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Draft 12/18/64

Alternative 1

Place responsibility upon a State governmental agency in each State to conduct or arrange to have conducted the necessary State and community planning which will be necessary to:

1. Determine what institutions in the State (or in adjoining States) will serve as heart, cancer and stroke Centers to serve the needs of the State.
2. Determine where in the State and in what hospitals or other facilities Diagnostic and Treatment Stations will be established.
3. Develop understandings and arrangements between the Diagnostic and Treatment Stations and the Centers which will assure that the network concept in the Commission's report is fully implemented and that the highly qualified professional talent in the Centers is available to the Diagnostic and Treatment Stations.

Under such an arrangement, Federal funds would be available:

1. To the designated State agency to help finance the State and community planning and organizational activities.
2. To the institutions designated under the State plan as Centers to help finance research, training, and health service activities conducted in them and to help finance the services which the Center would provide to and on behalf of the Stations which it serves.
3. To the institutions designated under the State plan as Diagnostic and Treatment Stations to help finance training and health service activities conducted in them.

An essential element of the eligibility of either a Center or Station for financial assistance would be that it conformed to the priorities

developed through State or local planning and that the professional inter-relationships between a Center and the Stations be such as to provide an effective network for provision of high quality service and training. It would be envisioned that applications for Federal financial assistance for the construction and operational costs of Centers and Stations would come from the institutions concerned (perhaps through the State agency) and would be reviewed by peer group committees to help the PHS assess quality and priority.

Pros

This arrangement provides for organizational and planning aspects of the program to be carried out by or through the State and local organizations which are, on the whole, best equipped to consider the health needs and resources, in the area and the necessary community relationships.

This arrangement would provide for local communities to have a greater role and initiative in determining what facilities and relationships would best serve their needs.

This arrangement would avoid placing on medical schools the added burden of developing community planning competence and let them concentrate their efforts in professional research, training, and health service activities.

Cons

Some State agencies are poorly staffed and motivated to carry through with the kind of organizational and planning activity involved.

The interstate character of the "Service-area" of some of the Centers would require interstate cooperation in planning.

Some institutions may be delayed in submitting applications pending completion of State-wide planning.

Alternative 2

Establish criteria for approval of Federal financial assistance for the establishment and operations of Centers and of Diagnostic and Treatment Stations and then solicit applications from any institutions which may feel it can meet these criteria.

Among the criteria established might be included, for example:

1. That an applicant for a Diagnostic and Treatment Station grant must have a working relationship with a medical school or major hospital to provide complicated or expensive treatment or diagnostic services to its patients.

2. That an applicant for a Center grant must agree to establish working relationships with local hospitals desiring such an affiliation which would make available to such local hospitals and their patients the professional specialty services of the Center.

3. That a Station grant would not provide support for costs of expensive equipment or complicated services which duplicated unnecessarily the availability of this equipment or services in other facilities in the area.

Under such an arrangement, applications would come in directly from the applicant institutions and be reviewed and evaluated by a peer group for quality, adherence to established criteria, and priority.

Pros

This alternative would permit prompt action in the establishment of Centers and Stations by avoiding delays which would be encountered through more comprehensive regional or State planning.

It would open up wider opportunity for institutions to apply for support and have the merits of their proposals considered by the PHS competitively with other applicants.

It would permit institutions to apply which are located in an area that may, for various reasons, not wish to become involved in comprehensive regional or State planning.

It may, in some instance, be preferable to start first with the establishment of Centers and for Stations and let the fuller development of the network concept come later.

Cons

This alternative provides less assurance that the proposals are based on comprehensive regional, State, or community planning.

The Federal review and evaluation process would involve more detailed consideration of local issues and relationships.

It would be more difficult to ensure that funds were not used for unnecessary duplication of equipment and services.