATION OF KNOWLEDGE

- a. Have provider groups or institutions that will benefit been targeted?
- b. Have the knowledge, skills, and techniques to be disseminated been identified; are they ready for widespread implementation?
- c. Are the health education and research institutions of the Region actively involved?
- d. Is better care to more people likely to result?
- e. Are they likely to moderate the costs of care?
- f. Are they directed to widely applicable and currently practical techniques rather than care of rare conditions or highly specialized, low volume services?

#### 3. UTILIZATION MANPOWER AND FACILITIES

- a. Have areas or populations been specifically targeted?
- b. Will presently underserved areas or populations benefit significantly as a result?
- c. Will existing community health facilities be more fully or effectively utilized?
- d. Is it likely productivity of physicians and other health manpower will be increased?
- e. Is utilization of allied health personnel, either new kinds or combinations of existing kinds, anticipated?
- f. Is this an identified priority area; if so, is it proportionately reflected in this aspect of their overall program?

#### 4. PREVENTION

- a. Have specific diseases, areas, or populations been targeted?
- b. Are health maintenance and disease prevention components included in current or proposed activities?
- c. If so, are they realistic in view of present knowledge, state-of-the-art, and other factors?
- d. Is early detection included?
- e. If so, has adequate provision been made for follow-through treatment?
- f. Is health related education of the public or patients included, where appropriate?

#### 5. AMBULATORY CARE

- a. Have RMP or other studies (1) indicated the extent to which ambulatory care might be expanded or (2) identified problem areas (e.g., geographic, institutional) in this regard?
- b. Will current or proposed activities expand it?
- c. Are communications, transportation services and the like being exploited so that diagnosis and treatment on an out-patient basis is possible?

#### 6. CONTINUITY OF CARE

- a. Have problems of access to care and continuity of care been identified by RMP or others?
- b. Will current or proposed activities strengthen primary care and relationships between specialized and primary care?
- c. Will they lead to improved access to primary care and health services for persons residing in areas presently underserved?

#### 7. SHORT-TERM PAYOFF

- a. Is it reasonable to expect that the operational activities proposed will increase the availability of and access to services, enhance the quality of care and/or moderate its costs, within the next 2-3 years?
- b. Is the feedback needed to document actual or prospective pay-offs provided?
- c. Is it reasonable to expect that RMP support can be withdrawn successfully within 3 years?

#### 8. REGIONALIZATION

- a. Are the plan and activities proposed aimed at assisting multiple provider groups and institutions (as opposed to groups or institutions singly)?
- b. Is greater sharing of facilities, manpower and other resources envisaged?
- c. Will existing resources and services that are especially scarce and/or expensive, be extended and made available to a larger area and population than presently?
- d. Will new linkages be established (or existing ones strengthened) among health providers and institutions?
- e. Is the concept of progressive patient care (e.g., OP clinics, hospitals, ECF's, home health services), reflected?

#### 9. OTHER FUNDING

- a. Is there evidence the region has or will attract funds other than RMP?
- b. If not, has it attempted to do so?
- c. Will other funds (private, local, state, other Federal) be available for the activities proposed?
- d. Conversely, will the activities contribute financially or otherwise to other significant Federally-funded or locally-supported health programs?