Discussion

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The Merriam and Bryant papers, to their credit, do not leave me with the discussant's impulse to "pick at" the presentations. I'm inclined, rather, to urge our two presenters on, along the lines of activity that they have opened up.

Both presenters have shown, with their papers, admirable finesse in reducing a large and intricate subject area to a neat nutshell. But for this gift of selectivity and balance, they might have been overwhelmed by the massive and complex data which faced them -- as was the writer of a recent newspaper feature story on the prospects of caring for the aged, who dourly intoned that "The statistics tilt ominously toward the future like an avalanche pouring over the slopes toward the helpless village below." It is to our benefit that Merriam views with benevolence rather than pessimism the potential "avalanche" of data from the emerging program of health insurance for the aged. Yet while portraying the potential to us, she has not denied us an appreciation of the difficulties faced in developing a national data system on health services utilization under the new Medicare program. Within the confines of available time, she has merely spared us some of the cruel challenges imposed by the multitude of intricately varying provisions in the Medicare legislation.

Similarly, Bryant has presented a clearcut summary of a vast amount of data. These data are beginning to appear in a series of monographs from the National Center for Health Statistics dealing with its surveys of nursing and personal care establishments.

Both reports stem from activities which we need to recognize as being revolutionary in our time. This perspective may be a bit difficult to grasp and appreciate, as close as we are to the situation. Let us acknowledge, however, that the kind of national studies which Bryant et al. are reporting are breakthroughs. There was not until this decade the extent of interest in nursing and personal care homes, nor the thrust of resources in that direction, to permit such national survey data to be gathered. The best we were able to do 10 years ago was to mount a 13-state study, largely on a self-selecting basis. That study of nursing homes, in which I was fortunate to have a part, was itself a pioneering foray made possible by the combined impetus of the Commission on Chronic Illness and the Public Health Service. But not until now have we seen a representative national study accomplished.

In parallel fashion, health insurance in the Social Security framework has been long proposed and opposed until the historic passage which we have witnessed this year. In yesterday's session on "Needed Developments in Social Statistics," Frederick Stephan referred to the United States as an underdeveloped country in some areas of social statistics. Merriam and Bryant have made it clear that in the areas which they are covering, we are no longer so much an underdeveloped country as a developing country.

Both papers have evidenced a grasp toward important underlying concepts upon which to build data. Thus, Bryant's data are constructed upon a basic classification which is itself a worthy contribution. The categorization of nursing and personal care homes, devised with thoughtful concepts and skillful method, provides a framework which gives coherence to what would otherwise be an amorphous mass of slippery data.

Merriam penetrates to essentials by stressing the objective of portraying patterns of health service utilization with the individual as a unit, as distinguished from mere cumulation of service units on a mass basis. The elusiveness of some of the potential for organizing utilization data in such illuminating ways can be illustrated here. The legislation provides for inpatient care in hospitals and extended care facilities within the framework of "spells of illness." Utilization data can be especially meaningful in such a framework; unfortunately, the statutory definition of what constitutes a "spell of illness" defeats this potential by specifying that a "spell of illness" ends 60 days after discharge from the inpatient institution. In order to make health service utilization data more meaningful, we have in a recent study been formulating the concept of "episodes of medical care"; we proceed then to make sense of detailed units of service by clustering them within episodes of care gravitating around particular health problems and objectives. The Act's specification of a "spell of illness" in the terms mentioned imposes an administrative necessity which, while geared to the limitation of benefits, disengages the utilization data from the real phenomenon to be represented -- patterns of health care. Whether some conceptual and methodological devises may yet be devised to permit casting the utilization data into the holistic terms of episodes of medical care remains to be seen.

The methodological schemes reported by the two papers invite admiration. Our confidence is engaged by Bryant's description of the sampling design and survey procedure. The follow-up techniques used to gather in the responses were thorough, and the planned combination of mail and personal visits was effective. Merriam's proposal for the employment of "average person-years of exposure" as a base upon which to calculate utilization is a promising refinement. In fact, a variety of features in the plans which she has outlined for us bespeak a fine sense for capitalizing richly on the opportunities -- for

example, to study the characteristics of the uninsured as well as the insured in the aged population, to study the impact of the program upon medical care facilities and providers, to link the program-produced data with supplementing surveys which might be conducted by the National Center for Health Statistics.

It is significant that in undertaking its institutional population surveys, the National Center for Health Statistics gave precedence in its sequence of survey priorities to nursing and personal care homes rather than general hospitals. It is understandable that having accomplished as much as it has in the nursing and personal care institutional area, the Center would now swing its attention away from the nonhospital establishments. The appearance of the Medicare program upon the scene, however, invites the Center's reconsideration. With the baseline data which its survey activity has already established, the Center has in effect set the stage for taking account of the impact Medicare will have on use of "extended care facilities." Relevant here is an observation which Merriam made in an earlier paper to the National Industrial Conference Board, in which she anticipated that "The problem of increased utilization is not as serious with respect to hospitals as with respect to skilled nursing home and other extended care facilities." We may hope that the Center will not rest on its laurels in its already accomplished nursing home surveys, but will rather proceed to plan appropriately timed resurveys in ways which will reflect the influences of the new health insurance benefits.

Both developments reported in these papers -- planning a statistical program on health care of the aged, and surveying nursing homes -- occur in organizational settings which are reported to have had the cooperative participation of numbers of agencies and units in addition to the centrally-involved agency. The potential for cooperative planning and activity achieved in these instances is not always realized successfully. A potential exists in such situations for a paralyzing competitiveness for role among organizational units concerned with the emerging activity. The dynamics of interplay among organizational units which leads to enhancing or inhibiting the activity is another whole story, not undertaken in these papers, which could be instructive for research in large-scale organizations.