

CHAPTER 6
POLICY ANALYSIS

INTRODUCTION

In the guidelines issued by the Department of Health and Human Services for the development of State Health Plans, instructions are given to use the DHHS policies regarding:

- Availability
- Accessibility
- Cost
- Quality
- Continuity
- Acceptability

In addition to these policies, the concern regarding the multiplicity of resources in Alaska has been such an overwhelming issue and has received such significant attraction by a majority of health care providers and consumers that the SHCC has chosen to present it as an individual policy under the title "Duplication". This policy encourages the development and implementation of mechanisms for coordinating the State's multiple health care resources.

DUPLICATION

POLICY:

DEVELOP AND IMPLEMENT MECHANISMS FOR COORDINATING THE STATE'S MULTIPLE HEALTH CARE RESOURCES TO MINIMIZE THE PRESENT PIECEMEAL APPROACH WHICH LEADS TO DUPLICATION, GAPS IN CARE, DIVIDED LOYALTIES, LACK OF COOPERATION AND IGNORANCE OF AVAILABLE BUT COMPLEX SERVICES.

CONSIDERATIONS:

1. All appropriate health care services and facilities, particularly those of the federal government, should be included under the National Health Planning and Resource Development Act of 1974, P.L. 93-641.
 - a. The federal government should apply to those activities and facilities it controls the same standards that it now mandates for states and local entities.
2. The relationship between the federal, state and local levels of government should be defined by mutual agreement. Current and future federal programs should be designed and operated so that the functions and responsibilities of each level are consistent with these definitions.
3. Interagency communication and agreements designed to promote the use of available resources should be increased between the state government agencies, the federal government, local governments and the Native regional health corporations.
4. The orderly transfer of program authority and responsibility from the Alaska state government to local authorities should be promoted.
5. All state operated health care facilities should be included in the planning process to avoid duplication with similar facilities provided under private, voluntary, and public sponsorship.

POLICY:

A COMPREHENSIVE RANGE OF COORDINATED PHYSICAL, MENTAL AND ENVIRONMENTAL SERVICES SHOULD BE AVAILABLE WHICH ARE SPECIFIC TO THE PARTICULAR NEEDS AND ECONOMIC FEASIBILITY COMMENSURATE WITH THE LEVEL OF CARE.

CONSIDERATIONS:

1. All citizens should have available a comprehensive range of coordinated health services and providers. A full range of physical, mental and environmental services should be provided. These include promotive, predictive, preventive, therapeutic, rehabilitative and restorative services.
 - a. The Levels of Care concept should be implemented based upon population, accessibility, need and economic feasibility.
 - b. A full range of practitioners - medical, dental, mental and environmental - should be available to provide health services.
2. Reliance should be placed upon consumers to provide appropriate health services for themselves and their families.
 - a. Consumers should be informed and understand their obligation for maintaining their own health. They should be trained in elementary screening, diagnostic tests, and examinations, and understand and apply simple therapeutic procedures that may be self-administered.
 - b. Providers should be aware of the importance of the "activated recipient" and inform consumers concerning services they can themselves provide.
 - c. Consumers should not demand of providers those services that are primarily the responsibility of consumers.
3. Services for surveillance, maintenance and improvement of the physical environment should be provided.

POLICY:

AVAILABILITY

CONSIDERATIONS:

- a. Health services should be organized to conform as much as possible to the HSA boundaries of the state and should be served by trained personnel to assure appropriate attention to purity of food, water and air, treatment of sewage and disposal of solid waste.
 - b. Statutes should be enacted by state and local authorities to provide for adequate legal control over the quality of air, water, food, milk, wastes, occupational hazards and safety.
 - c. Adequate codes and regulations should be developed to assure that housing is adequate to contribute positively to health and to eliminate hazards associated with heating, power and structural features.
 - d. Appropriate environmental safeguards should be provided to prevent transmitting diseases of animals to humans.
4. A structured, organized means of recruitment, development and maintenance of personnel should be developed.
- a. Local and State registries should be maintained to provide continuous, accurate, up-to-date information about numbers, locations, functions and characteristics of presently available personnel for health services, both active and inactive.
 - b. The cooperation of health facilities and other providers should be elicited for local development and training of new and needed types of health workers to meet specific local needs.
5. Resources to provide services should be in usable condition with trained personnel available to operate and service them.

POLICY:

AVAILABILITY

CONSIDERATIONS:

- a. Equipment and supplies should be regularly serviced and maintained to insure that they are in a constant state of readiness and can be used immediately (allowing for normal warm-up and set-up time).
 - b. Supplies should be regularly checked and ordered so that there is an adequate quantity available for any situation which can reasonably be expected to arise.
6. Health services should be available to all citizens at the time of need, without discrimination on any basis other than need.
- a. Ready entry into the total system for health services should be provided as follows:
 - individual entry for the newborn on the day of birth;
 - immediate entry at the option of residents;
 - temporary entry at the option of visitors in Alaska as required by their health needs.

POLICY:

THE APPROPRIATE LEVEL OF HEALTH SERVICE SHOULD BE CONSTANTLY AND EQUALLY ACCESSIBLE GEOGRAPHICALLY, PHYSICALLY AND TEMPORALLY TO THOSE WHO NEED THEM.

CONSIDERATIONS:

1. Services should be organized in ways that permit access within a reasonable travel time and distance appropriate to the nature of a specific service.
 - a. Services should be geographically accessible so that natural barriers do not bar access.
 - b. Services should be located adjacent to roads or should be provided with mobile capacity capable of overcoming seasonal and geographical barriers in reaching isolated areas within an appropriate time.
 - c. Emergency services should be designed for 24-hour accessibility.
 - d. Providers should be encouraged and enabled to identify their respective procedures and activities and to locate them geographically according to a regional plan.
 - e. Provisions should be made for transportation when necessary to assure access to health services.
2. Where, because of sparse population or other factors, services cannot be provided within desirable proximity of recipients, advance arrangements should be made for consultation at the most accessible location where services are available.
 - a. Preferably, services should be provided directly at either fixed locations or by itinerant services to achieve desirable accessibility.
 - b. When referral or consultation is not reasonably accessible locally, these services should be provided by referral or consultation using telephone, radio, television, telemetering or satellite between the place of need and source of services.

POLICY:

ACCESSIBILITY

CONSIDERATIONS:

3. Consumers should be guided by providers to those parts of the health system where services appropriate to needs can most conveniently be secured.
 - a. Providers should have available to them information that enables referral to the appropriate source of health service.
 - b. Referral should be made to a reasonably proximate qualified provider for the needed service, preferably convenient to the consumer.
 - c. Procedures should be established to secure services appropriate to needs, regardless of local accessibility.
4. Health services should be organized to provide easy and prompt access by consumers.
 - a. Each citizen should have easy access to a primary health service provider who acts as his immediate counsel, who offers such services as she/he is qualified to perform, and refers and directs the consumer to those parts of the health service system where other service needs can be received.
 - b. Each primary provider should not be compelled by circumstances to accept more clients than he feels capable of managing as determined by peer-developed criteria.
 - c. Arrangements should be made for the numbers of primary providers necessary to fully serve the population.
 - d. Arrangements should be made so that at least one primary provider is available at all times.

POLICY:

ACCESSIBILITY

CONSIDERATIONS:

- e. Access to primary providers should include appropriate personal visits at or in the provider's office; telephonic contact; and contact by other means as necessary.
 - f. Emergency services should be provided with prior arrangements to the onset of the emergency situation.
 - g. Under normal circumstances, no delay should occur in providing emergency, life-saving services, attention for pain and suffering, or when delay of more than 30 minutes may permit progression of development of disease or disability.
5. Accessible health services at the time of need, without discrimination on any basis other than need, should be provided.
- a. Residence requirements should not be imposed as a condition of receiving service.
 - b. Race, sex, religion, political or social philosophy should not be conditions for receipt or denial of service.
 - c. Services should be financed so that ability to pay or economic status of the consumer does not interfere with delivery of needed services at the time of need and does not affect the quality of health services provided.
 - d. Prepayment for health services may be employed as a method of financing services, and those services not prepaid should be specifically delineated.
6. Use of a particular language should not limit the accessibility of health services to consumers.
- a. Persons capable of speaking the language used by the recipients will be accessible where health services are provided.

POLICY:

DESIGN AND DELIVER HEALTH SERVICES IN WAYS THAT CREATE MUTUAL RESPECT BETWEEN THE CONSUMER AND THE PROVIDER.

CONSIDERATIONS:

1. Health services should be scheduled to achieve optimum mutual convenience and effective communication between providers and consumers.
 - a. Schedules for services, the manner in which they are conducted, and who should provide them should be determined in ways that will make optimum use of the providers' ability and time.
 - b. Arrangements for providing services, including waiting times, follow-up and outreach procedures, and other factors should take into account the cultural practices and mores of the consumers.
 - c. In the management of the consumer's health needs, providers should take into consideration the social and language needs of the consumer.
2. Individual human dignity of the consumer and the provider should be maintained and enhanced by the manner in which services are rendered.
 - a. The right of personal privacy and comfort should be respected and provided to the extent that the degree of privacy and comfort does not interfere with the care, procedure, or activity to be performed.
 - b. Interviews and discussions of procedures and problems of a personal and private nature, involving the person and personal property, should not be carried on in the presence of others.
 - c. Forms of personal address should be consistent with the cultural mores of the consumer and should be recognized and used by the provider.

POLICY:

ACCEPTABILITY

CONSIDERATIONS:

3. Scope and types of health services provided and the way in which they are organized should be congruent with the social values as expressed in public policy and professional ethics that are acceptable where services are provided.
 - a. Advance concurrence of providers and consumers as to the time when services will be available and the way they are to be organized should be sought.
 - b. Deviations from generally and locally understood and accepted public policy and professional ethics should be agreed upon specifically in advance of implementation.
4. Consumers should have a choice as to provider, location, and time of service, to the maximum possible extent. Likewise, providers should have a maximum choice as to methods of practice and consumers served.
 - a. Providers should have unrestricted choice, within legal and ethical constraints, of their methods of professional practice and means of providing health services.
 - b. Consumers should have unrestricted choice of primary providers, within limits of available resources.
 - c. Nothing except voluntary contractual obligations should restrict consumers in changing providers or means of securing and financing health services. Providers likewise have the prerogative of declining to provide services to individual consumers within legal and contractual constraints.
 - d. Referral to specialists and consultants should be made by the referring provider with the knowledgeable consent of the consumer.

POLICY:

ACCEPTABILITY

CONSIDERATIONS:

5. Develop through cooperative planning by consumers and providers health services that will be socially and culturally acceptable to those who receive them and to those who provide them.
 - a. In every area of the state, a forum accessible to all consumers should be provided for the interchange of views and opinions of both consumers and providers relating to health services in that area.
 - b. Such forums should be components of the State Health Coordinating Council, the Health Systems Agencies and the sub-area advisory councils. Where other mechanisms exist, plans and activities should be coordinated and integrated.
 - c. Significant changes in services offered and forms of organization for financing should reflect the majority wishes of consumers and providers as disclosed through complete and full hearing of proposed changes.

POLICY:

ORGANIZE AND DESIGN HEALTH SERVICES TO PROVIDE CONSISTENT RELATIONSHIPS BETWEEN CONSUMERS AND PROVIDERS SO THAT AN ORDERLY PROGRESSION OF HEALTH SERVICES ARE AVAILABLE IN A LOGICALLY PLANNED SEQUENCE.

CONSIDERATIONS:

1. Relationships between consumers and providers should be reasonably constant with allowance for maximum freedom of choice on the part of the consumer and provider.
 - a. Each consumer should relate to one provider (or a very few) over a long time span.
 - b. Providers of primary health services should act as long-term managers on a continuous basis, so that each consumer (once entry into the system has been made) is always linked to one or another primary health provider.
2. Referral where necessary should be done promptly.
 - a. Emergency referrals should be made with minimum time loss.
 - b. Referral appointments for non-emergency conditions should be made as promptly as appropriate for the health problem.
 - c. Consumers referred for service should be followed-up by the referring provider to assure that the needed service was received.
3. The prior health history of each consumer should be available to authorized providers.
 - a. Centralized systems of family and person-oriented health records should be established to enable easy retrieval.
 - b. A single standardized health record for each individual should be established and maintained. Encounter information should be entered by each provider with a delay of not more than 24 hours after services are performed.

POLICY:

CONTINUITY

CONSIDERATIONS:

- c. Authorized providers should have ready access to health records, and in turn, record appropriate information.
 - d. Social, economic, environmental and demographic information pertinent to the health history of an individual should be included in the health record.
 - e. Entries in individual health records should include information concerning treatment, referral, consultation and follow-ups relating to the presenting problems of the consumer and should also include notation of other conditions and services provided.
 - f. Through formal agreements of the provider and consumer, entries into the health record of each individual should be made by non-health-related workers and agencies as deemed appropriate by the primary provider of health services.
 - g. A statewide data collection system should be provided for relevant demographic, diagnostic and therapeutic information from health records in a manner which protects the confidentiality of personal information.
 - h. There should be interchange of information among providers to assure confidentiality through the employment of ethical practices and appropriate safeguards.
 - i. A mechanism should be devised that will allow the confidentiality of the patient to be protected. The safeguards provided within the Privacy Act of 1974 should be incorporated within this mechanism where appropriate.
4. Linkages should be provided between providers of services within and among the several areas of the state and among public and private agencies to assure continuity and appropriate level of service. Organizational and administrative arrangements should be developed to achieve this.

POLICY:

CONTINUITY

CONSIDERATIONS:

- a. Agreements should provide for the coordinated movement of the consumer to the specific services appropriate for his/her needs.
- b. Services should be coordinated to facilities; referrals should be made from one level to another.
- c. Linkages should permit maximum use of existing resources so that desirable features of the existing organization for health services are maintained, used and enhanced.
- d. Coordination should provide for effective development of additional needed resources.
- e. Linkages should provide coordination of services to prevent duplication of services and responsibilities.

POLICY:

PROVIDE HEALTH SERVICES BY THOSE CAPABLE OF PERFORMING AT OR ABOVE LEVELS OF MINIMUM STANDARDS.

CONSIDERATIONS:

1. Minimum standards of quality should be established and adhered to by all providers.
 - a. The capability of each provider should be certified on the basis of established entry criteria and by requirements for continued education and training.
 - b. Providers, whether individual, agency, or institutional, should be licensed or otherwise certified in accordance with minimum quality standards established by legally designated agencies, where applicable.
 - c. Standard methods of performance should be developed and adhered to by providers.
 - d. Specified educational and training requirements should be developed for each type of provider.
 - e. When needed services exceed the skills of a provider, the provider should assume the initiative in obtaining consultation or arranging referral to a provider capable of rendering the needed service.
2. Provisions should be available for the continuing education of providers.
 - a. There should be available, on at least an annual basis and more often as appropriate, refresher and continuing education courses for all providers.
 - b. Participation in continuing education and training courses should be effected through appropriate encouragement and/or regulation by licensing boards and provider organizations.

POLICY:

QUALITY

CONSIDERATIONS:

- c. Adequate support should be provided by legislative appropriation to enable Alaska universities and college systems to provide appropriate training.
3. Develop mechanisms for monitoring the quality of services rendered by individual providers.
 - a. Providers should establish arrangements for referral and consultation in order to receive professional and personal stimulation and review from peers and superiors.
 - b. As a means of clearly establishing the scope of service and responsibility of providers, procedures should be defined and the steps involved in their use should be outlined and revised as necessary.
 - c. Audit and review health records as a regular and continuous process to help assure provision of the highest possible quality of care.
 - d. Enable the consumer to make informed valued judgements regarding the quality of services received through informational services and educational opportunities.
 - e. Research should be conducted to improve methods for monitoring the quality of health services.

POLICY:

PROVIDE HEALTH SERVICES AT AN EQUITABLE COST BY THE MOST APPROPRIATE PROVIDER, AT THE CORRECT PLACE, AT THE RIGHT TIME AND IN THE RIGHT AMOUNT.

CONSIDERATIONS:

1. Only the amount of service needed by the consumer should be provided.
 - a. The extent of service necessary to meet each need should be consistent with standard operating procedures, tests, examinations and treatment protocols established by peer determination.
 - b. Provisions should be made to assure that providers are not forced to render services over and above standard procedures for litigious reasons.
2. Services should be delivered where they are most accessible to the consumer, consistent with practicality of location of services.
 - a. To the most practical degree possible, health services should be designed and scheduled to minimize travel time and costs and absence from work or school by dispensing services at times and places convenient to the consumer.
3. Health services should be rendered when possible by the provider best suited and qualified.
 - a. Services should be performed by a provider whose skills and knowledge are adequate but not excessive for the service to be provided.
 - b. Service should be available from the least costly qualified provider.
4. Providers should receive payment for services rendered on an equitable basis in relation to the services, supplies or commodities, skills and knowledge provided.

POLICY:

COST

CONSIDERATIONS:

5. The organization of services should be designed to emphasize promotive and preventive services, health maintenance, home and ambulatory services and rehabilitation, and to employ inpatient institutional services as only one alternative.
 - a. Incentives should be provided to encourage use of promotive, preventive and health maintenance services.
 - b. Incentives should be offered to providers who emphasize promotive, preventive and ambulatory services.
6. Improved organization for services and available technological resources should be utilized for economic advantages:
 - a. Organizational arrangement and cooperative agreements should be adopted to enhance the delivery of services and to reduce duplication.
 - b. Automatic mechanical and electronic devices for screening, testing and other purposes should be employed for laborsaving and economic advantages.