UNIVERSITY OF HAWAII LIBRARY

APRIL 1982 HEALTH PLANNING AGENCY VOL 6 NO. 23

FUTURE OF HEALTH PLANNING IN AMERICAN SAMOA

The future of the health planning program in American Samoa is not all bright as far as federal funding is concerned. President Reagan's Administration is not at all keen about health planning. As a result the Administration proposes to eliminate federal support for a nation-wide network of local and state-wide planning agencies. Included in this network is the American Samoa Health Planning & Development Agency.

If the national health planning program is phased out by 1983, as proposed, this would end a 12-year history of federal support of the health planning program in the Territory.

The major reasons for proposing to phase out federal support for the national planning program do not apply to American Samoa. Many of the goals, objectives, priorities and requirements of the national program do not apply, or are not appropriate in American Samoa. Many of the functions and activities now carried out by the Territorial Agency are performed solely because they are required by Federal regulations.

The proposed withdrawal of federal funding is critical to the future of health planning in the Territory, if the program is not supplemented by funds from other sources.

How will the American Samoa Government be affected if the health planning program is not funded? First of all, if the health planning program ceases with the phase out of federal funding, the Territory will be left with no health planning capability whatsoever. Many of the problems and deficiences of the Department of Health are long-standing, and can only be resolved over an extended period of time, requiring sustained action toward long-range goals. In the absence of health planning, the DOH would operate like a ship without a course, directing its resources first toward one crisis, then toward the next, but never addressing the basic underlying causes of the problems. This would be a waste of resources.

Secondly, many of the projects initiated through the health planning program will require several years effort to bring them into operation (health care financial data system, new health care financing plan, etc). If the planning program ceases, it is very likely that progress on these important projects will also cease, or be severely curtailed.

Thirdly, the health planning program

PER PAC RA 558 .A54 A5

is the only health data coordinating source in the Territory. The data in the Department of Health is inconsistent, fragmented, unreliable and, in general unused in its various forms. The health planning program synthesizes this data into health indicators, rates, and measures of health status and health services characteristics, making it a useful tool for decision-making and management of the Department. In the absence of this service, the DOH would be unable to avail itself of this information and would be operating in an information vacuum.

Fourthly, the health planning program derives from a population-based concern for health, as opposed to a health services based concern. The Department of Health administration is understandbly concerned primarily with the delivery of services, and hence operates from a restricted point of view. Operating under such a narrow set of concerns, priorities are skewed strongly to curative medicine and the provision of services, doctors, and equipment without adequate justification of their effectiveness, or impact on improving the health status of the population. The health planning program identifies priorities that help produce the greatest long-term benefits to the Territory, a necessary balance which the Territory can ill-afford to be without if the greatest health benefits are to be derived from the dollars spent.

Lastly, but not the least, the DOH would be without one of its most valuable sources of technical assistance. Contracting for such assistance, when needed, would be considerably more costly to the government.

In summary, if the planning program ceases, money, time, and manpower can be wasted in the provision of unneeded, ineffective, or inefficient services and programs. Our Territory can ill-afford this kind of waste. American Samoa must assure that health planning continues.

Realizing the need for continuation of the planning program in the Territory, and being concerned very much about the possibility of termination of the program in July, if the Congress does not renew the federal program, the members of the ASHCC during their February meeting unanimously approved a motion to request Governor Coleman to reserve $120,000 of the expected additional Medicare funds as a source of funding for the program until October 1, 1983. If the program is extended, the Medicare funds could still be expended for other priority needs.

In the mean time, the health planning staff is preparing a proposal to keep health planning alive if federal support is cut off. This proposal will be presented to the ASHCC, Director of Health, and finally to the Governor of his approval.

ASHCC CONCERNED OVER NEW HOSPITAL ADVISORY BOARD

A newly created Hospital Advisory Board (HAB) has aroused concern among the members of the American Samoa Health Coordinating Council.

The board issue was discussed by the Council members during the March meeting when they reviewed the 1982-86 Revised Territory Health Plan. The plan pointed out the need to clarify the roles of the two "cabinet" level advisory bodies: the American Samoa Health Coordinating Council (ASHCC) and the new Hospital Advisory Board.

After much discussion on the issue, the Council unanimously agreed to write a letter to the Governor requesting for role clarification of the two advisory bodies.

In the letter to the Governor, the ASHCC Chairperson Fa'auuga Achica pointed out the conflicting roles of these advisory groups. The Hospital Advisory Board is charged with the responsibility to advise the Governor and Director of Health on matters concerning the planning, development, and operation of the hospital and medical facilities, according to the by-laws of the DOH's Governing Authority. However, the same responsibility, was assigned to and has been assumed by the ASHCC since its inception move then five years by the Territorial law.

The Council also expressed disappointment because the ASHCC is created by the Code of American Samoa to develop plans and advise the Governor on health matters, but is not represented on the Board.

The recommendation to create a board for the Department derived from the American Samoa Health Planning Program in which the ASHCC plays an important role in the development of the Territorial Health Plan which was approved by Governor Coleman as the official health policy statement of the Territory.

The recommendation asked that the board membership be composed of ASHCC members, both consumers and providers because they were well-informed of health problems and needs and were committed to the implementation of the Governor's Territorial Health Plan.

Although no executive order creating the board or an announcement of the appointment of its members has been made public, the ASHCC has learned that the Board has already met several times and its membership includes: Lt. Governor, Deputy Director of Health, DOH Administration, Manpower Resources Director, ASHPDA's Director, and Special Assistant to the Governor.

HEALTH DEPARTMENT'S NEW ORGANIZATION APPROVED

A new organization proposed for the Department of Health has been approved by the Governor. The purpose of the new organization is to meet the Department's need for system integration and improved management information in order to be more efficient and effective in the performance of its services to the Territory.

Health Director Nofo Siliga stated that the Department faces many problems, but three of the major problems have persisted because the existing organizational structure has, itself, been a barrier to the efficient management of the Department.

The first major problem is the over-concentration of decision-making in the office of the Director, the bulk of which has to do with the practice of medicine and the problems related thereto. The Department is poorly organized, and lines of communication have also been poor. Almost all authority and control are highly centralized in the Director's office resulting in the internal operation with little or no time to concentrate on the big issues of system-wide management, planning, and organization toward long-range improvements. Furthermore, there are no written policies and procedures to guide the performance of the people in the system.

The second major problem is the lack of long-range institutional planning and budgetting. There is presently no long-range institutional planning in the Department. Long-range institutional planning is a discipline that requires specialized expertise which does not exist in the present organization.

The third problem is the unavailability of relevant and timely information needed for institutional and patient management. Again, this is another area which requires a person with specialized expertise which the existing organization does not have. The Director of Health, needs appropriate, reliable and timely infor-

mation for the effective management of the Department of Health.

When implemented, the new organization is expected to alleviate these particular problems, and others. The Department is organized into three distinct divisions with divisional chiefs as Assistant Directors with clear responsibilities. Many of the routine decisions and tasks now performed by the Director would be carried out by this level of management. This would alleviate the problem of over concentration of decision-making in the Director's office. The Assistant Director for Patient Services Division, for example, would be delegated authority to make all medical care decisions such as approval for off-island care, staffing, quality of medical practice, scheduling, displinary action, etc. This is a new position and would provide the greatest benefit by relieving the Director of Health of the overly burdensome task of personally dealing with internal operational problems.

The new organization also calls for a health planning & information office attached to the Director's office. This special unit would perform long-range institutional planning and provide needed information services for the Department and its Governing Authority for guiding decision-making in health system development and operations. This unit would also provide technical assistance to the health program directors in program planning, implementation and evaluation.

A financial operations officer, a position absent in the former organization, will be responsible for overall Departmental budgeting and expenditure monitoring as well as revenue collection activities. This position will report directly to the Director of Health.

Copies of the new organization chart are available at the Director's office during working hours for those individuals interested.

HEALTH DIRECTOR COMMENDED

Health Director Nofo Siliga has been commended by the ASHCC and ASHPDA for his prompt and decisive actions to implement several important planning recommendations of the Territorial Health Plan since becoming the Director of Health.

By the recommendation of the ASHCC, Chairperson Fa'auuga Achica and the ASHPDA Director Charles McCuddin co-signed a letter expressing appreciation to the Health Director.

The letter pointed out those actions taken by or under the Director's leadership which are aimed at the improvement of the health care system for American Samoa. Among these actions are:

- new organization- a new organization has been proposed to meet the need for system integration and improved efficiency, and the need for improved management information.
- physician recruitment- a contract with a state-side professional group to handle the recruitment of state-side physician for the LBJ Medical Center, was signed. This action should result in move efficient physician recruiting, greater average staffing levels, and hopefully a reduction in need to refer patients off-island.
- Medicare- professional financial assistance to re-establish and negotiate Medicare reimbursement rates for the hospital, was obtained. This action would result in an additional $610,000 in otherwise lost Medicare dollars. This windfall is expected to become available for use by the Department of Health for needed improvements.
- Honolulu Based Physician & Medical Social Worker- a part-time physician and a medical social worker have been hired to work in Honolulu with

the Tripler Army Hospital to reduce the average length of stay for Samoan patients at that facility, thus resulting in an expected $400,000 savings in the off-island referral costs for FY 1982.

"If the optimal benefits of the planning process are to be realized, planning and implementation must go hand-in-hand," the letter continued to point out.

"Gone are the days, when Department Director could afford to manage by the seat of their pants, and operate from day to day without regard for the need to squeeze out the last ounce of benefit for each dollar scarce resources expended," the letter concluded.

CONFERENCES & MEETINGS

There are important meetings and seminar coming up that will provide off-island opportunities for continuing education of the members of the ASHCC and the ASHPDA. Information has been received concerning the following meetings:

- 1536 Consortium- Annual meeting of the "1536" Pacific Basin Health Planning Agencies and Councils will be held on June 21-25, 1982, at Agana, Guam. The Guam Health Planning and Development Agency will be the host agency.
- American Health Planning Association Annual Conference- will be held in June 6-8, 1982 in Washington, D.C. This is a very important meeting where the future of health planning will be a major subject of discussion.
- Health Executive Development Program- sponsored by the Sloan Program in Hospital and Health Services Administration, Cornell University, June 14-24, 1982. This is a program for the staff only.

FY 1982-83 GRANT APPLICATION SUBMITTED

A grant application asking for $267,040 to continue the existing health planning program of the Territory in 1982-83 was submitted to the Regional Office, on April 8, 1982 with the Governor's approval. An Annual work program for the ASHPDA and the revised Territory Health Plan were also submitted as part of the application.

The application was first presented to the ASHCC for comments. Both the ASHCC and ASHPDA are optimistic about prospects for continued funding of the program despite the President's proposal to phase out the program next year. Health Planning is one of the federally funded program that is needed in the Territory. Efforts are being made to sustain the program if the federal support is cut off.

ASG RECENTLY RECEIVED MEDICARE REIMBURSEMENT REVENUES

Under the current project sponsored by the American Samoa Health Planning & Development Agency, the American Samoa Government recently received a total of $384,000 Medicare reimbursement for inpatient services at the LBJ Medical Center for 1978 to 1981.

Of this amount, $199,000 was first received for claims from October 1980 to September 1981, and $185,000 was for 1978 to 1981. This amount is one-time gain to the ASG when the billing rate was revised from the previous $59.75 per day to $155 a day for 1982. With the new rate of $155, it is estimated that American Samoa will get $246,000 of Medicare revenue for 1982. This means American Samoa will get a total of about $630,000 of Medicare funds during 1982. All this money, when received, will be deposited into the ASG's general fund. Requests will be made to get aside a great deal of these Medicare funds for needed health improvements.

American Samoa Government was fortunately able to obtain the Medicare revenues because of the financial assistance of the consulting firm of Siegel & Associates. Under the auspieces of the American Samoa Health Planning Agency, the ASG currently has a contract with the firm to carry out a project whose objective is to prepare the delinquent annual Medicare cost reports, revise billing rates, and improve the LBJ Medical billing and collection systems and procedures.

According to Siegel, the current year reimbursement of about $246,000 can be considered a minimum on-going revenue stream in future years, assuring the number of Medicare inpatients and rate do not decline.

Siegel also revealed that besides the significant Medicare inpatient revenue, there is greater revenue potential in other areas - over $750,000 a year. Sources of this additional potential revenues and recommendations for pursuing them are presented in the Siegel's Report. Copies of the report are available in the Bayshore Office of the Health Planning Agency, Faga'alu.

AMERICAN SAMOA HEALTH PLANNING
AND DEVELOPMENT AGENCY
LBJ MEDICAL CENTER
AMERICAN SAMOA 96799

Lynne Sugiyama
University of Hawaii Library
Serials Receiving
2550 The Mall
Honolulu, Hawaii 96822