PROPOSAL FOR THE AUDIT OF THE MEDICAL ASSISTANCE PROGRAM OF THE STATE OF HAWAII

Greenleigh Associates, Inc.

New York Chicago Washington San Francisco



PROPOSAL FOR THE AUDIT
OF THE MEDICAL
ASSISTANCE PROGRAM OF
THE STATE OF HAWAII

January 1969

Copyright MCMLXVIII Greenleigh Associates, Inc. New York Chicago Washington

San Francisco

greenleigh associates, inc.

NEW YORK CHICAGO SAN FRANCISCO WASHINGTON

355 LEXINGTON AVENUE . NEW YORK, N.Y. 10017 . (212) 986-8645

January 30, 1969

Mr. Clinton T. Tanimura, Legislative Auditor The Office of the Auditor State of Hawaii Iolani Palace Honolulu, Hawaii 96813

Dear Mr. Tanimura:

We are pleased to submit for your consideration the attached proposal to audit the medical assistance program of the State of Hawaii in accordance with the specifications and instructions attached to your letter of December 30, 1968.

Attached to the proposal is a capability statement which describes our experience in this and related fields. We have also attached resumes of the principal staff and various consultants who would participate in the audit. For the purposes of this study we plan to supplement our own staff by utilizing the Evaluation Unit, Department of Community Medicine of the Albert Einstein College of Medicine to perform specialized evaluation of quality of care. We have included resumes of the professional personnel of the Evaluation Unit team.

The proposed study as we have outlined it could begin within two weeks after a contract is signed. The study would be completed within a tenmonth period. The estimated cost and budget breakdowns are attached to the proposal.

We would establish a site office in Honolulu to supervise the field work. General supervision and direction would be based in our headquarters in New York City, and our San Francisco office would provide direct liaison with the study. The final analysis of data and report preparation would take place at our New York headquarters.

We believe that Greenleigh Associates is uniquely qualified to carry out the proposed audit. We have made comparable audits of public welfare, health, manpower, and education programs at the Federal, State, and local levels. Our staff has firsthand knowledge of the administration and management of social programs that are similar to the medical assistance program in Hawaii in scope and complexity. Our work with many antipoverty agencies and our studies of low income populations in many communities have provided us with a deep understanding of the problems of poverty and the approaches that are necessary to deal effectively with such problems. Finally, we have conducted management, administrative, and program studies for state and local governments in many parts of the country. We are currently completing the first comprehensive study of an OEO sponsored neighborhood health center in Louisville, Kentucky. We made a feasibility study of the projected impact of the Medicare and Medicaid programs in Monmouth County, New Jersey. We have also assessed the public medical care programs in the State of Washington, and evaluated health programs in Detroit, Tucson, Omaha, and other places.

We are extremely interested in the proposed audit since it is evident that effective administration of the medical assistance program is essential to combatting poverty and ill health, and furthering the social and economic well-being of the community. The leadership being shown by Hawaii in developing more effective and viable medical assistance programs can be of national significance. We are confident that the work plan as outlined in our proposal will provide the kind of comprehensive audit and workable recommendations that are needed to advance your efforts.

We would be glad to provide additional information, and to consider any revisions or modifications in the proposal.

Sincerely yours,

Arthur Greenleigh President

AG/yjr Enc.

TABLE OF CONTENTS

Frame of	Reference and Purpose	1
Objective	es and Scope	3
Plan of St	tudy	3
St	tudy Unit 1 - Preparation, Planning and Design	5
St	tudy Unit 2 - Inventory and Assessment of Services	6
	cudy Unit 3 - Estimate of Potentially Eligible opulation	7
	tudy Unit 4 - Analysis of Data on Coverage and tilization by Potentially Eligible Population	8
	cudy Unit 5 - Survey of Need for and Utilization of Ledical Care Services	9
	Selection, Training, and Supervision of Field Staff	10
	Developing Cooperation and Rapport with Respondents	11
Stı	udy Unit 6 - Projection of Utilization and Needs	12
	cudy Unit 7 – Assessment and Projection of equired Eligibility Standards	14
Stı	udy Unit 8 - Quality of Medical Services	15
	cudy Unit 9 - Effectiveness and Efficiency of dministration	19
Stı	udy Unit 10 - Analysis of Program Costs	20
Analysis a	and Preparation of Report	22
Staffing		22
Time Sche	edule for Proposed Audit	23

Table of Contents (continued)

Table of Contents (continued)

Appendix A

Personnel

Greenleigh Associates' Staff

Consultants

Evaluation Unit, Albert Einstein College of Medicine

Capability Statement - Greenleigh Associates

Capability Statement - Evaluation Unit

Budget

Breakdown of Costs of Audit

PROPOSAL FOR THE AUDIT OF THE MEDICAL ASSISTANCE PROGRAM OF THE STATE OF HAWAII

Frame of Reference and Purpose

Fundamentally, a stable and productive society requires a healthy population who can participate fully in the production and distribution of goods and services and the social and economic life of the community. Disability and disease are significant impediments to such participation which disproportionately affect the poor. There are a number of factors which cause higher rates of disease and disability to prevail among the poor. Barriers to high quality medical care and other health services are such a factor. Several types of barriers exist to different degrees in each situation depending on the specific conditions under which health care is provided. In this context the following criteria are pertinent in assessing the adequacy of health services:

- a. The services must be accessible and within reasonable geographical availability to the people in need of care. This involves proximity, travel distance, and time, and the cost and schedule of transportation facilities.
- b. The services must be sufficient in quantity and scope. This involves needed physical facilities, efficient organization, and administration of a range of services.
- c. The services must meet recognized standards of quality. This involves provision of modern comprehensive health services insuring continuity of care, the training and experience of the personnel, the adequacy of the facilities, and the application of a quality control mechanisms.

- d. The method of paying for the health and medical services rendered, as well as for needed supportive and standby services, must be adequate and economically sound. This involves a payment plan that is qualitatively and quantitatively sufficient, and upon which can be based the involvement of trained and experienced personnel in a stable relationship with the health care unit; the acquisition and maintenance of necessary physical facilities by the unit; and a stable relationship of each unit with the overall health care system.
- e. The individual health care units and the health care system as a whole must conduct their operations so that an effective distributive relationship exists with the persons who now need or may in the future need health services. In providing services for the poor, this often involves a drastic reformation of relationships; the poor are no longer subjects of medical charity, and the old social and psychological behavior patterns of both the doners and donees, are no longer relevant. Old patterns engendered an alienation of the poor from the medical establishment and resulted in a pattern of "crisis" medical care. At the same time that health services are restructured, a health education mechanism must be made part of the medical care system and aimed toward the reorientation of the poor to concepts of the importance of good health and the need for proper medical care before crises arise.

The Medical Assistance Program of the State of Hawaii through tax-supported health services of the Department of Health, the Office of Economic Opportunity, and the Department of Social Services has considerably reduced the barrier of payment for health care services by insuring adequate compensation to the providers of health care services for a major portion of the case load. The audit provided for in this proposal will examine the health care services thus provided to determine wherein they do and do not meet the criteria for effective health services for the poor. This examination will also assess the cost of the program in relation

to the benefits obtained. It will provide the basis for recommendations for the reduction of any barriers to the institution and maintenance of an effective health care system as it relates to the poor. These recommendations will be within the bounds of available health manpower resources and the feasible expenditure of tax monies.

Objectives and Scope

The objectives of this audit are to study the health service programs of the Department of Social Services, the Department of Health, and the Office of Economic Opportunity to determine their adequacy in meeting the health and medical needs of the indigent and medically indigent, the effectiveness and efficiency with which the three State agencies are administering the program, the quality of medical care being provided by the agencies and the medical care vendors, the quality control mechanisms now in use, the factors which contribute to the cost of the program, the mechanisms for controlling costs, and a projection of the program and its costs for 5 and 10 years.

It is understood that the Tuberculosis, Hansen's Disease, Mental Health, Mental Retardation, and Environmental Health Programs will be excluded from the scope of this study.

Plan of Study

The audit will be undertaken by Greenleigh Associates, Inc. which will supplement its own resources by utilizing the Evaluation Unit, Department of Community Medicine of the Albert Einstein College of Medicine for the audit of the quality of medical care. The Directors of the Department of Social Services, Department of Health, and the Hawaii Office of Economic

Opportunity will be relied upon to make available existing reports, statistical material, case records, agreements with other agencies, administrative records, and such other written materials which will assist the audit study staff in carrying out their tasks. Greenleigh Associates will further rely on the agency directors, or an appropriate member of their staff to assist in arranging appointments with other members of the agency staffs.

After completion of the initial phase of preparation, planning and design of the detailed study plan, interview guides and evaluation instruments, an initial inventory and assessment of medical care services provided by and/or reimbursed through the audited agencies will be made.

There will follow an estimation of potentially eligible persons using existing eligibility standards. By analyzing reported data on coverage and utilization, and carrying out a structured survey of utilization by eligible and potentially eligible persons, an information basis will be available from which the adequacy of the existing programs in meeting the needs of the present target population can be determined. The next question examined will be the relevance of the present income eligibility standards to the actual needs of Hawaii's medically indigent group. In order to determine the quality of medical services provided, a series of evaluative studies will be carried out by the Evaluation Unit of the Albert Einstein College of Medicine. The effectiveness and efficiency of administration of the three state agencies involved in medical assistance will be audited. Determination will be made of the factors which contribute to the rising costs of the program and finally, projections of future costs will be made.

The audit will be carried out in 10 major study units. In order that the study may be completed in time, some steps will be taken concurrently, and some consecutively. The study units are as follows:

Study Unit 1 - Preparation, Planning and Design

Relevant studies, reports and tabulations will be secured from the Department of Social Services, the Department of Health, the Department of Taxation, the Hawaii Office of Economic Opportunity, the Social and Rehabilitation Services—HEW, the Public Health Service—HEW, the Office of Economic Opportunity, the Health Facilities Planning Council, the Hawaii Medical Association, and the School of Public Health of the University of Hawaii. Other relevant studies listed in the Hawaii State Research Inventory will also be secured. These reports will be thoroughly reviewed and analyzed so that the study staff is familiar with the background of health services in Hawaii and relevant material will be extracted for use in the study.

A detailed study plan will be prepared, provision will be made for establishing an audit study headquarters in Honolulu, and arrangements made for the employment and training of study personnel as set forth in the staffing section of this proposal.

Interview guides will be prepared to guide the systematic development of information. These will include guides for:

- 1. household survey;
- 2. agency personnel interviews; and
- 3. radiological and clinical laboratory assessment.

Record assessment instruments will be developed to be used in the audit of:

- 1. ambulatory care services including preventive services and dental care; and
- 2. inpatient hospital services.

A nursing home patient evaluation form will be developed to be used by field staff in the assessment of the appropriateness of patient placement.

A vendor questionnaire will be prepared to obtain reactions to administration and control procedures.

Discussion will be held with key personnel in the three State Agencies, the Health Facilities Planning Council, and the Hawaii Medical Association to establish liaison, orient them to the objectives and methods of the audit and to develop a working relationship.

Study Unit 2 - Inventory and Assessment of Services

Each of the services provided by the three State Agencies involved in the Medical Assistance Program and listed in Exhibit A in the Specification and Instruction for Submitting Proposal for the Audit of the Medical Assistance Program of the State of Hawaii will be inventoried as to type of service, volume of service, quantity and type of manpower employed, facilities utilized, costs, accessibility, eligibility, and level of utilization. These services will be assessed in terms of nationally recognized standards for such services and to the degree that they appear to meet the health needs of their target population. The totality of these services will be judged as to their response to the overall objective of providing comprehensive health care to the needy citizens of Hawaii.

Study Unit 3 - Estimate of Potentially Eligible Population

In order to examine the adequacy of the program, and the extent to which the program is reaching those who are potentially eligible for medical assistance under current income limitations, an estimate of the potentially eligible population would be made.

In lieu of a census of the population, such an estimate will be developed principally through the analysis of state income tax data classified by income and family size, which should be possible to obtain from the Hawaii Department of Taxation. It should be noted that the minimum adjusted gross income at which a family of four in Hawaii is required to pay a state income tax (\$2,700) is the same amount as the annual cost standard for basic needs of an AFDC family with four recipients. The potential number of eligibles with incomes of less than the state standard of medical indigency (\$3,300 for a family of four) will be estimated by taking the sum of the following groups:

- a. Persons in families of four who received financial assistance during the 1967-1968 fiscal period under any of the federally matched assistance categories, or under the general assistance program.
- b. Other persons in families of four who received care under the medical assistance program.
- c. Those in families of four who paid taxes during 1967 on adjusted gross incomes of \$2,700 to \$3,299, less those in this class who received medical assistance.
- d. A residual group not accounted for in the three groups set forth above. This residual group will equal the total population of Hawaii in families of four, minus those in families of four with adjusted gross incomes of \$3,300 and over (as shown by the income tax statistics), minus the sum of the three low-income groups set forth above. This may be a sizable residual because of the well known fact that many low-income individuals prefer to manage

as well as they can on their own, rather than seek governmental assistance and thereby subject themselves to the investigation related to eligibility determination.

Estimates of the number of persons in income-eligible families of sizes other than four, will be arrived at using the methods described above.

Study Unit 4 - Analysis of Data on Coverage and Utilization by Potentially Eligible Population

On the basis of the 1968 data reported by Hawaii to the Department of Health, Education, and Welfare on form F.S. 2082, the actual utilization of health services under Title XIX will be examined. This will include an analysis of data on the recipients of medical assistance, the services they received, and the volume thereof. These data will include the following:

- a. basis of eligibility OAA, AB, APTO, AFDC, and general assistance;
 - b. money payment status of recipients; and
- c. type of care received, i.e., inpatient hospital, OPD, nursing home, laboratory and x-ray physician's services, etc.

Special tabulations of these data will be requested from the Department of Social Services for specific poverty areas within the State of Hawaii (feasible areas for this purpose will be defined after consultation with the Department of Social Services). The purpose of this area analysis will be to determine to what extent utilization of health services in relation to eligible population varies, and the extent to which such variation may be related to differences among areas in accessibility to hospitals, physicians, and other providers of health services.

Study Unit 5 - Survey of Need for and Utilization of Medical Care Services

It is proposed that the need for medical services and the actual utilization of medical services be examined by interviewing a sample of 900 low-income households. This sample would include the following subsamples:

- a. A random sample of 200 individuals receiving aid under adult assistance categories (aged, blind, and disabled), plus a sample of 50 individuals whose assistance payments in these programs were discontinued during the last 12 months because of excess income, and a sample of 50 individuals whose applications for aid under these programs were rejected during the past 12 months because of excessive income. A similar size sample of 200 current recipients, 50 discontinued recipients, and 50 rejected applications would be examined in the AFDC program.
- b. A sample of 300 households is selected at random from the general population of selected poverty areas in Hawaii as defined by the Office of Economic Opportunity, in accordance with standard procedures for selecting area samples.

For both the public assistance sample, and for the nonassistance sample, an interview guide will be prepared containing questions of the following types:

- a. Standard types of demographic and economic questions similar to those used in the national census of population, including data on age, sex, marital status, race, education, income, occupation, etc.
- b. Questions modeled after the National Health Survey schedule, dealing with recent illnesses, chronic conditions, hospitalization, if any, during the past year, dental visits, physician visits, specialist visits, and clinic visits -- and how these services were paid for (Medicare or other means).

If professional treatment was not received for any C. illness or injury requiring such care (illnesses that caused restriction of activity for more than three days, or illinesses that caused severe pain or discomfort, though lasting for less than three days). Questions will be developed for the purpose of ascertaining what kind of treatment, if any was used, and why professional treatment was not sought. The purpose of this will be to ascertain to what extent the poor have psychological barriers to utilization of professional services, and to what extent they may experience institutional barriers to availability of professional services. The psychological aspects will be covered by questions on attitudes toward medical practitioners, life style attitudes (for example, fatalism vs. the belief that an individual can often control his own destiny), belief in primitive forms of medical practice (e.g., folk medicine). Institutional barriers will deal with such questions as: distance of an individual from a physician or hospital, difficulty of obtaining transportation to needed services, reluctance to lose time from work in order to obtain care, etc. An attempt will also be made to ascertain whether the interviewed respondent has had any specific experiences with either doctors or hospitals that he perceived as being too impersonal or unsympathetic, or unconcerned with his welfare, etc.

The interview schedule will also contain a question designed to ascertain the extent to which the respondent is informed as to conditions of eligibility for participation in the medical assistance program, and the nature of his experiences, if any, in applying for medical assistance.

Selection, Training, and Supervision of Field Staff

The household interview staff, record analysis staff, and nursing home evaluation team, would be recruited in Hawaii by the administrative and supervisory staff of Greenleigh Associates. The household interviewers would consist of individuals with interviewing experience plus others who are deemed qualified on the basis of their training and educational background to

conduct satisfactory interviews. Hiring preference will be given to individuals with experience in dealing with assistance recipients and other low-income individuals. Due recognition will also be given to ethnic background and foreign language competence, when these are considered as desirable qualifications in establishing rapport with respondent households.

There would be a three-day orientation and training program for all household interviewers. This would be conducted by administrative and supervisory staff of Greenleigh Associates, who have had experience in conducting such training programs for a number of other surveys. The training program would include orientation to the purposes of the study, eligibility conditions for participation in the Medical Assistance Program, data on the history of the program in Hawaii and the extent of its utilization, training in the use of screening questions to determine eligibility and in the determination of which parts of the questionnaire shall be used with which kinds of households, and actual interview simulation. The interview guide will be pretested as part of the training.

The record analysis staff will consist of registered nurses who have had administrative experience in nursing, or hospital management. The nursing home evaluation team will consist of physicians experienced in geriatric medicine.

Developing Cooperation and Rapport with Respondents

Greenleigh Associates has a long record of achieving a high response rate in home interview surveys with low-income respondents. Refusals in our surveys have averaged only 6 percent. This is remarkably good in view of the fact that many of our surveys have covered personal, social, and economic matters on which individuals are likely to have a high degree of sensitivity.

The refusal rate in a survey dealing with the Medical Assistance Program is unlikely to be greater than it has been in our other surveys because in this survey the questions will deal with factual or opinion data that are relatively little charged with emotional content.

Two basic preconditions for developing a high degree of respondent cooperation will be met:

- 1. In employing interviewers care will be taken to select only those individuals who appear to have basic personal qualifications for dealing sympathetically with respondents and gaining their cooperation. In addition, the interviewing staff will be thoroughly schooled in how to conduct the survey.
- 2. The interviewers will be instructed to begin each interview with an explanation of the purpose of the survey and the fact that data from the survey will be used in planning how to improve the Medical Assistance Program and make it more useful to people like the respondents.

Study Unit 6 - Projection of Utilization and Needs

From the actual volume of services, a projection will be made of the potential volume that might be received if the medical assistance program were fully utilized by the entire eligible population. In making these projections, reliance will be placed on National Health Survey data for comparable income groups.

For example, according to National Health Survey data for July 1963 to June 1965, the average annual number of discharges from short-stay hospitals per 1,000 persons in families with an annual income of under \$3,000 was 140.6, and the individuals involved in these discharges had an average length of hospital stay of 10.8 days. Since 140.6 times 10.8, divided by 1,000, equals 1.52, the potential number of hospital days covered by the medical assistance program for a year would be the estimated number of income-eligible individuals in the population times 1.52 hospital days.

Similarly, during July 1963 to June 1964, there were 1.3 physician visits per person per year made by individuals with a family income of under \$3,000. The potential annual volume of physician visits for the incomeeligible persons in Hawaii would thus be the number of such individuals times 4.3 visits.

Special attention will be given to an analysis of medical assistance provided to medically indigent children. Statistical data published by the Department of Health, Education, and Welfare, for February 1968 (the most recent month for which such data have been compiled), indicate that there may be a sizeable gap in Hawaii between the number of medically indigent children needing medical assistance and the number actually receiving such assistance. The number of recipients of medical assistance in families with dependent children for whom money payments were not authorized, represented 6.5 percent of all medical assistance recipients in such families in Hawaii, compared with 24.8 percent in all 40 states with Title XIX programs. Also, during the same month, the number of such medical assistance recipients per 100 recipients of AFDC money payments was only 1.7 in Hawaii, compared with 8.1 in the United States as a whole. (Similar conclusions can be reached on the basis of the published statistics for the volume of medical assistance granted to medically indigent individuals in Hawaii, where the basis for eligibility is age 65 or over, or being disabled.)

Special attention will also be given to an analysis of medical assistance expenditures for nursing home care. During January - March 1968 (according to the statistics of the Department of Health, Education, and Welfare), 51.8 percent of Hawaii's medical assistance expenditures were made for nursing home services, which was a much higher proportion than in the other 40 states with Title XIX programs (27.4 percent). At the same

time, the proportion of medical expenditures incurred for inpatient hospital services was much lower in Hawaii (25.0 percent) than it was in all of the Title XIX states (40.3 percent). The causative factors and significance of these relationships will be carefully explored. (For explanation of steps to be taken to determine appropriateness of nursing home placements, see Study Unit 8.)

Study Unit 7 - Assessment and Projection of Required Eligibility Standards

An analysis will be made to determine the income limits of eligibility required to assure coverage to all who cannot afford necessary health services. It should be recognized that under the 1967 amendments to the Social Security Act, federally matchable income limits for medical assistance cannot be greater than one and one-third times the highest amount that is paid in financial assistance to a family of a specified size that had no income of its own.

The findings of Study Units 3-6 will provide the basic data upon which a judgment can be made as to the income limitations which should be used in the eligibility standards. This will be supplemented with existing data from economic studies regarding the economic resources present and expected in the future, of Hawaii.

As a further aid in resolving this question, the proposed study will obtain information on cost standards for financial assistance, and income limits for medical assistance in other states. These data will show how many states with a per capita income higher than that in Hawaii nevertheless have cost standards lower than those prevailing in Hawaii and, on the other hand, how many states with a per capita income lower than that in Hawaii nevertheless have cost standards that are greater than those prevailing in Hawaii.

Also, if feasible, an attempt will be made to examine a sample of bad debts at selected hospitals in relation to family income, by size of family. This will be done in an attempt to determine whether there is some point in the family income curve after which there is a significant fall off in the number of bad debts. If there is such a point, consideration could be given to this in recommending a revised set of income limits on eligibility for medical assistance.

The final determination of eligibility standards, of course, is essentially a political judgment that is related to the fiscal capacity of the state and the willingness of its people to spend public funds for welfare programs. Nevertheless, the objective data developed in the study should be valuable in providing a basis for the government of Hawaii to make this judgment.

Study Unit 8 - Quality of Medical Services

A series of studies to evaluate the quality of medical care provided to persons receiving care under the Title XIX program of the Department of Social Services, the personal health service programs of the Department of Health, and the programs of the Office of Economic Opportunity will be undertaken. The methods employed will be those that have been used extensively in assessing the quality of care in the medical groups affiliated with the Health Insurance Plan of Greater New York, the care received by members of the New York Teamsters Union, and are currently being employed in assessing quality of services in the Neighborhood Health Centers for the Office of Economic Opportunity. Other methods will be adapted from those used to evaluate quality of care in proprietary hospitals and in studies of the quality of care provided in nursing homes.

Primary emphasis will be placed on the adequacy of ambulatory care services, including dental care. This is done deliberately, as it is at this point that the greatest gains can hope to be realized in improving the health of the population covered, and where illness can be detected or prevented.

In the long run, improved services for the ambulatory patient will reduce the amount of required services in more expensive facilities—such as hospitals and nursing homes. However, attention will also be directed to the quality of in-hospital care and nursing home care.

accord with present-day standards of medical practice, will be assessed in the fields of adult medicine, pediatrics, and obstetrics. Samples of records will be selected and abstracts prepared in accord with the criteria used in the OEO studies of base line care. Ratings will be prepared that will rank different facilities by their performance. (The exact size of these and other samples may need to be revised after the sizes of the patient loads are determined.)

Since medical care among the poor has often consisted solely of crisis medicine, it is important to examine the extent to which the medical assistance program in Hawaii includes various aspects of preventive medicine that may serve in some instances to prevent medical crises or to make them less serious if they do occur. The available data will, therefore, be examined in terms of the following indicators:

- a. Are children under the age of 2 followed in accord with the recommendations of the American Academy of Pediatrics with adherence to the recommended schedules for visits, routine tests, and immunization schedules?
- b. Does obstetrical care include careful attention to the content and scheduling of prenatal visits, adequate information relating to the delivery, a postpartum check-up and an indication that family planning services are offered? The effectiveness of the educational program

is measured by the proportion of patients who register in the first trimester of pregnancy.

c. Are follow-up mechanisms instituted so that patients are recalled when indicated? The record should indicate this activity.

Approximately 45 ambulatory case records will be analyzed in nine of the largest general hospital outpatient departments in outlying counties, 60 in each of the two major general hospitals in Honolulu and 75 in programs sponsored by OEO. (See forms in Appendix A.)

2. <u>In-Hospital Care:</u> As a base line for selection of sample cases to be reviewed from the standpoint of clinical management, selected data will be requested from facilities providing in-hospital care. This will include on all in-hospital discharges during a specified six-week period, the following information: a) patient's name, b) chart number, c) age, d) sex, e) place of residence, f) diagnosis, g) surgical procedure, if any, and h) the name of attending physician and/or surgeon.

Analysis will be made of the data to determine the scope of services provided, and the relative volume of different categories of illness. From this analysis, a sample of approximately 225 records will be selected for clinical review by experienced clinical surveyors in the fields of medicine, surgery, and obstetrics. These records may be photostated and forwarded to the mainland for review. In addition, the ambulatory records of these patients will be obtained wherever possible so that a total picture of patient care may be obtained.

3. <u>Laboratory and X-Ray Services</u>: These services represent an essential ingredient to the provision of a high quality of medical care. It is not proposed that actual performance be measured in laboratory services, however, valuable insight can be gained into the strength of these resources by analysis of equipment, range of services, number of personnel and their training, work volume and physician usage. It is proposed that the

schedules used to assess these areas in previous studies conducted by the Evaluation Unit be completed by a local radiologist and pathologist. The unit evaluators in these fields will review this material, select several facilities to examine in further detail, and review charts and films to assess the functioning of the facilities in relation to adequate patient care.

Nursing Home Study: The purpose and methodology of the Nursing Home Study will be based upon the Columbia University Long Stay Study. A list of all Title XIX nursing home patients as of a designated date will be requested. This will include name of nursing home, age, sex, diagnosis, date of admission, and name of physician.

On the basis of this information, a sample of 125 patients to be examined will be selected.

Local physicians, recruited by the study director, will examine the patients in the sample. A nurse, recruited locally, and acting under the direction of the study director, will assist the physicians. The physicians will answer the central question "Is the patient receiving care appropriate to his needs?". From this central question flow other questions related to the care of a particular patient in a particular nursing home.

Based upon these findings estimates will be made of the extent to which nursing home patients should be transferred to facilities providing less costly services or to their own homes.

5. Dental Care: Methods have been under development during the past year by the Einstein Evaluation Unit of the Albert Einstein College of Medicine in conjunction with the Dental Division of the USPHS to evaluate the quality of dental care in a manner which is similar to that employed by the Unit surveyors in the medical fields. In addition to dental chart review, such studies encompass the program design, the scope of services, qualifications of personnel, and adequacy of equipment. It is proposed that 250 charts, from among the major providers of care, be examined.

by the medical care institutions and State agencies will be reviewed in depth. The findings of the Department of Health as a basis for licensing and certification, the reports prepared on each hospital by the Joint Committee on Accreditation as a basis for accreditation, the organizational structure of the medical staff of each hospital, minutes of medical staff committee meetings, and other pertinent material which may be available, will be reviewed.

Study Unit 9 - Effectiveness and Efficiency of Administration

The effectiveness and efficiency of administration will be studied in each of the three agencies that is responsible for the administration of medical services (Department of Social Services. Department of Health, and the Hawaii Office of Economic Opportunity). In each agency key administrative staff responsible for various aspects of medical assistance programs would be identified and interviewed to ascertain the functions and activities of the various units. Manuals and other administrative, procedural, and descriptive materials would be analyzed and site observations of actual operations would be carried out by the study staff. Key officials in related agencies would also be interviewed and a questionnaire would be distributed to a small sample of vendors to obtain their reactions to administrative and control procedures.

Based on the information from the above sources, an analysis of effectiveness and efficiency for each agency would be carried out with respect to the following medical program administrative considerations and questions:

- a. Functions performed in relation to medical assistance programs;
- b. Organizational structure and alignment;
- c. Staffing patterns:

- d. Scope of program responsibilities;
- e. Workloads;
- f. Quality control;
- g. Administration of eligibility determination:
- h. Relationships and agreements with other agencies;
- i. Program planning and evaluation;
- j. Record and data systems; and
- k. Processing of invoices and reimbursement.

Study Unit 10 - Analysis of Program Costs:

A detailed statistical analysis will be made of the way in which program costs have risen, from the 1966-67 fiscal year to the 1967-68 fiscal year with special emphasis on those components of cost that have contributed most significantly to the overall increase. The factors underlying these increases will be examined.

Since total direct service costs equal the number of service units, times the cost per unit, the cost analysis for any particular type of direct service (for example, hospital care or physician's visits) will show how much of the cost increase has arisen as a result of greater volume of service and how much has arisen as a result of greater cost per service unit.

An analysis will also be made of the administrative or overhead costs with a view to determining to what extent these cost factors affect the total cost.

A comparison will be made between the unit costs of various types of services and fees charged for various medical procedures in Hawaii, and various similar costs in other states. An attempt will then be made to ascertain (if this be the case) why the costs for any particular service are significantly greater in Hawaii than in other states.

An examination will be made of how the fees and charges paid by each agency for specified services were arrived at. The study will also include an analysis of the various methods (or combinations of methods) by which attempts have been made elsewhere to establish fees, including:

- 1. Usual fees charged by professional practitioners or other providers of medical service.
- 2. Set fees established by the governmental agency paying for services.
 - 3. Reimbursable cost, which is supported by accounting records.
- 4. Negotiated fee scales, arrived at through conferences between the governmental agency and the providers of service.

The advantages and disadvantages of these methods will be set forth, based on the accumulated experience of agencies that have practiced these methods and the judgment of the study staff and consultants. Recommendations will then be made for the methods to be employed (which may differ from one service to another) in an attempt to control service costs.

The future costs of the program will be projected over the next 10-year period, first on the assumption that no change is to be made in the scope of the current program, and second, on the assumption that various recommended changes in the scope or content of the program will be made. All cost estimates will take into account the following:

- 1. The future population of Hawaii classified into broad age groups, by income level.
- 2. The expected utilization rate of low income individuals in the medical assistance program for each type of service included in the program scope.

-21-

3. The anticipated cost for each unit of service.

Analysis and Preparation of Report

The data obtained from the household survey, the patient record reviews, the nursing home patient evaluation, and the vendor reaction study will be edited, coded, and processed using modern eletronic data processing methods. These and all other findings, including the reviews of agency and hospital reports, and the interviews with agency personnel will be synthesized and analyzed. A preliminary draft of the report will be prepared including the findings, conclusions, and recommendations. Each recommendation shall be accompanied by an outline and description of the steps required for its implementation.

The draft will then be submitted for review to a number of consultants in medical administration, quality of medical care survey techniques, medical economics, and public health. These consultants will jointly react to the prepared material at conferences.

Based upon the draft with such amendments as may be found necessary as a result of the consultants' review and reaction, a preliminary report will be prepared, six copies of which shall be submitted to the Legislative Auditor of the State of Hawaii for discussions.

Following the discussion, the final audit report will be prepared, and 300 copies will be printed and delivered to the Legislative Auditor.

Staffing

The audit will be under the direct supervision of a union official of Greenleigh Associates. Jesse B. Aronson, M.D., M.P.H., a full-time Senior Consultant of Greenleigh Associates, who is an expert in health administration and community health organization, will serve as project director.

Martin Platzner, a full-time member of the staff of Greenleigh Associates, will serve as Assistant Director. The field analysts and research associates will be full-time members of the staff of Greenleigh Associates.

The audit activities relating to the assessment of the quality of medical care will be undertaken by the Evaluation Unit of the Department of Community Medicine of the Albert Einstein College of Medicine under the direction of Mildred Morehead, M.D., M.P.H. The members of her staff include Frank Van Dyke, Valerie Walker, Rose Donaldson, Jean Butler, and Virginia Brown. The physicians who will participate in the medical care audit are Theodore R. Stent, M.D., Edward E. Fischel, M.D., Samuel Standard, M.D., Alan Guttmacher, M.D., and John M. Frankel, D.D.S. The consultants who will review and react to audit finds include: Ira Hiscock Sc.D., Robert P. Hall, M.D., Herbert Notkin, M.D., M.P.H., Gerald Rosenthal, Ph.D., and Hazel S. McCalley, Ph.D.

Time Schedule for Proposed Audit

The examination of the medical assistance program will begin not more than one month after the contract is awarded, and it is anticipated that not more than ten and one-half months will be required to complete the report. The elements of the time schedule will be as follows:

1. Preparatory and Preliminary Work - 2 mos.

Preparation of detailed study plan, "including data gathering instruments and instructions, preparation of inventory, preparation of agencies, sample selection, etc.

2. <u>Field Survey</u> - 5 mos.

Collection of data, including examination of records and reports, conducting the household interview survey (including recruitment and training of special interviewing staff), interviews with agencies, etc.

3. Synthesis and Analysis of Data and Final Reports - 3 mos.

Preparation of preliminary draft of report and discussion of this with the Legislative Auditor. Preparation and submittal of final report.

APPENDIX A

PEDIATRIC REVIEW ABSTRACT

CENTER												ABSTRACTOR
DATE												POSITION
						*	*	*	*	*	*	
Medical Re	cor	d N	lo.					Birt	thdat	e		Sex
												. unscheduled visits
												No.MD's seen in ped
						*	*		*			• • • • • • • • • • • • • • • • • • • •
HISTORY:	Ent	er	date	of fi	rst 1	refe	renc	e:				
Printed fo	rm:			_By pa	tien	t/ai	de_	t	y nu	rse_		by nurse/MD by MD only
		P1a	ce o	f birt	h			Fee	eding	hab	its	LABORATORY & X-RAY
		Тур	e of	deliv	ery			Dev	relop	ment		hemoglobin/Hct
		Bir	th w	eight				Chi	ef c	omn1	aint	urinalysis
								and	pas	t hi	stor	y sickle prep.
Marine and the same of the sam		ram	пу	nistor	У				ef c	omp1	aint	S
								onl	У			chest film
						*	*	*	*	*	*	
PHYSICAL EX				Date Date					ding	c		No. of times recorded
				Dace		051	CIVE		i u mg	3		1st year 2nd year
ENT	D	N	Α		-					•		
Heart	D	N	A								Weig	ht
Lungs	D	N	A								Heig	ht
Abdomen	D	N	Α								Head	
Extremities										-	Circ	
IMMUNIZATIO							-		S	UMMA	RY O	F MAJOR DIAGNOSES AND HOSPITALIZATIONS
lst	2	nd	31	rd	boost	ter						HOSFITALIZATIONS
			_									
Polio				_		—						
Measles	and the second	THE PARTY OF		Donda	N a							
Tuberculin Yaccination												
vaccinacion				veza!	r Lec	ora	eu					

MEDICAL REVIEW ABSTRACT

								P	BSTRACTOR
DATE									POSITION
				*	*	* *	*	*	
Medical Reco	ord N	0			Bi	rthdat	e		Sex
Date of 1st	visi	t	Date	of '	last v	isit		Tot	al No.of all MD visits_
Number of vi									
									ental visits
				*	*	k *	*	*	
LITCTODY									
HISTORY									
	1:	By I	patient/a	ide	by	nurse		by nu	rse & MD by MD only
Date:		D- 1							
By Physician			e of firs		rerenc	9:		_	
a. Family hi									U. review
b. Past illn									cial history
c. Cardiac r		٧							ief complaints & esent illness only
d. G.I. revi	ew								ief complaints only
				*	* *	k +k	*	*	
LABORATORY A	ND X	RAY	Date of	firs	st:		6	0ther	laboratory and x-rays
LABORATORY A			Date of			n	**************************************	0ther	laboratory and x-rays
	g, Ho	ct		Ches		n		Other	laboratory and x-rays
Hb	og, Ho erolog	et gy		_Ches _EKG	st film	n		0ther	laboratory and x-rays
Hb	og, Ho erolog	et gy		_Ches _EKG	st film	n	*	Other	laboratory and x-rays
Hb	og, Ho erolog	ct gy /sis		_Ches _EKG _Pap *	st film	* *	*	Other	laboratory and x-rays
Hb Se Ur PHYSICAL EXA	og, Ho erolog	et gy ysis FION:	DATE OF	_Ches _EKG _Pap *	st film smear * 3	* * RY	*	*	
Hb Se Ur PHYSICAL EXA BP/Date_	og, Hoerolog	et gy ysis FION: PR	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date
Hb Se Ur PHYSICAL EXA BP/Date_	og, Ho erolog	et gy ysis FION: PR	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY	* e	* HT	
Hb Se Ur PHYSICAL EXA BP/Date_	og, Hoerolog	et gy ysis FION: PR	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
Hb Se Ur PHYSICAL EXA BP/Date_	erologinaly MINAT	et gy /sis FION: PR	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
Hb Se Ur PHYSICAL EXA BP/Date_ ENT Funduscopic	erologinaly MINAT	et gy ysis FION: PR	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
Hb Se Ur PHYSICAL EXA BP/Date_ ENT Funduscopic Heart	erologinaly MINAT	ct Dy /sis FION: PR A A	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
PHYSICAL EXA BP/Date_ ENT Funduscopic Heart Lungs	erologinaly MINAT Circl D N D N D N	ct Dy /sis FION: PR A A	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
Hb Se Ur PHYSICAL EXA BP/Date_ ENT Funduscopic Heart Lungs Breasts	erologinaly MINAT Circl D N D N D N D N	ct Dy ysis FION: PR A A A	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
Hb Se Ur PHYSICAL EXA BP/Date_ ENT Funduscopic Heart Lungs Breasts Abdomen	erologinaly MINAT Circl D N D N D N D N D N	ot Dy Vsis TION: PR A A A	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO
PHYSICAL EXA BP/Date_ ENT Funduscopic Heart Lungs Breasts Abdomen Rectal	erologinaly MINAT Circl D N D N D N D N D N	ION: PR A A A A	DATE OF	_Ches _EKG _Pap *	st film smear * ST ENTH	* * RY _/Date	* e	* HT	/Date SUMMARY OF MAJOR DIAGNO

OBSTETRICAL REVIEW ABSTRACT

DATE	1				POSITION
Medical Record No			Birthda	ate	Para Gravida
Expected Date of Co	nfinement_		Date	e of Deli	very
	*	* *	* 1	* *	
INITIAL PHYSICAL By Internist (GP No. of medical v By Obstetrician Heart and lungs Pelvic measurement DELIVERY RECORD Sou Place of delivery Duration of labor Type of anesthesia Weight of infant Apgar Score) isits only ents	-		DATE	Complete urinalysis HGB/HCT Serology Typing & RH Chest x-ray TBC testing Pap smear Sickle prep Hgb 3rd trimester
PRENATAL VISITS	or al	osent (tion pr A)	resent (P)	
Date B.P. Weight					
	P. A	Р	A		CONTRACEPTION ADVICE
	РЛ	Р	A		P /\ NI
-	P A	Р	A		TYPE
	P, A	Р	A		REFUSED
-	P A	P	Α		
	P A	Р	Α		No. of missed appointments
	P A	Р	Α		Dates
	P A	Р	A		J. 4003
-	P A	Р	A		
	PA	P	A		Evaluation Unit 7/68

PERSONNEL

Jesse B. Aronson, M.D., M.P.H., Senior Consultant

Dr. Aronson holds an A.B. from Cornell University, an M.D. from Cornell University Medical School and an M.P.H. from Johns Hopkins University School of Hygiene and Public Health.

He has served as Deputy State Commissioner of Health and as Director of the Division of Local Health Services of the New Jersey State Department of Health, and was a District Health Officer in New York City. He was Associate Professor of Public Health and Preventive Medicine at Long Island College of Medicine and at Rutgers University. He was a Surgeon (R) in the U.S. Public Health Service, Assistant Director of the Union Health Center, in general medical practice and served a residency in neurology and psychiatry.

He is a diplomate of the American Board of Preventive Medicine and Public Health; a fellow of the American Public Health Association; and a fellow of the American College of Preventive Medicine.

He served as a member of the Advisory Committee to the Community Action
Studies Project of the National Commission on Community Health Services and
as a member of the National Advisory Committee for Local Health Departments
of the National Health Council. He has published many papers including "Mental
Health and Local Health Departments," "The Politics of Public Health," and
"Remedial Services for Enrollees in Neighborhood Youth Corps" in the American
Journal of Public Health: "The NonMedical Health Officer in New Jersey" in Public
Health Reports; and "A Summary and Reactions to the 1963 National Health Forum
on Health Resources -- A Public and Private Responsibility."

As a full-time member of the staff of Greenleigh Associates he has worked on a variety of health service studies including medical care, mental health rehabilitation, and voluntary health agency administration.

Robert Lefferts, Vice President

Mr. Lefferts has an M.A.S.A. from the School of Social Administration of the Ohio State University and has done advanced work in research and administration at the graduate school of Bryn Mawr College.

Since joining Greenleigh Associates in 1963 he has been responsible for the planning, direction and supervision of a number of studies and evaluations in the fields of urban development, antipoverty, manpower, social planning, health, welfare and education. These have included responsibility for: development of overall research designs and strategies; direction of large-scale studies of low-income households; direction of evaluative studies of service systems and public and voluntary programs; preparation of analytical studies to guide planning and program development for antipoverty and urban renewal agencies; coordination of social research, systems analysis, and management approaches as part of planning and research activities; development and supervision of EDP utilization in processing large-scale social and health data; and consultation to state and Federal agencies on management and program planning systems.

He has had responsibility as a supervising officer or study director including the management of large-scale field studies, the analysis of data and preparation of reports for the following studies: Study of Services to Deal with Poverty in Detroit; Home Interview Study of Low-Income Households in Detroit; Evaluation of the Foster Grandparent Program; Evaluation of the VISTA Program; A Public Employment Program for the Unemployed Poor; Study of Social Resources and Needs for the Tucson Community Renewal Program; Study of Relocation Needs and Resources and Minority Group Housing for the Tucson Community Renewal Program; Management Reporting System for EOPI of Dade County; Management Study of HARYOU-ACT; Study to Develop a Model for Involving Institutions of Higher Education in the Solution of Community Problems; Diagnostic Survey of Tenant Households in the West Side Urban Renewal Area of New York City; Study of the Future Role and Program of the National Social Welfare Assembly; Study of Poverty in the Seven Cities of the State of Virginia; Study of Disability in Pennsylvania; Preparation of a Plan for Comprehensive Rehabilitation Services for the State of Rhode Island; Evaluation of the TAP Program in the Roanoke Valley; A Study of the UCS of Metropolitan Detroit; Study of the Development of the Louisville Neighborhood Health Center; Evaluation of the Iowa Comprehensive Alcoholism Program.

Prior to joining Greenleigh Associates Mr. Lefferts held major administrative posts with social planning, research and coordinating organizations in Philadelphia, New York, Chicago, and Schenectady, New York.

He has taught at Ohio State University and the University of Delaware and has been a field instructor for Bryn Mawr College and the University of Chicago.

Mrs. Bonnie Logan, Senior Consultant

Mrs. Logan holds a B.A. degree from the University of California at Berkeley and an M.S.W. from the University of Washington School of Social Work where her training was financed by a vocational rehabilitation grant. She has had experience in various social and health rehabilitation programs as a caseworker and supervisor in both a State health and State welfare department, as well as in a psychiatric clinic and a juvenile rehabilitation program. She has also been a member of the staff of the University of Washington School of Social Work.

Since joining Greenleigh Associates, she has had major responsibility in a number of large-scale research and evaluation projects in the manpower training, antipoverty and public welfare fields. She has also had responsibility for the design, supervision, field work and analysis data of two large-scale research projects involving the identification of service requirements of disadvantaged families and the evaluation of various community services in Seattle and King County, conducted by Greenleigh Associates. She has held a supervisory position in the follow-up study of participants in the field test of basic learning systems and has been a consultant on services in the Greenleigh Associates vocational rehabilitation studies in Rhode Island and Ohio.

Hazel S. McCalley, Ph.D., Senior Vice President

Dr. McCalley holds a Ph. D. in Economics from the University of Pennsylvania and has had extensive experience in principal executive positions in research, planning, and administration. With Greenleigh Associates since 1959, she has had responsibilities and experience in all aspects of research planning and direction, including: large-scale management and research projects in public welfare, medical care, manpower, adult basic education, child welfare, urban renewal, and education for deprived populations; evaluation of Federal, state and local programs and organizations; field surveys of low-income households; consultation on utilization of professional manpower and community planning; and determination of manpower policy and programs. In addition, Dr. McCalley has been the principal economist of Greenleigh Associates and has conducted major studies in economic planning and research.

Among the projects for which she has had responsibility in supervising the project directors are: A Study of Oregon State Child Welfare Needs and Services; A Pilot Study of Intergenerational Dependency in New York City; A Study to Develop a Model to Assure that the Handicapped are Brought into the Labor Market; Evaluation of the Summer Employment Program for Youth; A Study of the OIC Institute and its Relationship to Local OIC Programs; Professional and Technical Aid for the Development of Guidelines and Evaluation of the BUDDY System for the NAB/JOBS Program in Five Cities; Evaluations of the Atlanta Employment Evaluation and Service Center and the Los Angeles County Vocational Rehabilitation Project for Economically Depressed Areas; A Study of the Needs of the North Lawndale Area and Development of Plans for the Social Improvement (along with the Physical Improvement); Field Test and Evaluation of Selected Adult Basic Education Systems; Participants in the Field Test of Four Adult Basic Education Systems: A Follow-up Study; Health Resources and Public Welfare in Monmouth County, New Jersey; Inventory of Federally Supported Adult Education Programs; Inventory of Federally Supported Extension and Continuing Education Programs; Job Training Programs, A Report to the Committee on Administration of Training Programs; A Study of the State Department of Public Assistance of the State of Washington; Services, Staffing and Manpower for a Constructive Public Assistance Program in the State of California; A Study of Those Not Working in a Tight Labor Market, Milwaukee; Social Needs and Services in the Yesler-Atlantic Neighborhood Improvement Project, Seattle; A Training Program for Employment Service Personnel in Utilizing Supportive Community Services; A Study of the Residents of the Pike Plaza Urban Renewal Area, Seattle.

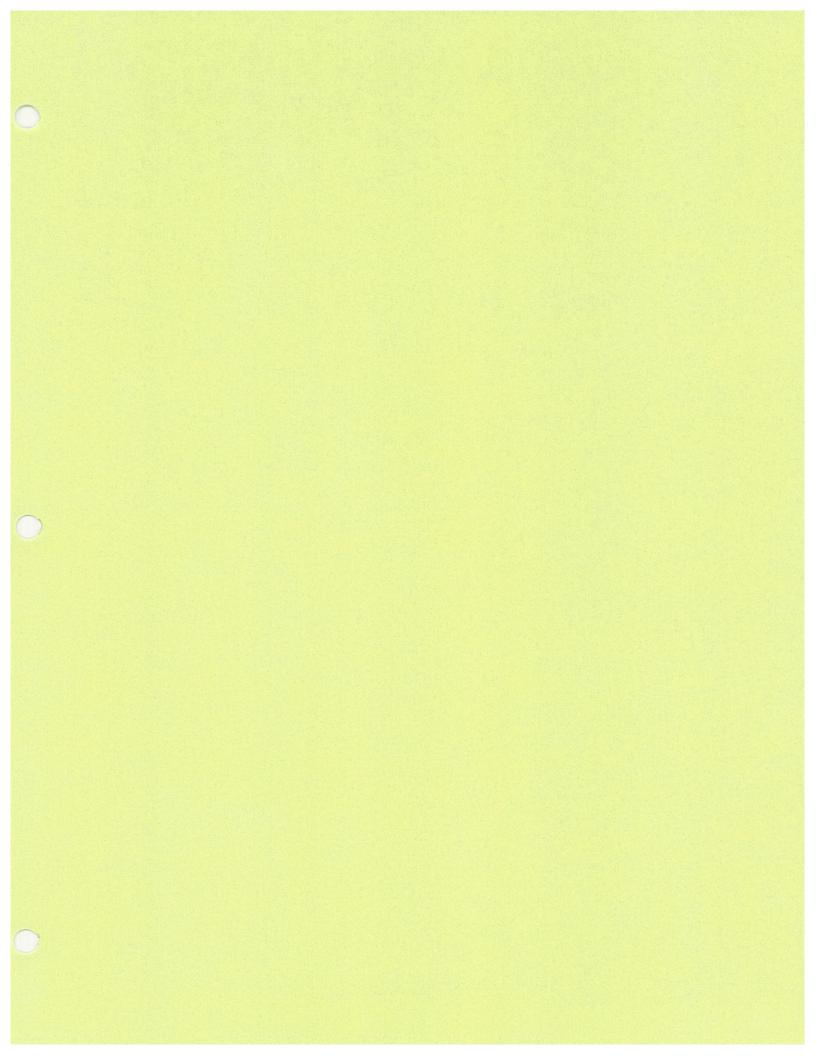
In addition to the experience with Greenleigh Associates, Dr. McCalley has been on the faculty of economics at the Wharton School, the University of Pennsylvania, Denison University, George Washington University, and City College of New York. She has been a member of the economic planning and research staff in the U.S. Departments of Labor and Commerce and the Upjohn Institute. She also has had experience in collective bargaining, economic forecasting, and personnel administration in industry and in private voluntary organizations. Dr. McCalley has published in the fields of manpower utilization, community action, and personnel.

Martin S. Platzner, A.B., M.P.H., Consultant

Mr. Platzner has an A.B. from Cornell University with a major in sociology as well as an M.P.H. from the University of Michigan School of Public Health.

He has served as an actuarial trainee, a tuberculosis control officer with the Patterson (N.J.) Department of Health, a community health organizer with the New Jersey State Department of Health, and as Coordinator, Health Services Program of the New Jersey Division of Public Welfare.

As a full-time staff member of Greenleigh Associates, he has participated in a number of studies including those of community action programs and neighborhood health centers.



Alan Guttmacher, M.D., Consultant

Dr. Guttmacher received his medical degree from Johns Hopkins University. He is the Director of the Planned Parenthood Federation of America.

He has held positions as the Director of Obstetrics in Sinai Hospital, Baltimore, and Mt. Sinai Hospital, New York City. Academic appointments include: Associate Professor, Johns Hopkins University; Visiting Lecturer at Columbia, Harvard, Mt. Sinai, and Albert Einstein College of Medicine. He is a member of the American Medical Association, American College of Obstetrics and Gynecology, and the American Academy of Obstetrics and Gynecology.

Robert P. Hall, M. D. Consultant

Dr. Hall holds the AB and M.D. degrees from the University of Chicago.

Dr. Hall is presently the Assistant Director of the Division of Medical Care, Washington State Department of Public Assistance. He was formerly an officer in the U.S. Navy Medical Corps, and a physician in private practice.

Dr. Hall is the current chairman of the Division of Health and Medical Care, American Public Welfare Association.

Dr. Hiscock is Professor Emeritus, Yale School of Public Health, and former Carnegie Visiting Professor at the University of Hawaii.

Dr. Hiscock has a long and distinguished career in public health. Among the many honors he has received for his outstanding contributions to public health are the Donald R. Lyman Award, Prentiss Award, Winslow Award, Sedgwick Medal and the Shattuck Award. Dr. Hiscock is a past president of the American Public Health Association. He is the author of a book, Epidemiology and Public Health Practice, and numerous reports and articles including "Public Health in Hawaii County," "Public Health in Kauai," "Public Health in Lanai," "Public Health in Maui," and "Planning for Public Health Progress in Hawaii."

Herbert Notkin, M.D., M.P.H. Consultant

Dr. Notkin received his M.D. from American University of Beirut and his M.P.H. from Harvard University.

Dr. Notkin presently is the Director, Gouverneur Ambulatory Care Unit, Beth Israel Hospital, New York City. He has served as Medical Director, Onondaga County Department of Social Welfare, and as Assistant Medical Director of Montefiore Hospital, New York City.

Dr. Notkin has served as consultant to the following: Project on Indigency. National Council on Aging; Planning Committee for Income Maintenance of the White House Conference on Aging; New York State Senate Committee on Public Welfare; Medical Assistance Section, Bureau of Public Assistance, HEW. He was also a member of the Advisory Committee, Medical Research Project, American Public Welfare Association, and a member of the Task Force on Medical Care, New York City Welfare Department. Dr. Notkin is a past chairman of the Medical Care Committee of the American Public Welfare Association.

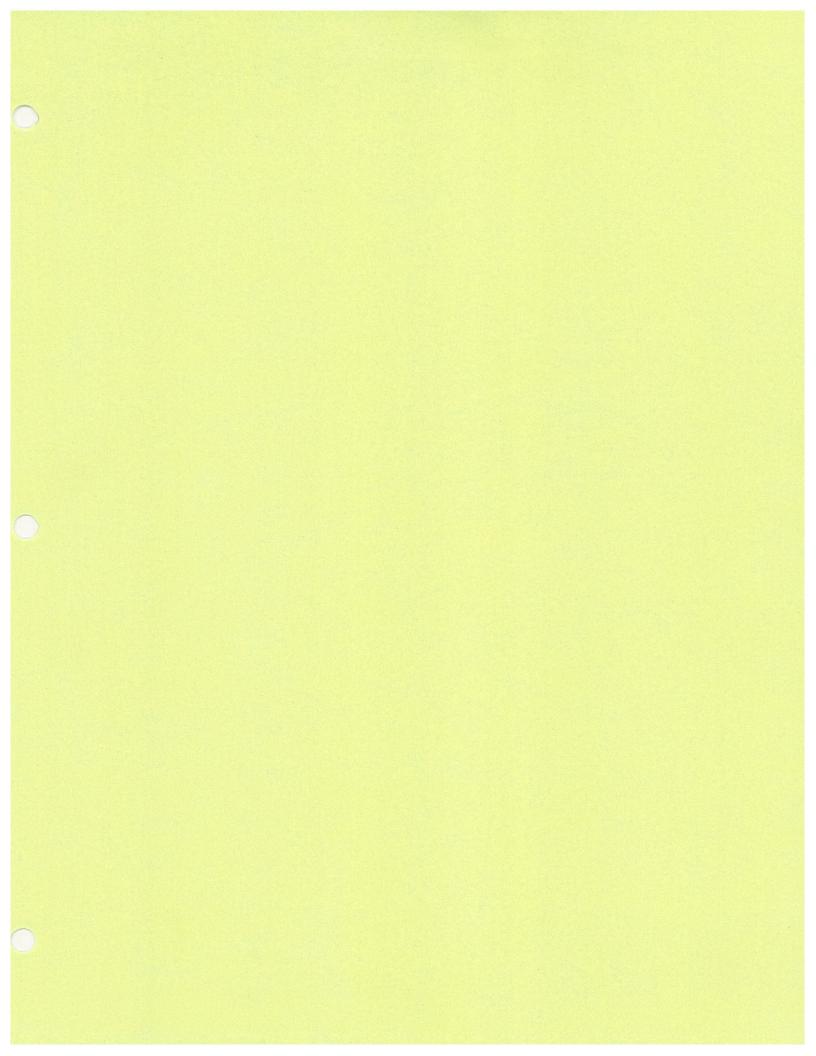
He has published many articles including "Administrative Patterns in Medical Care Programs for the Needy," <u>Public Welfare</u>, and "Medical Care for the Needy," <u>New York State Journal of Medicine</u>.

Gerald Rosenthal, Ph.D. - Special Consultant

Mr. Rosenthal earned his A.B. in Economics and S.M. in Labor Economics from Cornell University and received a Ph.D. in Economics from Harvard.

He is currently Associate Professor at Brandeis University in the Department of Economics and in the Florence Heller Graduate School for Advanced Studies in Social Welfare. He has also been a Senior Associate with OSTI (Organization for Scientific and Technical Innovation). He has served as a member of various panels and committees for the Bureau of the Budget and Department of Health, Education, and Welfare.

Mr. Rosenthal has published a number of articles in the field of economics, particularly in relation to urban problems, medical care, and economic theory and research.



The following consultants comprise the Evaluation Unit, Department of Community Health, Albert Einstein College of Medicine:

Mildred A. Morehead, M.D., M.P.H.

Dr. Morehead received the M.D. degree from Columbia University College of Physicians and Surgeons, and the M.P.H. from Harvard University School of Public Health.

Dr. Morehead is presently the Director, Evaluation Unit, Department of Community Health, Albert Einstein College of Medicine. Her professional experience in public health and medical care include previous positions as Associate Medical Director, Union Family Medical Fund of the Hotel Industry of New York; Director, Quality of Medical Care Studies, Health Insurance Plan of New York; Epidemiologist for the Institute of Inter-American Affairs; and for the United States Public Health Service; and Medical Officer, Displaced Persons Operation, (UNRRA).

Academic appointments include: Adjunct Assistant Professor of Administrative Medicine, Columbia University; Associate Professor of Community Health, Albert Einstein College of Medicine.

John M. Frankel, D.D.S., M.S., M.P.H.

Dr. Frankel received his D.D.S. and M.S. (Pedodontics) at the University of Illinois, and the M.P.H. degree at the University of California.

Dr. Frankel has held many responsible academic and administrative positions in dentistry, both in this country and aboard. Most recently, he has served as Director for Special Projects, Office of Health Affairs, OEO. Prior to this he was Chief, Dental Care Administration Branch, Division of Dental Health, U.S.P.H.S.

Organizations to which he served as consultant include: Brazilian Ministry of Health; American Dental Association Council on Scientific Session; Pan American Health Organization. Dr. Frankel has chaired committees of the American Public Health Association, American Association of Public Health Dentists, American Dental Association.

He is a diplomate, American Board of Dental Public Health.

Frank Van Dyke

Mr. Van Dyke holds the rank of Professor of Administrative Medicine, Columbia University School of Public Health and Administrative Medicine.

He is a member of the Medical Care Council of the American Public Health Association, the American Hospital Association, American Society for Public Administration, American Management Society.

Professor Van Dyke serves as a member of the Board of Directors of the Health Insurance Plan of Greater New York. He is a consultant to the New York State Senate Committee on Public Health, and the Bureau of Health Insurance of the Social Security Administration. He is also a member of the Committee on Special Studies, New York Academy of Medicine.

Professor Van Dyke has published many articles on administrative medicine and related fields.

Edward E. Fischel, B.A., M.D., Sc.D.

Dr. Fischel is Director, Department of Medicine, the Bronx-Lebanon Hospital Center, and, Associate Clinical Professor of Medicine, Albert Einstein College of Medicine, Yeshiva University.

He is a Diplomate, American Board of Internal Medicine and a Fellow, American College of Physicians. He has been elected to Phi Beta Kappa and Alpha Omega Alpha.

Dr. Fischel's scientific interests and publications cover such areas as immunochemistry, hypersensitivity reactions, rheumatic diseases, nephritis, inflammation, serum complement, adrenal cortical hormones and antibody production.

He is listed in American Men of Science, Directory of Medical Specialists, Dictionary of International Biography, Leaders in American Science, and Who's Who in the East.

Samuel Standard, M.D.

Dr. Standard received his medical degree from New York University, College of Medicine.

Until recently Dr. Standard served as full-time Director of Emergency, Morrisania Hospital, New York City.

In addition to staff rank as Visiting Surgeon at several New York hospitals, Dr. Standard held academic appointments as Professor of Clinical Surgery and Lecturer in Physiology, New York University-Bellevue Medical Center.

Theodore R. Stent, M.D.

Dr. Stent received his medical training at Meharry Medical College, Nashville, Tennessee. He is a Diplomate of the American Board of Radiology and is licensed for the use of radioactive isotopes by the Atomic Energy Commission.

Dr. Stent is engaged in the private practice of radiology and is also the Medical Director, Intra-American Life Insurance Company.

Professional associations of which he is a member include: New York Roentgen Society; American College of Radiology; Radiological Society of New York Medical College; Medical Society County of New York; American College of Angiology; International College of Angiology; Society of Nuclear Medicine.

Virginia Brown, A.B., M.N., M.S. (Hospital Administration)

Miss Brown, Assistant Professor of Administrative Medicine, Columbia University, School of Public Health and Administrative Medicine, is currently a candidate for the Ph.D. at that institution.

Miss Brown's work experience includes service as Consultant and later, Associate Administrator, Palo Alto Stanford Medical Center. She has had published four articles on various aspects of medical care. She is a member of the American Public Health Association, and the American Hospital Association.

Jean O'Brien Butler, B.S., M.N.

Miss Butler received her B.S. from Saint Joseph College, Hartford, Conn., and the Master of Nursing degree from Yale University School of Nursing. She is a candidate for the M.P.H. at Columbia University School of Public Health and Administrative Medicine. She holds the rank of Lieutenant Commander, U.S. Navy Nurse Corps Reserve.

Miss Butler's professional activities include positions of responsibility in public health nursing, nursing education, and medical care administration.

She is a member of American Nurses Association; National League for Nursing; American Public Health Association; and the Alumni Board, Yale University.

Rose Donaldson, B.A., M.S.

Miss Donaldson holds a B.A. from Hunter College and an M.S. (Biostatistics) from Columbia. She has been elected to both Phi Beta Kappa, and Pi Mu Epsilon.

Presently an instructor in biostatistics at the Columbia University School of Public Health and Administrative Medicine. Miss Donaldson has extensive experience in her field.

She has co-authored six professional publications.

Valerie C. Walker, B.S., M.S., M.P.H.

Mrs. Walker received her M.S., and the M.P.H from Columbia University.

Presently an instructor in the Department of Community Health at Albert Einstein College of Medicine, Yeshiva University, her work experience includes several years as a teacher of maternity and pediatric nursing.

She has participated in several research projects culminating in published reports.

CAPABILITY STATEMENT

Over the past 12 years Greenleigh Associates has studied comprehensively a wide range of problems related to poverty, education, manpower and training, urban development, health care, vocational rehabilitation, welfare, and intergroup relations.

Greenleigh Associates is a specialized research and consulting firm. It serves government and nonprofit organizations in these fields, and also serves the private sector in relation to human resources problems. Our clients include the Office of Economic Opportunity, U.S. Department of Labor, U.S. Department of Health, Education, and Welfare, the Ford Foundation, state governments, cities and counties, and a variety of national, state, and local nonprofit organizations. (A list of clients is attached.)

Our full-time professional and technical staff includes experts in public administration, social research, economics, sociology, psychology, education, social work, public health, medical administration, vocational rehabilitation, community organization, systems analysis, business and financial management. Their backgrounds represent a broad range of experience in government, voluntary agencies, academic institutions, business and industry—most having been associated with more than one of these. At the present time we have a complement of some 50 full-time staff, plus arrangements with academic and other professional consultants for supplementing this whenever required.

The firm has successfully mounted, and carried out on schedule, research, consultation, and technical assistance projects ranging from those of national scope to projects at the neighborhood level. With headquarters in New York and three branch offices—Washington, San Francisco, and Chicago—projects are managed easily, and relationships with study staff in the field and with representatives of the contracting agency are effectively maintained.

We have worked with community action agencies, employment services, universities, school districts, welfare departments, vocational rehabilitation departments, renewal and relocation agencies, adult education programs, manpower training programs, health and welfare councils, foundations, voluntary health and social agencies and institutions, industry, and citizen committees in more than 100 cities across the nation, and we have a working knowledge of these communities.

The major categories of services provided by Greenleigh Associates are:

Evaluations to determine program effectiveness and impact.

<u>Diagnostic Studies</u> to identify the problems of a particular target population and to recommend strategies and services for the amelioration and prevention of the problems.

<u>Program Planning and Development</u> to determine whether and how programs should be modernized or strengthened—whether and how new programs should be created.

<u>Technical Assistance and Consultation</u> to governmental committees and commissions, Federal, state and local governmental agencies, voluntary organizations, and foundations.

Management Studies and Consultation to improve and modernize administration, operations, and organizational structure.

Among major projects now in progress or recently completed are:

- ... provision of professional and technical assistance in establishing a "Buddy" system in 50 cities for the JOBS program of the National Alliance of Businessmen and the Department of Labor.
- consultation to the Lawndale People's Planning Conference, a local resident group which raised funds to hire its own planners for the economic, social, and physical renewal of the 4.5 square mile area in Chicago in which 200,000 people live. Greenleigh services included study of the needs and work with local groups to devise strategies and vehicles to implement social and economic changes.
- ... a study of the community factors related to establishment of a Neighborhood Health Center, its patterns of organization, administration, and relationships, and its effect on the target area and the health services system of the city.
- ... an evaluation of the effectiveness, administration, and operations of the 1968 Summer Employment Program for Youth through a descriptive-analytic study of a sample of 15 SEP programs throughout the country.
- ... evaluation of the Iowa Comprehensive Alcoholism Program--its effectiveness and its influence on community attitudes.
- ... assessment of the impact of the Upward Bound Program on secondary schools and communities.

Other relevant illustrations of the scope of our work follow.

in urban problems

- ... two companion studies for the Mayor's Committee on Community Renewal in Detroit to identify the characteristics, problems and needs of an urban population living in poverty, and to appraise the current and potential impact of public and private agency service systems on the problems of the poor. Included were depth interviews with some 2,100 families comprising a sample of the poor in Detroit.
- Area of New York City, designed to provide descriptive analytical data on the social, psychological and economic characteristics, and the problems, needs and impediments to relocation of 2,400 households to be relocated. A treatment plan was developed in each case and referral made to two action programs designated by the City to provide services. A four-year follow-up study is under way to determine the impact of relocation and the extent to which the provision of needed services affected the problems of the households.
- ... a study of the extent of poverty in seven cities in the Hampton Roads area of Virginia, conducted for the city managers of Norfolk, Chesapeake, Virginia Beach, Portsmouth, Suffolk, Hampton, and Newport News.
- ... an in-depth study of the residents in the Yesler-Atlantic Urban Renewal Area of Seattle, Washington and the community services available to these residents, with special emphasis on the families to be relocated.
- ... two projects in connection with the Community Renewal Program for the City of Tucson: 1) consultation on relocation requirements and resources, with particular attention to the special housing needs of the elderly, large families, minority groups and the poor, nonresidential establishments, and equal opportunity in housing; and 2) an appraisal of the structure of community services, particularly regarding services needed by people in the CRP study area.

in manpower development and training

- ... a study to determine if there is waste, duplication, and inefficiency in the administration of federally supported manpower training programs such as vocational education, MDTA institutional and on-the-job training, Job Corps, special programs under Title II of the Economic Opportunity Act, Neighborhood Youth Corps, Work Experience Program--for the Committee on Administration of Training Programs (HEW).
- ... a study conducted jointly for the Office of Economic Opportunity and the Department of Labor to identify the characteristics of a sample of unemployed adults in a Midwest tight labor market area, to determine their employment-related needs, problems, and service requirements.
- ... a study conducted for the Office of Economic Opportunity of the feasibility of using the excess training capacity of large employers in a tight labor market city of medium size.
- ... development, of a training program for State Employment Service personnel to equip them for mobilizing and utilizing supportive community resources to more effectively meet the needs of the unemployed and enhance their employability.
- ... a study to provide the Ford Foundation and the Office of Economic Opportunity with an overview of the administration, program, participants, relationship with community agencies, and implications of the philosophical base of the Opportunities Industrialization Center in Philadelphia.
- ... the development for the Department of Labor, of a model for the delivery of employment services to the handicapped, including identifying the necessary linkages between the various agencies in order to provide the most efficient and comprehensive delivery system of required services.
- ... technical assistance and consultation to the Bureau of Labor Statistics on training interviewers to intervew in casual settings in ghetto areas.

in evaluation and consultation for antipoverty programs

- ... evaluation of the Foster Grandparent Program for the Office of Economic Opportunity and the Administration on Aging (HEW), to provide descriptive and analytical data on its impact on the older persons employed, on the institutionalized children to whom they gave their services, and on the institutions and communities in which the programs operated.
- ... a survey and on-site evaluation of Operation CHAMP for the Office of Economic Opportunity.
- ... evaluation of the effectiveness of three VISTA Summer Associates Programs (in New York City, Wisconsin, and North Carolina), appraisal of the feasibility of PPBS for the national program, and recommendations for a program-planning and reporting system.
- ... an evaluation for OEO of two demonstration projects (in Atlanta and Los Angeles) for serving the vocational development needs of the hard-core poor through the use of the techniques, practices, and patterns of services developed by vocational rehabilitation.
- ... design and installation of a program-reporting system for the Economic Opportunity Program, Inc. of Dade County, Florida. The system provides the information required for program administration, control, planning, self-evaluation and accountability, making extensive use of electronic data processing techniques.
- ... evaluation of the Total Action Against Poverty (TAP) in the Roanoke Valley to ascertain its effectiveness and guide its future development.
- ... development of an organizational structure and guidelines for effective administration for HARYOU-ACT, the Harlem antipoverty agency.
- ... a study of the need for and nature of a federally financed public employment program to determine the number and kinds of jobs that could be created in public and nonprofit agencies to employ the unemployed poor, and the training and other services required to facilitate employment. This was followed by a study of the potential for federally financed demonstration community employment programs for the unemployed poor in eight selected cities. Both were conducted for the Office of Economic Opportunity.

in education of the disadvantaged

- ... an evaluation of the adult basic education program of the state of Illinois, conducted jointly for the State Departments of Public Aid and Public Instruction, designed to evaluate the effectiveness of this program for illiterate public aid recipients and to make recommendations for its improvement and expansion. Included were all aspects of the operation of the program in five selected counties, an interview study of a sample of recipient-students, and an appraisal of the educational materials in use.
- ... evaluation and comparison of the adult basic education programs of the New Jersey State Departments of Education and Community Affairs.
- ... a field test of four basic learning systems, conducted in three states for the Office of Economic Opportunity, the Office of Education, and the Welfare Administration, to determine which are most effective with which segments of the illiterate adult population and the circumstances and conditions which influence their effectiveness. A follow-up study was conducted to evaluate the impact on the participants of the literacy classes and of further education, training, and work experience programs.
- ... an inventory of federally supported adult education programs for the President's National Advisory Committee on Adult Basic Education.

in higher education

- ... an inventory of federally supported extension and continuing education programs prepared for the President's National Advisory Council on Extension and Continuing Education, and a compilation of descriptive data on over a hundred programs.
- ... a systematic appraisal of a sample of programs undertaken under Title I of the Higher Education Act by institutions of higher education in five states, as the first phase of a three-phase study aimed at developing a conceptual model to further the involvement of colleges and universities in the solution of community problems--conducted for the Office of Education.
- ... technical assistance and consultation to the National Advisory Council on Extension and Continuing Education, including preparation of position papers, development of a design for involving leaders in communities and universities in determining priorities for the Council's deliberations, and development of criteria for evaluating various federally funded extension and continuing education programs.

in public welfare

- ... a study of services, staffing and manpower in 10 counties for the Welfare Study Commission appointed by the Governor of California.
- ... a comprehensive study of the Washington State Department of Public Assistance, including the public assistance, child welfare, and medical care programs, and the structure, operations, administration, business and financial controls, and operations of the total department.
- ... a study of intergenerational dependency in New York City, to provide an overview of the nature and extent of the problem, develop a valid definition of the term "intergenerational dependency," and obtain some general impressions of its patterns and causal factors.
- ... a survey to determine the probable effects of Medicare and related medical care amendments to the Social Security Act on the medical care available to public welfare recipients in Monmouth County, New Jersey.
- ... a study of the management and administration of the Philadelphia County Board of Assistance, conducted for the Pennsylvania Department of Public Welfare, focused on administration, structure, state-local communications, personnel and staff development, and community relations.
- ... the widely known study of the Aid to Dependent Children program of Cook County, Illinois, which exposed many "facts and fallacies" about the recipients and included recommendations to facilitate the employment of ADC mothers.
- ... a comprehensive study of the New York State public assistance program and operations in New York City and five upstate counties for the Moreland Commission on Welfare appointed by Governor Rockefeller.
- ... a comprehensive fact-finding study of the child welfare needs and available services in the State of Oregon for a special citizen committee appointed by the Governor.

in vocational rehabilitation

- ... a study of the administrative structure of vocational rehabilitation services in West Virginia to determine program needs and administrative adjustments necessary for providing services to all persons needing them by or before 1975.
- ... provision of research services to the Pennsylvania Comprehensive Rehabilitation Planning Project to prepare information on the number of people needing rehabilitation services, including statistical estimates of incidence and prevalence of disabling conditions, and projections to 1975. Included also was the development of a method for obtaining more accurate primary data.
- ... preparation of a plan for development of a comprehensive program of vocational rehabilitation services for the Rhode Island Vocational Rehabilitation Commission, including current estimates and projections for 1975 of the number of disabled who need services, identification and analysis of programs needed, and identification of the resources and actions needed to meet future demands.
- ... consultation and research services to assist in the development of those aspects of the Ohio vocational rehabilitation planning that are concerned with interagency coordination, including a study of the interrelationships of the various state agencies that are involved in vocational rehabilitation programs.
- ... development of a model for the delivery of employment services for the handicapped. Estimates of the number of handicapped, the extent of disability and work potential were derived. Handicapped in four cities in different geographical areas were sampled to obtain a profile of the characteristics of this group and its subgroups, and to enable comparison of the handicapped and the disadvantaged. Public welfare, vocational rehabilitation, and employment service patterns of referral and service were looked at in the four cities, and recommendations were developed for a system to bring the handicapped into the labor market.
- ... an administrative study to devise an organizational structure and administrative guidelines to facilitate effective implementation of short-range and long-range program and organizational objectives for the North Carolina Division of Vocational Rehabilitation.
- ... in-depth evaluations of two vocational rehabilitation approaches to serving the manpower and employment needs of the "hard-core" poor and a comparative analysis of the two approaches.

in the voluntary agency field

- ... a study of United Community Services of Metropolitan Detroit to design a plan for the development of UCS in the future, including the functions, structure, administration, operations and program, and the relationship of UCS to other social planning efforts in the area.
- ... provision of staff service to the ad hoc Citizens Committee responsible for establishing a county-wide social planning council in Santa Clara County, California.
- ... research and consultation services to design a plan for the future role, structure, and functions of United Community Services of Omaha, Nebraska.
- ... a study of the future role and program of the National Social Welfare Assembly, including a delineation of national social issues, an analysis of national social planning and coordination under voluntary and public auspices, and development of a new organizational structure and program goals for the Assembly in line with needs determined through the study process.
- ... management and program studies of such national agencies as The National Foundation, the American Foundation for the Blind, the National YWCA, the National Committee on Employment of Youth, the National Association for Mental Health, and the Association of Secretaries of the YMCA of North America.

in corrections

... an evaluation of the viability and apparent effectiveness of the probation, parole, and related services for misdemeanants in the King County Justice Court Probation and Parole Service, Seattle, Washington.

in intergroup relations

... a plan, developed at the request of the Mayor of Milwaukee, to help the city and surrounding communities deal with prejudice and discrimination in the prime tension areas of employment, housing, education, and police-community relations.

in aging

... technical assistance and consultation to the Administration on Aging (HEW) regarding the factors that contribute to successful employment of older people.

CLIENTS OF GREENLEIGH ASSOCIATES

United States Government

Department of Health, Education, and Welfare Administration on Aging

Committee on Administration of Training Programs

Food and Drug Administration

Office of Education

Public Health Service

Social and Rehabilitation Service

Department of Labor

Bureau of Labor Statistics

Manpower Administration

U.S. Employment Service

Office of Economic Opportunity

President's National Advisory Committee on Adult Basic Education

President's National Advisory Council on Extension and Continuing Education

States

Arizona State Employment Service

California Department of Social Welfare

Florida State Employment Service

Illinois Department of Public Aid

Illinois Department of Public Instruction

Massachusetts State Employment Service

Moreland Commission on Welfare, New York

New Jersey Department of Education

North Carolina Division of Vocational Rehabilitation

Ohio Bureau of Vocational Rehabilitation

Oregon Governor's Child Welfare Study Committee

Pennsylvania Comprehensive Rehabilitation Planning Project

Pennsylvania Department of Public Welfare

Rhode Island Vocational Rehabilitation Commission

Texas State Employment Service

Washington State Department of Public Assistance

Washington State Employment Service

Washington State Planning Commission for Vocational Rehabilitation

Welfare Study Commission of California

West Virginia Division of Vocational Rehabilitation

West Virginia State Employment Service

Cities and Counties

City of Chesapeake, Va.

City of Hampton, Va.

City of Milwaukee, Wis.

City of Newport News, Va.

City of Norfolk, Va.

City of Portsmouth, Va.

City of Suffolk, Va.

City of Virginia Beach, Va.

City of Tucson, Department of Community Development

Cook County (Ill.) Department of Public Aid

Housing and Redevelopment Board of New York City

Human Resources Administration of New York City

Mayor's Committee for Community Renewal, Detroit

Monmouth County (N. J.) Welfare Board

New Haven Welfare Department

Seattle Urban Renewal Division

Nonprofit Organizations

American Foundation for the Blind

American Nurses Association

Association of Secretaries of the YMCA of North America

Boston YWCA

Citizens Committee of Santa Clara County, California

Community Action Program of New Rochelle, New York

Connecticut Heart Association

Economic Opportunity Program, Inc. of Dade County, Florida

Florence Crittenton Association of America

Ford Foundation

Greater Chester (Pa.) Movement

HARYOU-ACT (New York City)

Jewish Family Service of New York

Joint Commission on Correctional Manpower, Inc.

Junior League of Detroit

Lawndale People's Planning Conference, Inc.

Leonard Wood Memorial For Eradication of Leprosy

Montreal YWCA

National Association for Mental Health

National Board of the YWCA

National Committee on Employment of Youth

National Social Welfare Assembly

O.I.C. Institute, Inc.

Nonprofit Organizations (continued)

Roanoke Valley Council of Community Services, Inc.
Seattle-King County Economic Opportunity Board, Inc.
The National Foundation
United Community Services of Metropolitan Detroit
United Community Services of Omaha, Nebraska
United Fund of Greater Gary (Ind.)
Welfare Council of Metropolitan Denver
White Plains (N. Y.) Council of Community Services

Others

Hofstra University Inland Steel Corporation

CAPABILITY STATEMENT EVALUATION UNIT DEPARTMENT OF COMMUNITY MEDICINE ALBERT EINSTEIN COLLEGE OF MEDICINE

The Evaluation Unit of the Department of Community Medicine of the Albert Einstein College of Medicine was organized in 1959 at the School of Public Health and Administrative Medicine of Columbia University where it remained until 1968. It has pioneered in developing audit techniques for the evaluation of the quality of medical care services. Its initial projects were studies of the medical care provided to union workers in New York City under labor management welfare plans. Such studies were done under the auspices of the United Electrical Workers Union, the Hotel and Restaurant Employees Union, the International Ladies Garment Workers, and the Teamsters Union.

Prior to the establishment of the Evaluation Unit, Dr. Morehead and other members of the Unit staff were engaged by the Health Insurance Plan of Greater New York in a six-year evaluation of the clinical performance of 32 medical groups and 2,000 physicians providing medical care services to HIP subscribers.

The Health Insurance Plan audits, the two studies on behalf of the Teamsters Union begun in 1959 and completed in 1964, together with the Peterson Study in North Carolina, have provided the bench marks for evaluative activities of the quality of medical care. The Teamsters Study served as the basis for the section on the quality of medical care in the report, made in 1962, to the New York State Department of Health and the New York State Superintendent of Insurance, on the Prepayment Medical and Dental Care in New York provided by the Blue Cross plans, the Health Insurance Plan of Greater New York, the Group Health Insurance, Inc., and the Group Health Dental Insurance, Inc.

The staff of the Evaluation Unit has provided ongoing consultation on the methods of audit of the quality of medical care to the Empire State Foundation, the joint research organization of the New York State Department of Health, and the Medical Society of the State of New York. It is currently the consultant to a project of the Medical Society of the State of New York for developing a pattern for self-appraisal of the quality of medical care in hospitals.

Proposed Budget for the Audit of the Medical Assistance Program of the State of Hawaii

Direct Costs

Per	sonnel .					
	Study Director - 10 mos. @ \$	24,000/yr.	\$20,000			
	Assistant Study Director - 6 n	mos. @ \$16,000/yr.	8,000			
	Field Analysts - aggregate of 9 mos. @ \$16,000/yr.		12,000			
	Research Associate - 9 mos. @ \$12,000		9,000			
	Secretarial and Clerical - aggregate of 18 mos. @ \$6,000/yr.		9,000			
	Total Salaries		\$58,000			
	Employee Fringe Benefits (20	11,600				
Total Personnel Costs			\$69,600			
Other	Direct Costs					
	Case Analysts and Interviewers - aggregate of 300 days @ \$30/day		9,000			
	Consultants – Medical Economics – 12 day Public Health – 12 days @ \$ Medical Administration – 12	5,400				
	Travel (LD) - 30 round trips, New York to Hawaii @ \$500/	trip	15,000			
	Travel (local)		2,000			
	Maintenance - 450 days @ \$20/day		9,000			
	Printing		3,000			
1	Telephone		1,500			
	EDP		5,000			
	Total O	ther Direct Costs	\$49,900			
	Total D	irect Costs	\$119,50	00		
The state of the s	ct Costs and Operating Overho	ead ead				
	(60 percent of \$58,000)		34,80			
		xpense Budget	\$1:	54,300		
Fixed Fee (10 percent of \$154,300)						
Total Expense Budget plus Fixed Fee \$169,730						
Subcontract to Evaluation Unit, Albert Einstein College of Medicine for Technical Staff Services 30,000						
	Total P	roject Costs		\$199,730		

Breakdown of Costs of Audit in Terms of Technical Items

		Department of Social Services	Department of Health	Office of Economic Opportunity
1.	Staff and other technical services	\$110,351	\$42,442	\$ \$16,977
2.	Rental of special equipment	1,298	499	200
3.	Supplies	3,246	1,247	500
4.	Travel	12,992	4,993	1,997
5.	Report	1,947	748	300
	Totals	\$129,825	\$49,932	\$19,973

Breakdown of Costs of Audit in Terms of Medical Services Program

)		Department of Social Services	Department of Health	Office of Economic Opportunity
a.	Range and scope of medical services	\$ 25,965	\$ 9,986	\$ 3,995
b.	Administration of program	25,965	9,986	3,995
c.	Quality of medical care	25,965	9,986	3,995
d.	Cost of program	25,965	9,986	3,995
e.	Projected needs of program	25,965	9,986	3,995
	Totals	\$129,825	\$49,932	\$19,973

