



# The Health Care Consumer

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## Proposal Calls for Consumer Health Network

The Consumer Commission on the Accreditation of Health Services, Inc. (CCAHS), a New York-based consumer group, has completed a position paper for the U.S. Department of Health, Education, and Welfare (HEW) on the important subject of a national consumer health network.

Though the paper was produced on a modest grant of \$5,000 from HEW, consumerists who have read it have judged it to be a sophisticated and comprehensive document — one that asks difficult questions and provides reasoned recommendations.

Entitled "The Development of a Consumer Health Network," the paper was begun in 1977 and is at this writing en route to the Health Resources Administration of HEW. HEW had asked the Consumer Commission to "discuss the opportunities, obstacles, and organizational approaches [needed] to develop and implement an organized national health planning consumer constituency."

The first two sections of the 70-page paper deal with the need for an independent national health-care consumer organization. The third section, which deals with the specifics of a national network plan, is probably of most interest to the readers of the *Health Care Consumer*. This section gives a detailed, thoughtful description of the structure and function of the proposed national network — which is to "create the institutional means for consumers to participate in health planning at parity with providers."

The network, as recommended by the CCAHS, would be a three-level, not-for-profit organization with offices organized on the local (HSA), state (SHCC), and national levels, to correspond with the government's health planning structure established by PL 93-641. State and local consumer groups, like the Association of Health Care Consumers, "would relate to each other and to the national organization much as members of an alliance do — as autonomous groups acting primarily in their own interests."

Overall policy and direction for the network would be made by the national corporate body, composed of representatives of national, state, and local health consumer groups; labor management representatives; consumer members of HEW's National Health Planning Advisory Council; and government officials.

Each level of the network, under the CCAHS proposal, would have a salaried staff to provide technical assistance, coordinate data and information, develop communication systems, and in general create the same political accountability and credibility to the health consumer movement currently afforded providers by their special-interest associations.

The national office would establish standards and criteria for affiliation with the network. Also, the national office would publish a regular newsletter.

Funding for the health consumer network seems the most crucial issue. After considering a number of options (including direct Congressional funding), the CCAHS proposal

recommends, first, identifying the amount of government reimbursement money (Medicare and Medicaid) spent by institutional providers for support of provider-oriented activities in a given year. Then, presumably with an amendment to the Social Security Act, a proportion of that amount will be channeled to the consumer network, with the remaining proportion going to the provider interest groups.

The Consumer Commission sees this method of funding as generating enough income for the network while not forcing an increase in the general cost of health care. Also, this method seems sufficiently independent of the political process, as Congressional appropriation would not be.

The proposal was based not only on research, but also on health consumer questionnaires administered last summer in Los Angeles, Calif.; Birmingham, Ala.; Chicago; and New York City. Many of the respondents were HSA Consumer board members. The results of the survey are used throughout the proposal to support various points and to make the overall point that the network is badly needed.

*(In March, the Consumer Commission received a grant that will enable it to publish this valuable proposal in its entirety, in two issues of the Commission's newsletter. Meanwhile, a copy of the proposal is on file at the AHCC office, 109 N. Dearborn, 12th Floor.)*

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## Kane, Lake, McHenry News

Concerned consumers are alive and well in Kane, Lake, and McHenry counties of Illinois — the area served by the Health Systems Agency (HSA)-18. Though there is no organized consumer caucus as yet in that area, attendance at recent hearings seems to show that there is an interest and a potential to be organized.

The Kane, Lake, and McHenry HSA held public hearings on its Health Systems Plan (HSP) and Annual Implementation Plan (AIP) in January. Three hearings were scheduled on each document, one hearing for each of the three counties involved.

At the three HSP hearings taken as a whole, 71 commentators voiced opinions on the plan. Of that total, 53 were providers and 18 were consumers (or, 75% providers and 24% consumers).

At the AIP hearings, consumer commentators outnumbered providers. There were 31 comments filed on this plan, with 19 from consumers and 12 from providers (or, 61% consumers and 39% providers). Consumer advocates can only be encouraged by this strong show of interest in the KLM — HSA's plans for the coming year.