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SPECIAL NOTICE

Please note the new price-code table on the outside back cover. It reflects new prices effective January 1, 1980.

With this issue of *Abstract Newsletters*, you will note a change in configuration for PB-prefixed accession numbers assigned by NTIS. The new configuration simplifies the numbering of documents. Additional intelligence is incorporated into the number itself. The year of announcement plus identification of Published Searches and subscription items will now be an integral part of the accession number. Published Searches (previously announced as NTIS/PS-xx/xxxx) will be announced in the PB80-8xxxxx number range, and all subscription items will be announced in the PB80-9xxxxx number range. The first two characters of the number—PB—have been retained to provide continuity of the NTIS number series.

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The new configuration applies only to numbers assigned by NTIS. There are no changes in accession or report numbers assigned by other agencies such as NASA, DoE, and DTIC.

About the Health Planning & Health Services Research Series

The Series is prepared in collaboration with the National Health Planning Information Center (NHPIC), in the Bureau of Health Planning. The Bureau is a component of the Health Resources Administration, one of the six agencies that make up the Public Health Service, Department of Health, Education, and Welfare. Included in this Series are documents related to health services and health needs, health services and facilities utilization; health manpower requirements, utilization and education; health related costs; methods of health services funding; and Government and private agency activities related to health planning resources development. Documents to be considered for inclusion in the Series may be sent to the National Health Planning Information Center, Center Building, Room 5-22, 3700 East West Highway, Hyattsville, MD 20782. Citations listed in the Series do not necessarily represent approval or official endorsement by the Bureau of Health Planning of the Department of Health, Education, and Welfare.

Paper copies or microfiche of noncopyrighted documents announced in this Series should be ordered from the National Technical Information Service. See last page for ordering information.

PLANNING METHODOLOGY

Resource Allocation.
S. J. Senn, and H. Shaw.
Tunbridge Wells Health District (England). 1978, 6p Pub. in Jnl. of Epidemiology and Community Health v32 n1 p22-27 1978.
HRP-0025546/3 Not Available NTIS

Anomalies in the formula of the Resource Allocation Working Party (RAWP) report are identified to indicate how they may affect revenue allocation within a health region. Most criticisms are directed toward the treatment of flows of pa-

centers may not depend solely on a balanced budget. It may also require a broadened concept of what centers can and should do.

National Health Service I. (Health Perspectives v4 n1). Consumer Commission on the Accreditation of Health Services, Inc., New York. May 77, 6p See also NHS-II -- V, HRP-0029092 -- HRP-0029095. Available from Consumer Commission on the Accreditation of Health Services, Inc., 381 Park Ave. S., New York, NY 10016.
HRP-0029091/6 Not Available NTIS

This article proposes a national health service (NHS) in the United States. Reasons why the existing health care system has failed are cited. They concern fee-for-service reimbursement, reimbursement systems that encourage unnecessary procedures, the failure of the Government to develop effective controls over the supply and distribution of services, a lack of accountability in institutional expenditures, the lack of coordination between cost reimbursement and health planning, political influences, reliance on peer quality review, inadequate quality of care standards, financial and geographic barriers to health care, a lack of consumer health education, and the exclusion of consumers from the decisionmaking process. As envisioned by the Consumer Commission on the Accreditation of Health Services, Inc., an NHS would: create a nationwide mechanism for financing the reorganization of health and medical services, place providers of care under public control, establish realizable health goals, place services in areas of greatest need, establish and implement a coordinated health plan based on regional needs, provide equal access, permit service evaluation, eliminate unneeded and duplicative services, expedite shared services, improve services and control costs, involve consumers in the decisionmaking process, establish health care as a right, and replace the dominance of providers' interests with societal goals. Steps in the transition are outlined.

National Health Service II. (Health Perspectives v4 n2). Consumer Commission on the Accreditation of Health Services, Inc., New York. Jun 77, 8p See also NHS-I, HRP-0029091, NHS-III -- V, HRP-0029093 -- HRP-0029095. Available from Consumer Commission on the Accreditation of Health Services, Inc., 381 Park Ave. S., New York, NY 10016.
HRP-0029092/4 Not Available NTIS

The selection of providers in a national health service (NHS) program for the United States is considered. The policy advocated by the private health care sector of no Government interference has been institutionalized in Federal legislation. Title XVIII (Medicare) of the Social Security Act prohibits Federal involvement in the private practice of medicine. The development of an NHS means that health care providers must be selected according to the population's needs. An explicit contractual relationship between the Government and providers must be established in an NHS and any transitional program. Approximately 200 health systems agencies (HSA's) have been established under the National Health Planning and Resources Development Act of 1974. These agencies constitute an organizational framework for the review and selection of needed providers. HSA's are charged with developing regional health systems plans; and the unecessary expansion or development of institutions is a major concern. Public ownership of hospitals or control of their governing bodies is required in order for the Government to be able to use hospitals to implement national and regional policies and become responsive to community needs. Consideration must be given to the role of State regulation, standards, nursing home regulation, hospital assessment, hospital termination, and the principle of due process in the implementation of an NHS.

National Health Service III. (Health Perspectives v4 n3). Consumer Commission on the Accreditation of Health Services, Inc., New York. Oct 77, 8p See also NHS-I -- II, HRP-0029091 -- HRP-0029092, NHS-IV -- V, HRP-0029094 -- HRP-0029095. Available from Consumer Commission on the Accreditation of Health Services, Inc., 381 Park Ave. S., New York, NY 10016.
HRP-0029093/2 Not Available NTIS

Regionalization and education are issues in the implementation of a national health service (NHS) in the United States. Regionalization demands systematic organization, a focus on the population's needs, and ownership and control of the health system by the Government, representing and assisted by citizens. A regionalized health care system economically integrates preventive, ambulatory, emergency, inpatient, home, and long-term care and related supporting services. The development of a network of interrelated health facilities delivering primary, secondary, and tertiary levels of care is basic to the concept of regionalization. Benefits resulting from regionalization through an NHS can be realized by establishing a well-defined relationship among these levels of care in terms of referral patterns, the organized flow of patient data, special consultant services, and the rotation of providers through the health care system to assure proper continuing education and communication. Health-related legislation is reviewed, including the Hospital Survey and Construction Act; the Heart Disease, Cancer, and Stroke amendments authorizing the establishment of regional medical programs; the Comprehensive Health Planning Act; and the National Health Planning and Resources Development Act of 1974. National health insurance plans in England and Sweden are examined.