Determining Community Health Service Needs

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A COMMUNITY'S NEEDS for hospital beds and other health facilities, and for nurses and other health personnel, are determined primarily by the patterns of medical practice of that community's physicians.

In serving a community, physicians in group practice will have different needs for facilities and personnel than [will] physicians in solo practice. The community's needs for facilities and personnel will also differ widely, depending upon (a) the proportion of physicians who are specialists and the proportion who are general practitioners, (b) the extent to which practicing physicians are in short supply, (c) the proportion of physicians who are hospital based and essentially in full-time hospital practice, formally or informally, and many other factors involved in medical practice. Health needs cannot be determined by simply projecting trends in the community's population and illness patterns. Of at least equal importance are projections of how health care services will be organized.

In this respect, health service planning does not differ from other forms of service planning. Planning for police protection may serve as an example. Even though we may know all of the essential characteristics of a community, including how much crime it may be expected to have, we cannot mechanically determine how many policemen are needed, how many prowl cars, how many jails. First, decisions must be made as to how police protection will be organized. Will policemen walk the beat or ride in prowl cars? If prowl cars, one man or two men per car? etc., etc.

IN DETERMINING NEEDS in health service or in police work, there is no single right answer applicable to all communities. Everything depends upon how the work is going to be organized. In many foreign countries, there is actually little difference between planning for police work and for health service. Some government officials decide how all police work is going to be organized, and some other government officials decide how all health service will be organized. Once these decisions are made, determinations of community needs are straightforward and relatively unimaginative.

In the United States, almost everyone is opposed to centralized determination of the organization of personal health services. As a result, any overall determination of community needs—except in the most general sense—must be highly academic, and of little value from a practical point of view.

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In the United States, the organization of health services has been changing rapidly during the past few decades—[now exhibiting] many different patterns even in the same metropolitan area—and will continue to change rapidly in the future. This highly dynamic situation exists because of rapid advances in medical technology, and because any licensed physician is free to organize his services in any way he sees fit, consistent with the ethical standards of his profession. There is one practical limitation: he must conform to the rules and regulations of the medical staffs of the hospitals to which he wishes to belong. This is very important, because his freedom to organize his services means little without appropriate hospital affiliation. For example, if he cannot qualify for hospital privileges to perform brain surgery, he will be unable to exercise his freedom to perform this service.

TODAY, virtually all practicing physicians must have and do have hospital medical staff appointments. Physicians accept limitations on their freedom by hospital medical staffs because they participate in the decisions.

From a practical point of view, then, the hospitals and their medical staffs determine how health services will be organized in each community. Accordingly, only the hospitals and their medical staffs are in a position to make realistic determinations of community needs.

In our society, the key health planning agency is the individual hospital. The job of an areawide planning body is not to make plans, but rather to stimulate the planning effort at each hospital, to assist each hospital in its planning efforts, and to attempt to coordinate the planning efforts of different hospitals so as to avoid duplication and overlapping as well as health service gaps.

In particular, each individual hospital should be encouraged and assisted to plan in relation to its own determination of community needs. Most hospitals wish to plan only in relation to the insitution's needs, without consideration of community needs. Because of the prevalence of physicians with multiple staff appointments, planning on the basis of institutional needs almost inevitably leads to a degree of wasteful duplication that is no longer acceptable.

IN ALLEGHENY COUNTY, the Hospital Planning Association has provided specific suggestions to each hospital on how to determine its community's needs. Of paramount importance, each hospital is urged to establish a long-range planning committee with representation of board, medical staff, and administration to make the policy decisions necessary for determination of community needs.

The first policy decision involves the population the hospital wishes to serve—that is, what its service area or community will be. The second policy decision involves how health services will be organized for the people in this service area. In particular, this involves projection of future relationships among the people in the area, their physicians, the hospital and its medical staff, and the other health facilities serving the same area. This projection process necessarily involves detailed discussion among the medical staff, trustees, and administration of the individual hospital. Once a consensus is attained within the hospital family as to how health services will be organized, an attempt can be made to achieve policy agreement with representatives of other hospitals and various health and civic agencies serving the same population group. Finally, the hospital will publicize its policy decisions so that people in the service area can take advantage of a logical and orderly program for meeting their health needs.

This approach to determination of community health needs is perfectly straightforward, but it is not easy or simple. I can discuss the complexities involved, at great length. But the initial problem is not the complexity, but rather the lack of acceptance of the community approach by hospitals.

MOST HOSPITAL TRUSTEES, administrators and medical staffs are not accustomed to joint discussions about the future of medical practice in their own service area. Most individual hospitals and their medical staffs assume that they can justify continued community support for the hospital by provision of high quality service for the sick, whether this service is planned or unplanned, duplicating or non-duplicating, needed or unneeded from a community point of view. This appealing assumption is false, expensive, and dangerous. Most hospitals and physicians do not yet realize that failure to plan (on the basis of determination of community needs) by each hospital and its medical staff, will almost inevitably lead to loss of self-determination.

If hospitals and their medical staffs must conform to 'outside' determinations of community needs, they must also conform to 'outside' determinations of the organization of medical practice. The resulting loss of autonomy will be just as great whether the 'outside' determination is made by a voluntary or government agency.

FORWARD-LOOKING physicians on medical staffs of hospitals can help to convince trustees, administrators, and other members of the medical staff, of the importance of basing a hospital's plans on its own determination of community needs.

In Allegheny County, the Hospital Planning Association is committed to determinations of community needs by each hospital, and stands ready to help any hospital with the many technical problems involved. In line with this commitment, endorsement of individual hospital plans by the Hospital Planning Association is now limited to those which are based on determination of community needs.

• This statement was prepared for a panel discussion on health service planning at the 1965 Pennsylvania Medical Society Officers' Conference in April.