

REORGANIZATION

Federal responsibilities in health have expanded and diversified very rapidly over the past few years. The history of the Health Services and Mental Health Administration illustrates this expansion. During its 5-year lifespan, HSMHA doubled the number of programs for which it was responsible, reaching the unprecedented level of 17 major congressionally mandated programs by 1972.

This growth, combined with other developments elsewhere in the health field, posed a formidable administrative challenge: How can limited Federal health resources be deployed, managed, and utilized to produce the best possible results—results measured in terms of support to the health care system and ultimately in better health services for the American people? This is the purpose to which the reorganization was addressed.

The first step is to develop a workable structure capable of being administered effectively by the Assistant Secretary for Health. The new structure provides for five major agencies, each corresponding to a primary element of the Federal health strategy:

The National Institutes of Health (NIH) for the research mission;

The Food and Drug Administration (FDA) for the regulatory functions related to consumer protection;

The Center for Disease Control (CDC) for the preventive medicine and public health responsibilities;

The Health Services Administration (HSA) for responsibilities related to the delivery of health care and the quality of care;

And the Health Resources Administration (HRA) to help develop health service resources and improve the use of those resources.

These last two are the "new" agencies now in process of formation. HRA includes three major Bureaus: Health Statistics, Health Services

Research and Evaluation, and Health Resources Development. HSA consists of four: Federal Health Programs, Indian Health, Community Health Services, and a significant new element, the Bureau of Quality Assurance.

HSA's Bureau of Community Health Services combines a number of programs whose target is the delivery of care at the community level. These include such long-standing activities as the maternal and child health and migrant health programs, the neighborhood health centers, and two new thrusts—the National Health Service Corps and the Health Maintenance Organizations Service.

In the past these programs, operating in large degree independently of each other, have presented to the community a confusing mixture of guidelines and regulations, often mutually incompatible. The new structure will foster the development of commonality of procedures. At the same time, it will encourage more effective use of limited Federal manpower and funds, because these programs contain numerous common elements—technical assistance, program planning, clinical concerns, and others—which can be performed more efficiently, with much less wasteful duplication of effort, in a single Bureau organized along functional lines.

The new health agency structure within the Department of Health, Education, and Welfare, and the two new agencies created within that structure, provide the Assistant Secretary for Health and through him the Administrators of the five agencies with an improved instrument for carrying out the Federal health strategy and performing the Federal health missions. It will use limited Federal health resources more efficiently. More importantly, it should bring increased benefits from those resources to the people at the receiving end of the health care system.

COVER:

Personnel from the 571st Medical Detachment, Fort Carson, Colo., transport emergency patient from remote mountain area to Denver hospital. page 579. Photo: John Gordon, Rocky Mountain News.

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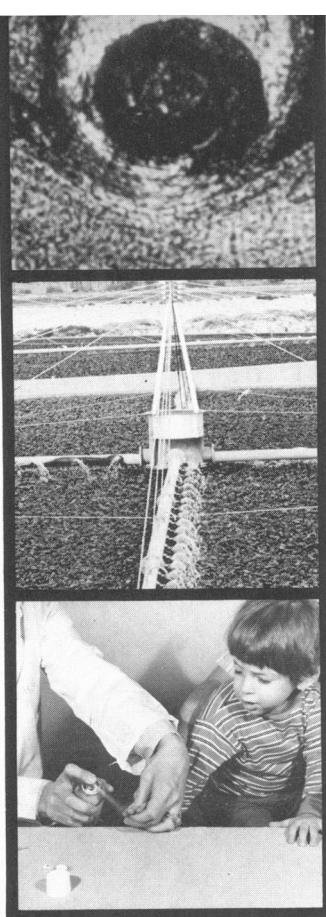
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