

**GAO**

Health, Education, and Human Services  
Division

August 1998

**Health Services Quality  
and Public Health Issue  
Area Plan**

**Fiscal Years 1999-2000**



In the pages that follow, we describe our key planned work on these pivotal issues.

Because events may significantly affect even the best of plans and because periodic measurement of success against any plan is essential, our planning process allows for updating and provides flexibility to respond quickly to emerging issues. If you have any questions or suggestions about this plan, please call me at (202) 512-7119.



Bernice Steinhardt  
Director  
Health Services Quality and Public Health Issues

---

# Contents

---

Foreword	1
Table I: Key Issues	4
Table II: Planned Major Work	6
Table III: GAO Contacts	7

---

# Table I: Key Issues

Issue	Significance
<b>Public health:</b> Do federal agencies and public institutions have the capability to ensure the public's health and safety efficiently and effectively?	The American public has expressed growing concern about a variety of public health issues, such as adolescents' use of tobacco and other drugs, the rising burden of chronic disease, and the increase in antibiotic resistant diseases. Moreover, they are concerned about the ability of public health institutions to meet unexpected public health challenges. In addition, products regulated by public health agencies have annual sales of \$1 trillion, representing one-fifth of all consumer spending. The Congress has begun to use the Government Performance and Results Act (GPRA) to hold federal public health agencies accountable for effectively and efficiently meeting their responsibilities to prevent, control and treat public health problems. Agencies, in response, are developing new strategies to improve their performance and redefining the nature of their public and private partnerships to ensure greater accountability.
<b>Quality of care and consumer protection:</b> How can accountability for health care quality be ensured?	Recent federal activity has increased the focus on health care consumer protections and quality of care concerns as the health care delivery system, including the Medicare and Medicaid programs, moves increasingly to control costs. About three-quarters of those with health insurance are enrolled in some kind of managed care, including more than 5 million Medicare beneficiaries now enrolled in HMOs. The 1997 Balanced Budget Act provides Medicare beneficiaries with additional information about health plan performance, while the President's Quality Commission proposed a Bill of Rights to improve consumer confidence and quality of care. These developments call for expansion of the role of the federal government in coordinating quality assessment and improvement activities across the public and private sectors. Congressional interest in assuring health plan quality and members' rights calls for a greater understanding of the development and use of quality measurement, and the efforts of public and private quality oversight organizations. In addition, the federal government is assuming a more active oversight role in the effort to assure high quality care in long-term care settings.
<b>Access to care:</b> How can the federal government improve access to health care for all Americans?	Millions of Americans face barriers in access to health care. Some face barriers because they are uninsured, or have insurers or providers who either constrain or restrict their access to health services. Still others live in areas that have an inadequate supply or mix of health providers. In this increasingly cost-conscious health care environment, there is growing concern about the ability or willingness of public and private sector providers to continue to serve populations who are vulnerable because of their financial, health, or social condition. In addition, although the federal government spends more than \$1 billion a year on programs to increase access to care, it is not clear how well these programs are achieving their goals. The Congress, therefore, will need information on how changes in the financing and delivery of health care affect different populations' access to care and whether federal programs are fulfilling their health care access missions and goals.

**Table I: Key Issues**

<b>Objectives</b>	<b>Anticipated Results</b>
<ul style="list-style-type: none"><li>—Examine various approaches for ensuring the public's health and safety, the cost of those approaches, and the levels of protection and efficacy they afford.</li><li>—Assess whether federal oversight activities ensure desired public health outcomes and the effective use of federal public health dollars.</li><li>—Assess the capacity of public health agencies and programs to meet public health needs.</li><li>—Assess the implications for public health of shifting roles and responsibilities and the development of new partnerships among federal, state, and local governments, communities, and the private sector.</li></ul>	<ul style="list-style-type: none"><li>—Identify cost-effective programs and strategies for preventing and treating substance abuse among teenagers.</li><li>—Identify opportunities to improve agency evaluation and oversight of alternative medical therapies and marketed drugs, devices, and other medical products.</li><li>—Provide advice on improving HHS strategic and performance measurement plans.</li><li>—Highlight methods for strengthening the public health infrastructure and means to combat infectious disease at the federal, state, local, and international levels.</li></ul>
<ul style="list-style-type: none"><li>—Assess the impact of changing delivery systems and public policies on health care quality.</li><li>—Examine how quality measurement and reporting systems are used.</li><li>—Examine the efforts of government and federally-supported health care oversight organizations to ensure accountability for quality care and consumer protection.</li><li>—Examine efforts to increase patient participation in health care decisionmaking through enhanced procedural protections.</li></ul>	<ul style="list-style-type: none"><li>—Provide an improved understanding of private-market health plan policies and practices that affect quality of care and consumer choice.</li><li>—Identify implications for Medicare and Medicaid beneficiaries of current practices in the fee-for-service and managed care delivery systems.</li><li>—Identify opportunities to improve federal oversight of quality of care in nursing homes and other institutional settings.</li></ul>
<ul style="list-style-type: none"><li>—Improve understanding of the barriers people face in obtaining access to health care.</li><li>—Assess implications of health care marketplace changes (e.g., the growth in managed care enrollment and the conversion of not-for-profit hospitals to for-profit status) on access to services.</li><li>—Assess federal efforts aimed at improving access to care.</li></ul>	<ul style="list-style-type: none"><li>—Identify ways to lower barriers to health care for specific populations, such as disabled citizens.</li><li>—Highlight significant changes and trends in the provision of charity care.</li><li>—Identify opportunities to better target federal programs to increase access to care.</li></ul>

(continued)

**Table I: Key Issues**

<b>Issue</b>	<b>Significance</b>
<b>Health care information and technology assessment:</b> How will advancements in research, technology, and information systems affect the public's health and patients' rights?	The development of new knowledge and medical technology in areas such as human genetics, drug testing, computerized patient records, and transplantation raises many ethical and legal issues. These include concerns related to access to experimental or alternative therapies, the techniques used to assess such therapies, and how information on treatment effectiveness is fed back into medical practice. Other conflicts arise in considering how to make available the benefits of new technologies when costs are high and supplies are limited, and in how the responsible federal agencies exercise oversight to assure the reliability and efficacy of new treatments. The development of an extensive health information network that will make information more readily accessible but less private raises concerns related to patient confidentiality and the trade-offs involved in using data for research and quality assurance. Providing the Congress with information on how advancements in science and technology are used and accepted, while also evaluating the trade-offs involved, will help inform congressional deliberations.

---

**Table I: Key Issues**

---

**Objectives**

- Examine public and private mechanisms for evaluating medical interventions.
- Assess the implications of the increased availability of health-related information.

---

**Anticipated Results**

- Identify opportunities to improve federal oversight and evaluation of new treatments and diagnostic techniques.
  - Provide a basis for Congressional decisions on protecting patient privacy while promoting the beneficial use of medical information in the development and evaluation of effective medical care.
-

# Table II: Planned Major Work

Issue	Planned Major Job Starts
<b>Public health</b>	<ul style="list-style-type: none"> <li>—Examine the capacity of federal, state, and local government agencies to conduct public health surveillance activities.</li> <li>—Review HHS performance plans and follow-up reports required by the Results Act.</li> <li>—Evaluate CDC's ability to work with international health organizations and state health departments to respond to global health threats.</li> <li>—Evaluate the risks that cosmetics pose to consumers and the systems that are in place to guard against those risks.</li> <li>—Assess the adequacy of FDA's system for ensuring the safety and effectiveness of drugs once they have been introduced into the marketplace.</li> <li>—Evaluate FDA's implementation of tobacco regulation.</li> <li>—Evaluate federal and state efforts to date to reduce teen smoking.</li> <li>—Examine federal, state and private sector efforts to address drug resistant organisms and their implications for public health.</li> <li>—Assess the effectiveness of federal efforts to reduce substance abuse by youth.</li> <li>—Assess what is known about the effectiveness of public health programs aimed at adolescents.</li> <li>—Assess current federal approaches to assure the safety and effectiveness of alternative medical therapies.</li> <li>—Examine alternatives for measuring the performance of biomedical research programs.</li> <li>—Examine NIH budget and financial management issues.</li> </ul>
<b>Quality of care and consumer protection</b>	<ul style="list-style-type: none"> <li>—Compare treatments and outcomes of heart attack patients under Medicare managed care and fee-for-service plans.</li> <li>—Evaluate current efforts to develop and implement provider-level performance measures.</li> <li>—Evaluate early experience implementing the Consumer Assessment Health Plan Study (CAHPS).</li> <li>—Evaluate HCFA's approach for improving quality through Peer Review Organizations.</li> <li>—Evaluate the applicability of Medicare's health plan standards for participation in the Medicaid program.</li> <li>—Review the experience of ombudsman and consumer assistance programs for long-term care and managed care consumers.</li> <li>—Determine how payers decide when to reimburse for an "experimental" therapy.</li> </ul>
<b>Access to care</b>	<ul style="list-style-type: none"> <li>—Examine the implications for charity care of the conversions of not-for-profit hospitals to for-profit status.</li> <li>—Examine the consequences for safety net providers of changes in the health care marketplace.</li> <li>—Examine the impact of federal financing of graduate medical education on the mix and distribution of health providers.</li> <li>—Assess how the Medicare Incentive Payment program affects access in underserved communities.</li> <li>—Assess health facility compliance with the Americans with Disabilities Act.</li> </ul>
<b>Health care information and emerging technologies</b>	<ul style="list-style-type: none"> <li>—Evaluate the information available for determining the comparative efficacy of pharmaceuticals.</li> <li>—Examine the federal government's oversight of the safety and reliability of genetic testing.</li> <li>—Evaluate federal oversight and standards for training and certification of personnel in the use of new diagnostic and therapeutic medical devices.</li> <li>—Examine the information and methods available for evaluating products classified as dietary supplements.</li> <li>—Examine the controls in place to insure the privacy of medical records in privately funded research.</li> </ul>



# Table III: GAO Contacts

---

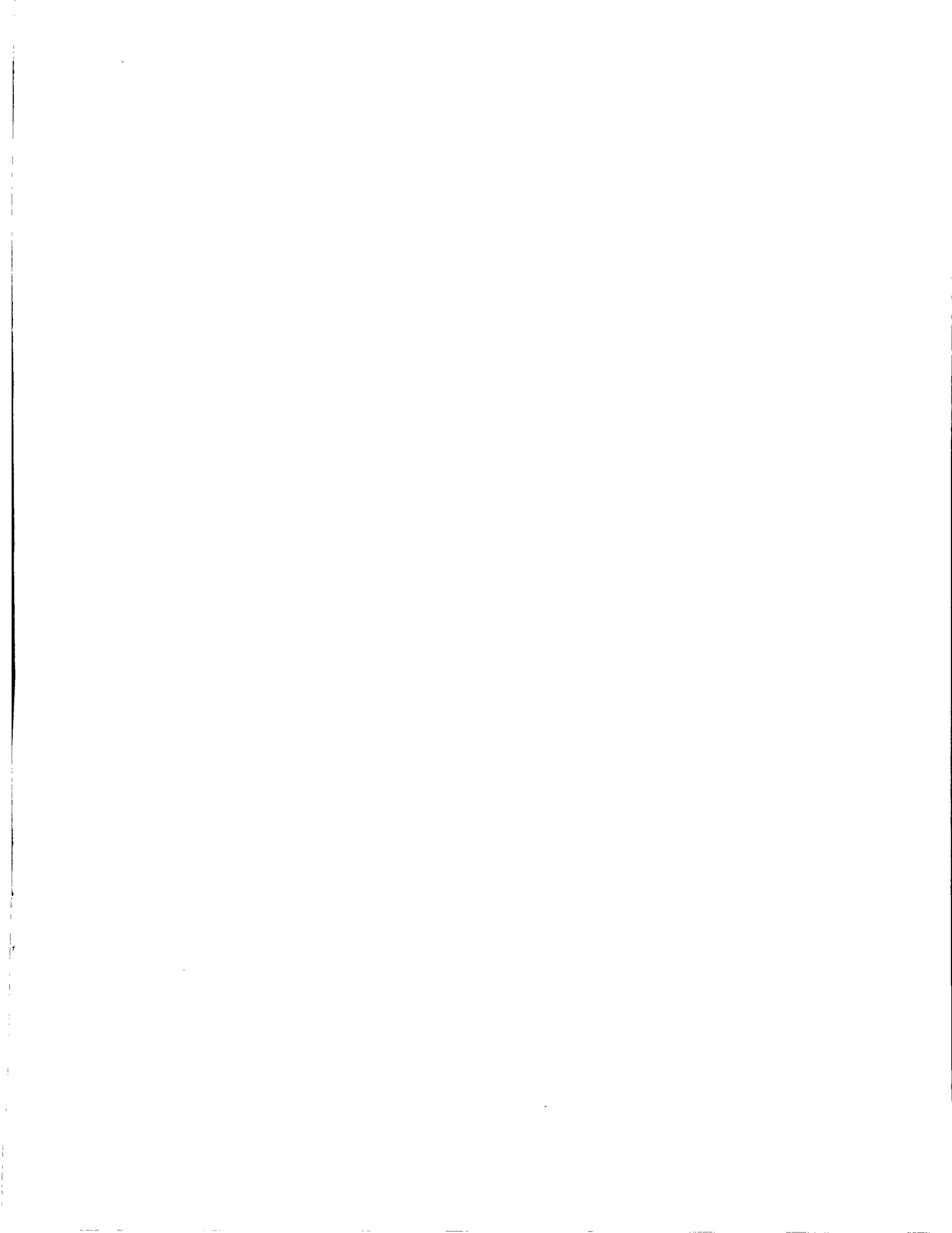
<b>Director</b>	Bernice Steinhardt	(202) 512-7119
-----------------	--------------------	----------------

---

<b>Associate Director</b>	Marsha Lillie-Blanton	(202) 512-7119
---------------------------	-----------------------	----------------

---

<b>Assistant Directors</b>	Marcia Crosse John Hansen Rosamond Katz James McClyde Michele Orza Frank Pasquier (Seattle) Helene Toiv
----------------------------	---



---

---