Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Celinda Lake to Womens' Leaders (5 pages)	03/13/1995	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 6202

FOLDER TITLE:

Health Care - Alliances [2]

2013-0534-S
rc1571

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]
- C. Closed in accordance with restrictions contained in donor's deed of gift.
- PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
- RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

AIHA
PARTNERS IN HEALTH

American International Health Alliance

Not for Profit

Founded May 1992

Created by Coalition of Hospital Related Organizations

Industry Focal Point For International Development Assistance

AIHA Founding Organizations

American Group Practice Association

American Hospital Association

Association of Academic Health Centers

Association of University Programs in Health Administration

National Association of Public Hospitals

National Public Health and Hospitals Institute

Premier Health Alliance

Voluntary Hospitals of America

AIHA Priorities in the NIS

Close Health Care Knowledge Gap

Improve Efficiency and Productivity of Providers

Train Administrators and Health Policy Makers

Recognize NIS Competence and Structure

Respond to Local and Regional Needs

Support Health Care Reform Objectives

AIHA Partnership Model

Broad-Based Institution to Institution & People to People Relationships

Breadth and Diversity of Institutional Participation

Involvement of "Hands-On" Practitioners

Emphasis on Professional Exchanges with Mutual Gain

Recipient Investment and "Ownership"

A Non-Prescriptive but Rigorous Approach

Dissemination of Success

Voluntary Commitment and High Leverage of US Government Funds

Community Involvement

A Platform for Other Assistance Efforts

Program Sustainability

Synthesis of Partnership Experience

Education

AIHA's ROLE

Partnership Development and Support

Supplemental Activities

Cooperative Efforts

AIHA's ROLE
(continued)

Partnership Development and Support

- Identification
- Logistical Support
- Resource Coordination
- Monitoring and Evaluation
- Dissemination
- Synthesis

AIHA's ROLE

(continued)

Supplemental Activities

- Ministerial and Health System Coordination
- Partnership Conferences
- Management Development Program
- Health Policy Development Program
- Communications/Clearinghouse

AIHA's ROLE
(continued)

Synthesis Programs

- Emergency Medical Services
- Neonatal Resuscitation
- Infection Control
- Nursing

AIHA's ROLE
(continued)

Cooperative Efforts

- USAID and other US Governmental
- U.S. Private Voluntary and Non-Governmental
- U.S. Medical and Health Products Industries
- International Multilateral Organizations
- Bilateral Relations

American International Health Alliance
Key Program Indicators
From June 17, 1992 through October 1, 1994

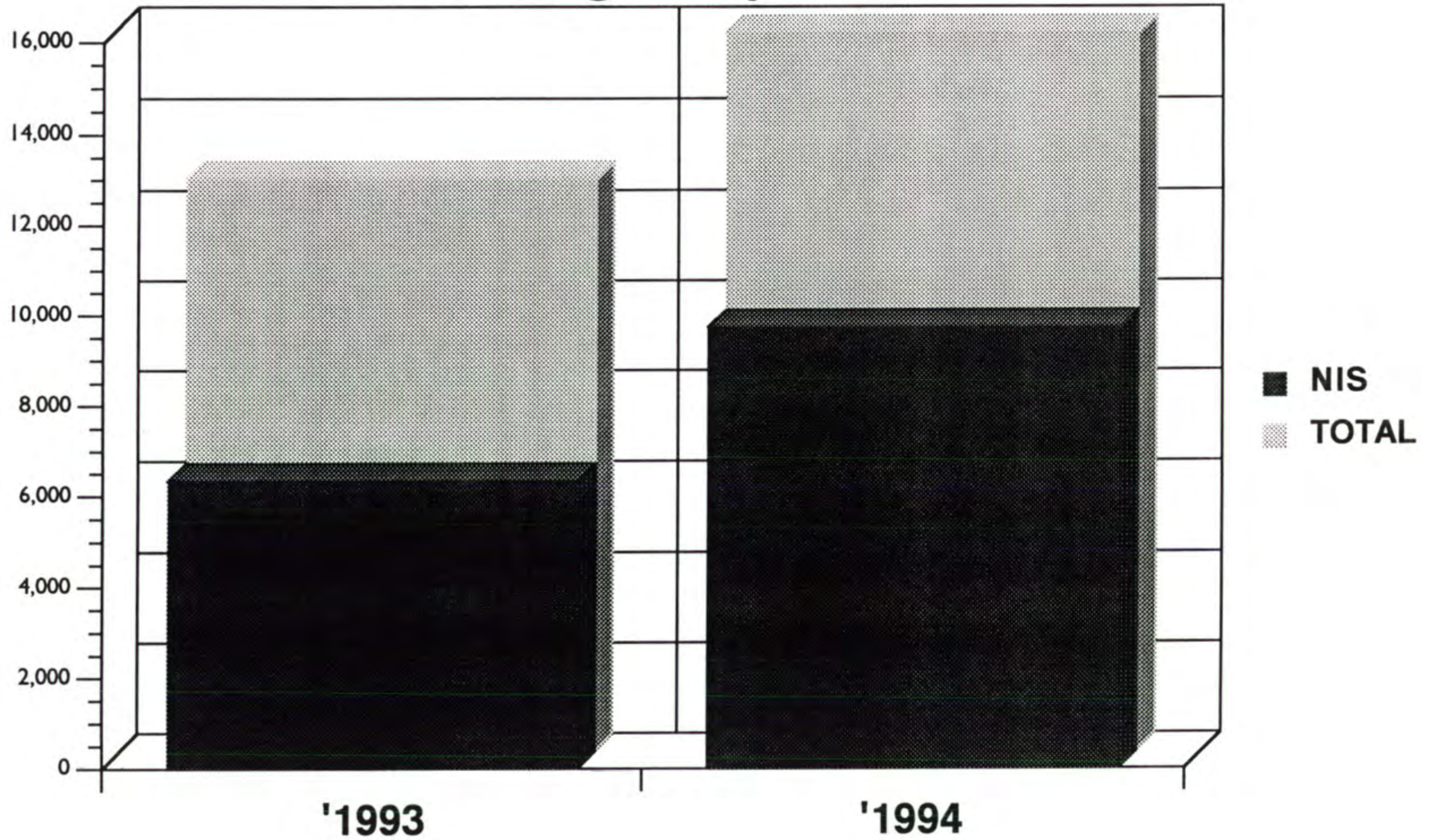
21 NIS Medical Partnerships

U.S. Participants:	48 Hospitals/Health Systems
	21 Medical Schools
	19 Cities
	16 States
NIS Participants:	43 Hospitals/Health Systems
	12 Medical Institutes
	17 Cities
	10 Republics

Key Program Indicators
(continued)

3 CEE Medical Partnerships

US Participants:	5 Hospitals/Health Systems 3 Medical Schools 3 Cities 2 States
NIS Participants:	12 Hospitals/Health Systems 1 Medical Schools 3 Cities 3 Republics


AIHA Partnership
Exchange Days
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
'1993
'1994
NIS
TOTAL

Key Program Indicators
(continued)

Total Number of Trips:	405
Number of Person Days in the U.S.:	16,060
in the NIS:	12,371
Total Number of US Participants:	880
NIS Participants:	805
Total Number of Exchange Days:	28,431Total

Key Program Indicators
(continued)

Total In-Kind Contribution: Approx. $35,600,000

Equipment and Supply Contributions: Approx. $9,700,000

- 3 CT Scanners
- CDRom Medical Library Equipment
- 5 Ultrasound Machines
- 5 Fetal Monitors
- Extensive Pharmaceuticals

Key Program Indicators
(continued)

AIHA Workshops, Conferences and Seminars: 40

Partner and non-partnership participants: 2,800+

- Conference topics:
  - Infection Control
  - Maternal and Child Health
  - Emergency Medical Services
  - Nursing Education
  - Neonatal Resuscitation
  - Health Services Management
  - Hospital Administration
  - National Health Policy
  - Cardiology

Key Program Indicators
(continued)

Partnership Newsletter, "CommonHealth"

Comprehensive English-Russian Orientation Publication, "Directions"

E-Mail Communication Systems and E-Mail Based Clearinghouse

AUPHA-AIHA Hospital and Health System Management Seminars and Workshops

Monitoring/Evaluation System for Partnership Assessment

Benefits for US Health Care Providers & Their Communities

Perspective

Individual Growth

Team Building

Improved Problem Solving

Increased Cooperation in Local Marketplace

Alternative Methodologies, Techniques, Products

Investment and Trade

Key Accomplishments in the NIS

Decreased Length of Stay in All NIS Partner Institutions

Increased Patient Care Capacity in Several Institutions

Introduced Improved Infection Control Techniques

Trained over 200 NIS Physicians and Nurses in Health Care Administration and Management

Reduced Rates of Abortions Due to Family Planning Programs

Created 4 EMS Training Centers

Established 6 Neonatal Resuscitation Resource Centers

Increased Productivity and Performance of Complex Operations

Emphasized the Role of Nurses in Patient Care and Administration

Actively Disseminated Information from Target Hospitals to Surrounding Areas

Improved Perceptions of Partner Countries

Louisville/Atlanta - St. Petersburg Partnership

Partners:

- Jewish Hospital, Louisville, Kentucky; Georgia Baptist Medical Center, Atlanta, Georgia
- Central Hospital No. 122; Pavlov Medical Institute, St. Petersburg, Russia

Areas of Focus:

- Maternal and Child Health
- Nursing Education
- Hospital Administration
- Health Care Financing
- Emergency Medical Services
- Cardiovascular Surgery
- Orthopedics

Louisville/Atlanta - St. Petersburg Partnership

(continued)

Partnership Accomplishments:

- Restructured Nursing Curriculum to Heighten Responsibility and Autonomy
- Re-designed Management Structures
- Developed Strategic Business Plan
- Renovation at Hospital No. 122, financed by the U.S. and Russian Partners, to Provide Care to Dignitaries at the Goodwill Games and to the General St. Petersburg Community.

Louisville/Atlanta - St. Petersburg Partnership
(continued)

- Continued Training in Women's Health and Endoscopic Surgery

- Sponsored Symposium on Obstetrics and Gynecology in June 1994 for NIS Clinicians on the Management of OB and Reconstructive Techniques Following Surgery

- Expanded U.S. Partner Base to Include the Louisville EMS

AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.
1212 NEW YORK AVENUE, NW, SUITE 750, WASHINGTON, DC 20005 TELEPHONE: (202) 789-1136 FACSIMILE: (202) 789-1277
ELECTRONIC MAIL: aiha@igc.apc.org

HEALTH CARE PARTNERSHIPS PROGRAM

Representing major hospital and hospital related organizations, the American International Health Alliance, Inc. (AIHA), is the US health care provider community's most coordinated effort to work with its counterparts abroad to address common health care issues and concerns.

Under a cooperative agreement with the US Agency for International Development (USAID), AIHA has established twenty-one health care partnerships in ten of the New Independent States (NIS) of the former Soviet Union. These partnerships are allowing American providers to assist their counterparts in the NIS to address significant mortality and morbidity issues, improve health care organization and introduce market-oriented solutions to hospital and health system delivery and finance problems. In addition to working with their specific institutional counterparts, AIHA partnerships are working with related ministries of health, local and regional health system administrations, and schools of health sciences to ensure that critical areas of health education and administration are adequately addressed at these higher institutional levels as well, and that the capacity to carry out other developmental assistance efforts is enhanced. Preliminary evidence shows that the partnerships are having a significant impact on the efficacy and productivity of health care delivery in their respective communities and are transferring their experience to the larger health care delivery systems in the NIS.

USAID and AIHA have recently entered a second cooperative agreement to establish an additional group of partnerships in the emerging democracies of Central and Eastern Europe (CEE). AIHA anticipates all of the partnerships in the post-Communist countries of the NIS and CEE will be similarly structured and strive to meet similar technical assistance needs.

The health care delivery system of the post-Communist countries of the NIS and CEE can benefit greatly from US assistance. A history of insufficient investment, centralized, bureaucratic control systems and a lack of up-to-date training for health care professionals have resulted in levels of productivity and health outcomes far below those of the other industrialized nations. This already inefficient and rapidly deteriorating health care system has been further devastated by the fragmentation of the central economies, hyper-inflation, and political instability. Meeting their health care challenges successfully is a key test of local, regional and national governments and of new democratic, market-oriented institutions in the NIS and CEE.

To meet the most important technical assistance needs expressed by health providers in the NIS and CEE, AIHA's programs focus on (1) closing the health care knowledge gap so that preventive and curative techniques which have been successful elsewhere can be adapted and disseminated, (2) improving the efficiency and productivity of existing health providers through better clinical and administrative management and organization, and (3) training of health policymakers and administrators at all levels of government so they can make informed choices and rational system changes with respect to delivery system reform. In achieving these goals, AIHA programs recognize the high level of capability and institutionalization already existing in the NIS and CEE, take into account the increased responsibility and accountability of local and regional governments, and support the introduction of democratic and market-oriented mechanisms.

Technical assistance "partnerships" established between hospitals and health care institutions in the United States and similar institutions in the NIS and CEE are especially cost-effective and practical in support of these health care initiatives. Equality among all of the participating parties and emphasis on collaborative solutions to health care problems in both the NIS/CEE and the US are hallmarks of the program. Particular emphasis is placed on low-technology solutions which can improve productivity and are economically viable for our partners in the NIS. Once these technologies have been adapted to the specific cultural and economic circumstances in the NIS, they can be widely applied.

The AIHA partnerships are unique because they rely heavily on the voluntary efforts of many individuals and donations from many institutions in the United States. These public-private partnerships have already resulted in a tremendous commitment from non-government sources, with almost three dollars of voluntary support and donations for every US government grant dollar expended. As then-acting Secretary of State Eagleburger stated at an October 1992 Blair House reception and signing ceremony, upon reflecting on the participation in the program of so many institutions and individuals from around the United States,

> "What you see out here is what my country is all about. This is the private sector, these are average Americans who, with the help of the US Government, have tried to reach out to provide assistance and support where they can, to people who are in need of help, or who are intent on doing what they can to improve their own lives. This is not a case of dependency, this is a case of partnership, and it's the kind of thing that makes me proudest of my own country and proudest of all of you Americans out there."

In addition to establishing and supporting a health care partnership throughout the anticipated 36-month project life, AIHA also develops and funds common training activities and programs, and sponsors regional and international educational conferences to meet the mutual needs of partnerships in the most cost-effective manner. The AIHA program includes the preparation of orientation materials for both US and NIS/CEE travelers to minimize the actual exchange time needed to orient travelers. It also includes a broad range of activities to communicate information beyond the NIS and CEE partners themselves. *CommonHealth*, the AIHA bi-monthly newsletter published in both English and Russian, has a circulation of nearly 12,000 copies, one-third of which is distributed directly to readers abroad. The AIHA Clearinghouse of information on partnership activity and health issues in the NIS is being made available through electronic mail to the partnerships and other interested parties in the US and NIS with electronic mail capability. AIHA also disseminates information through meetings and conferences held in the NIS and CEE to which many non-partnership health care providers are invited.

As an important complement to the practical training which occurs through the exchange program, more formal coursework in health administration is being provided to senior managers of NIS and CEE partner institutions though a contract with the Association of University Programs in Health Administration.

Program support and administration is provided through AIHA's headquarters in Washington, DC and regional offices in Moscow, Russia; Kiev, Ukraine; Almaty, Kazakhstan; and Zagreb, Croatia. AIHA's Washington office provides program and financial oversight and administrative support in accordance with USAID requirements. In the NIS and CEE, AIHA's regional offices provide logistical support for travelers, carry out communications functions with the NIS partners, and serve as primary liaison with the national ministry and local or regional health administrations in their respective regions.

With this infrastructure, AIHA is able to provide assistance to other US government agencies assisting with programs in the NIS and CEE. AIHA partnerships and regional offices have also worked closely with the US Department of Defense in Georgia, Kyrgyzstan, Russia, and Belarus to help effectively distribute much needed medical supplies and equipment.

Demonstrable progress is being made on several fronts as shown through initial assessments of programs in the NIS. For example, virtually all partnerships report improved productivity, citing statistics of shorter lengths of stay, reductions of inpatient beds, increases in outpatient services and overall increases in the numbers of patients being treated. Similarly, evidence of improvements in infection control has been documented at every partner hospital assessed. Each of the partnerships is also achieving significant change with respect to improving quality of care, and a number of important and far-reaching innovations are being implemented. The partnership in Moscow with Magee Women's Hospital of Pittsburgh, for example, has seen the first adaptation and introduction of modern prenatal and assisted birthing techniques in the NIS. The first modern poison control centers in the NIS have been introduced in Minsk and Bishkek as a result of the partnerships. Modern perinatal resuscitation techniques with the capacity of sharply reducing infant mortality have been introduced through the partnerships in Kiev, Tashkent, Almaty, Bishkek and Moscow and are being rapidly disseminated throughout the region. Similar multiple examples of improved clinical and administrative practice with important effects on medical outcome exist with respect to each of the partnerships.

There are twenty-one active partnerships. US participants include 47 hospitals and health systems and 18 medical schools in 18 cities and 15 states; NIS participants include 42 hospitals and health systems and 12 medical universities in 17 cities and 10 republics. During the start-up year, AIHA managed 214 exchanges involving over 875 health professionals, representing approximately 12,116 exchange days. Of the health professionals involved in these exchanges, approximately 60 percent have been physicians, 10 percent have been nurses, and 30 percent have been administrators. The value of the voluntary contribution represented in this start-up period through December 1993 by US health professionals is approximately $15 million, or roughly three dollars for every US government dollar invested in the program. Although the AIHA partnership program primarily involves technical assistance, over $2 million worth of needed supplies and equipment were contributed by the US partners. Program activity in 1994 is expected to increase by approximately 70 percent over the start-up period, representing an estimated $25 million.

AIHA MASTER SCHEDULE

National Health Policy Conference - Follow-Up
Tbilisi, Georgia
June 6-10, 1994
As a follow-up to the March National Health Policy Conference, participants from the Ministry of Health and the government of the Republic of Georgia will re-convene with their US partners to review progress in the establishment of a national health care system.

Symposium in Obstetrics, Gynecology and Neonatology
St. Petersburg, Russia
June 12-22, 1994
The Louisville/Atlanta - St. Petersburg partnership will host a series of demonstrations and lectures in the management of complicated OB and reconstructive techniques following oncology surgery. *(Open to other interested AIHA - NIS partner representatives.)*

EMS Regional Training Centers "Train the Trainers" Conference
Worcester, Massachusetts
July 16-29, 1994
Representatives of each of the NIS Training Center sites will attend a two week training session at the UMass Medical Center, where their American partners will teach a course in operating the Centers and how to use the recently developed curriculum.

Infection Control Workshop Planning Session
Washington, DC
August 1, 1994
The US faculty for Infection Control initiatives will meet at AIHA's offices in Washington, DC to plan for the infection control workshops to be held during AIHA's Second Annual Conference in St. Petersburg, Russia.

Nursing Task Force
Washington, DC
August 19, 1994
Nurses representing each of the twenty-one US partners will meet at AIHA's offices in Washington, DC to identify critical issues and opportunities for expanding the role of nurses in the NIS health care delivery system.

Regional Surgical Conference with Emphasis on Infection Control
Odessa, Ukraine
August 29-31, 1994
This conference, presented by the Odessa Oblast Hospital and Coney Island Hospital, will explore various surgical topics including laparoscopy, laser surgery for ulcers, and liver resections and endovascular techniques with a special emphasis on infection control. (Open to other interested AIHA - NIS partner representatives.)

Neonatal Resuscitation Seminar
Bishkek, Kyrgyzstan
August 1-5 1994
The Institute of Pediatrics and Obstetrics, in conjunction with Kansas University Medical Center, will present a seminar on neonatal resuscitation to health professionals in Kyrgyzstan. (Selected professionals from AIHA partnership hospitals in Central Asia will be invited.)

Japan-Russia Medical Exchange Foundation Conference
Vladivostok, Russia
September 19-21, 1994
Richmond-Vladivostok partnership representatives will attend the second annual JRMEF Conference to continue US-Japan collaboration in the NIS health care sector.

Third National Health Policy Conference
Tbilisi, Georgia
September 1994 (Tentative)
For the third National Health Policy Conference, participants from the Ministry of Health and the government of the Republic of Georgia will reconvene with their US partners to review progress in the establishment of a national health care system. This conference will specifically focus on management of human resources in health care.

AIHA Pre-Conference Seminars
St. Petersburg, Russia
September 22-23, 1994
Graduates of AUPHA seminars in L'viv, Moscow and Almaty will convene with American faculty to focus on strategies to extend the leadership, team-building and management lessons learned during those seminars.

AIHA Annual Conference
St. Petersburg, Russia
September 24-28, 1994
Second annual meeting of US and NIS partnership representatives.

AIHA Post-Conference Seminar on Epidemiology
St. Petersburg, Russia
September 29, 1994
As a follow-up to the Infection Control Workshop conference in June, representatives from the Ministry of Health, SHEA, AHA, and AIHA as well as partner representatives from the Russian partnerships will reconvene to discuss progress in infection control and the spread of the HIV virus and tuberculosis.

AIHA Post-Conference Seminars
St. Petersburg, Russia
September 29, 1994
Concurrent workshops and seminars in selected management and clinical issues.

CEE Partnerships in Health Third Annual Conference
Prague, Czech Republic
September 29-30, 1994
Representatives from health care partnerships in the CEE will meet to discuss partnership activity.

Postgraduate Course in Pediatrics at the Minsk Medical Institute
Minsk, Belarus
Fall 1994 (Tentative)
The Pittsburgh-Minsk partnership will sponsor this course to disseminate partnership information, improve pediatric care in Belarus and to initiate regional continuing medical education. Topics will include pediatric poisonings, general diagnostic pediatrics, CPR, thyroid cancer and hospital management.

Leadership in Nursing
Moscow, Russia
October 1994 (Tentative)
Pirogov Hospital will host this conference in cooperation with their US partner, Brigham and Women's Hospital. Presentations will focus on the role of nurses in primary care in the US and the potential advantages of expanded roles for NIS nurses in primary care and administration. (Open to other interested AIHA - NIS partner representatives.)

Neonatal and Perinatal Health Conference
Tashkent, Uzbekistan
October 3-4, 1994
The University of Illinois at Chicago (UIC) is sponsoring a conference at TASHMI II on topics in neonatal and perinatal health for the Republic of Uzbekistan. *(Open to other interested AIHA - NIS partner representatives.)*

Magee/Savior's Obstetrics/Gynecology Conference
Moscow, Russia
October 11-12, 1994
The University of Pittsburgh will sponsor this conference designed for OB/GYNs from around the world. They will explore new topics and assess trends in the field. (Open to other interested AIHA - NIS partner representatives.)

EMS Workshop
Chisinau, Moldova
October 1994 (Tentative)
The Chisinau--Minneapolis partnership will host and EMS conference for health professionals in Moldova. (Open to other interested AIHA - NIS partner representatives.)

AIHA CONFERENCE AND WORKSHOP SCHEDULE

Pharmaceutical Assessment
Kiev, Ukraine
November 29-December 15, 1992
Representatives from USAID, AIHA and major US pharmaceutical manufacturers travelled to Ukraine to make a comprehensive needs assessment of Ukraine's pharmaceutical industry.

AIHA Annual Partnership Conference
Pittsburgh, PA
March 25-26, 1993
US Partners, representatives from USAID and AIHA staff met in Pittsburgh for the First Annual AIHA Partnership Conference to discuss strategies for successful partnership activities.

Clinical Engineers' Workshop
Boston, MA and Pittsburgh, PA
May 8-June 12, 1993
The American College of Clinical Engineering (ACCE) conducted an educational workshop for ten Clinical Engineers from AIHA partner institutions in the NIS.

Advances in Modern Obstetrics Conference
Yerevan, Armenia
May 12-16
This conference, sponsored by the Erebuni--Beth Israel Partnership, presented lectures on high-risk pregnancy; prenatal, neonatal and pediatric care; and obstetrical nursing to an audience of Armenian health care professionals.

Contemporary Problems in Surgery
Moscow, Russia
June 1-3, 1993
This conference, sponsored by the Pirogov First Municipal hospital and its US partner, Brigham and Women's Hospital, provided a overview of general surgical dilemmas and medical complications to an audience of over 600 Moscow-area physicians.

Japan-Russia Medical Exchange Foundation Conference
Niigata, Japan
June 7-19, 1993
Eleven US physicians from AIHA partner institutions, AIHA Board Members and James P. Smith travelled to Japan to participate in the JRMEF Conference and to coordinate Japanese and American technical assistance efforts to the NIS in the health care sector.

AIHA Health System Administration Workshop
New York, NY; Detroit, MI; Richmond, VA; Washington, DC
July 10-24, 1993
Nine senior health and hospital administrators from AIHA partner institutions in Russia and Ukraine participated in this two-week workshop on health system management in the US.

Woman and Family Education Center Opens
Moscow, Russia
July 26, 1993
As an integral part of their partnership objectives, the Savior's Hospital for Peace and Charity/Magee Women's Hospital Partnership opened the Woman and Family Education Center at Savior's to conduct workshops in Prepared Childbirth, Women's Health, Family Planning and Adolescent Health Issues opened to the general public in Moscow

Issues in Gynecology
Yerevan, Armenia
August 1-5, 1993
Physicians from Beth Israel Hospital, in conjunction with the Ministry of Health of Armenia, conducted workshops in family planning, sexually transmitted diseases, cancer screening, male infertility and cytology for health care professionals in Armenia.

Kiev Dissemination Conference: Neonatal Resuscitation and Surgical Techniques
Kiev, Ukraine
September 17-19, 1993
The AIHA Regional Office in Kiev, together with the four AIHA Ukrainian Partnerships, hosted this three-day conference which aimed to disseminate neonatal resuscitation and surgical techniques learned by Ukrainian physicians through partnership activities to a larger audience of Ukrainian health care professionals.

AIHA Perinatal Micro Hospital Workshop
Samarkand, Uzbekistan
September 27-30, 1993
As part of the Second Universal Health Conference and Exhibition, an 8-member delegation from the University of Illinois at Chicago provided a two-day micro hospital workshop addressing topics such as neonatal resuscitaion and care for the premature newborn to an audience which included 25 AIHA delegates from the NIS.

CEE Partnerships in Health Second Annual Conference
Warsaw, Poland
October 2-3, 1993
James Smith, AIHA Executive Director, Miron Fedoriw, AIHA Regional Director in Kiev, and representatives from AIHA Partnerships in Ukraine and Moldova attended this conference which explored the Partnership model and its implementation in Eastern Europe.

AIHA Annual Partnership Conference
Washington, DC
October 21-22, 1993
Over 200 participants attended this conference, including representatives from 18 NIS and all 21 US partnerships. In addition, representatives from USAID and PVOs working in the NIS attended the conference to explore ways the partnerships may be used as "platforms" for other US government technical assistance and private sector development activities. Conference attendees participated in the plenary sessions, breakout forums, as well as informal discussions directed at the examination of partnership successes and dissemination strategies.

AIHA/AUPHA Workshop for Health Services Management Educators
New York, NY; Pittsburgh, PA; and Washington, DC
November 6-17, 1993
Nine educators from the NIS responsible for establishing programs in health services management participated in this in-depth traveling seminar designed to introduce them to health services education in the US.

AUPHA Workshop for Senior Health and Hospital Administrators
L'viv, Ukraine
January 9-23, 1994
Senior administrators from hospital partners in Ukraine and Moldova attended this interactive two-week training program in health administration and management.

Partners in Birth Conference
Moscow, Russia
February 1-2, 1994
The Savior's Hospital for Peace and Charity/Magee Women's Hospital Partnership hosted this conference, designed to inform and update physicians and midwives and other health care professionals interested in family-centered maternity care through shared knowledge, discussion, and active demonstration.

AUPHA Workshop for Senior Health and Hospital Administrators
Moscow, Russia
February 21-March 4, 1994
Senior administrators from hospital partners in Belarus and Russia attended this two-week training program.

National Health Policy Conference
Tbilisi, Georgia
February 28-March 4, 1994
Organized by the Ministry of Health and the government of the Republic of Georgia with the assistance of the US partners from Atlanta, this conference explored issues related to the establishment of a national health care system and outline a health care strategy for the Republic of Georgia.

Murmansk Medical Project Conference
Murmansk, Russia
March 14-15, 1994
The Jacksonville-Murmansk Partnership hosted a conference which included forums and practica in the areas of laparoscopy, ACLS, neurology, nursing, and hospital administration/management.

Neonatal Resuscitation Task Force Meeting
Washington, DC
March 21, 1994
The Neonatal Resuscitation Task Force, comprised of US Representatives of nine AIHA partnerships working in the area of neonatal resuscitation, met for the first time in Washington, DC to develop a standard course in neonatal resuscitation to be replicated throughout the NIS at regional training centers.

Invasive Cardiology Conference: Advances in Medical Practice and Nursing Interventions
Moscow, Russia
April 20-21, 1994
The Government Medical Center of the Russian Federation and Premier Health Alliance hosted this conference, which included comprehensive seminars on surgical cardiac procedures and the role of nurses in care of cardiac patients.

Emergency Medical Service Task Force
Washington, DC
May 8, 1994
The EMS Task Force, comprised of US Representatives of the nine AIHA partnerships working in the area of EMS, will meet for the second time in Washington, DC to continue to develop standard courses in EMS targeted to specific needs of the NIS.

AUPHA Workshop for Senior Health and Hospital Administrators
Almaty, Kazakhstan
May 10-20, 1994
Senior administrators from hospital partners in the Central Asian and Trans-Caucasian Republics will attend this two-week training program.

EMS Basic and Intermediate Course Demonstration
Yerevan, Armenia
May 13-27, 1994
The Yerevan-BUMC partnership will present basic and intermediate courses in EMS, to NIS partners and members of the EMS Task Force, who will be involved in setting up regional EMS training centers.

Neonatal Resuscitation Workshops
Tbilisi, Georgia and vicinity
May 23-31, 1994
In cooperation with the Ministry of Health of the Republic of Georgia, four neonatalogists and pediatricians instructed Georgian clinicians in neonatal resuscitation. After the initial training sessions in Tbilisi, the delegation traveled to Western Georgia to conduct additional courses in this rural area. The Georgian clinicians plan to disseminate this information to additional physicians and mid-wives in Georgia.

Women's and Children's Health Conference
Yerevan, Armenia
May 30-June 1, 1994
The Erebuni Medical Center-Beth Israel Partnership hosted this conference which involved lectures and interactive sessions addressing topics in cytology/colposcopy, family planning, neonatal resuscitation, cervical cancer, obstetrical anesthesia, and prenatal care. (Open to AIHA partner representatives from the Trans-Caucus republics.)

Infection Control Workshop
Moscow, Russia
May 31-June 3, 1994
Representatives from all AIHA Russian partnerships and key city, oblast, regional and Ministry of Health officials participated in this workshop, sponsored by AIHA's Moscow Regional Office, focusing on the management of hospital infection control in compliance with Regulatory Order #220 of the Russian Federation Ministry of Health. The Society for Hospital Epidemiologists of America and the American Hospital Association worked with AIHA in developing the workshop curriculum.

AIHA/AUPHA Workshop for Health Services Management Educators
Atlanta, GA; Chicago, IL; San Diego, CA
May 31-June 14, 1994
Ten educators from the NIS responsible for establishing programs in health services management will participate in this in-depth traveling seminar designed to introduce them to health services education in the US.

Issues in Maternal and Child Health
Kyyiv, Ukraine
June 2-4, 1994
The Center for Maternal and Child Health Care and the University of Pennsylvania hosted several workshops addressing topics such as family planning, neonatal resuscitation, prenatal assessment and pediatric nutrition workshop for health professionals in Ukraine. (Open to other interested AIHA - NIS partner representatives.)

National Health Policy Conference - Follow-Up
Tbilisi, Georgia
June6-10, 1994
As a follow-up to the March National Health Policy Conference, participants from the Ministry of Health and the government of the Republic of Georgia will re-convene with their US partners to review progress in the establishment of a national health care system.

Symposium in Obstetrics, Gynecology and Neonatology
St. Petersburg, Russia
June 12-22, 1994
The Louisville/Atlanta - St. Petersburg partnership will host a series of demonstrations and lectures in the management of complicated OB and reconstructive techniques following oncology surgery. (Open to other interested AIHA - NIS partner representatives.)

Regional Surgical Conference with Emphasis on Infection Control
Odessa, Ukraine
August 29-31, 1994
This conference, presented by the Odessa Oblast Hospital and Coney Island Hospital, will explore various surgical topics including laparoscopy, laser surgery for ulcers, and liver resections and endovascular techniques with a special emphasis on infection control. (Open to other interested AIHA - NIS partner representatives.)

Neonatal Resuscitation Seminar
Bishkek, Kyrgyzstan
early September 1994
The Institute of Pediatrics and Obstetrics, in conjunction with Kansas University Medical Center, will present a seminar on neonatal resuscitation to health professionals in Kyrgyzstan. (Selected professionals from AIHA partnership hospitals in Central Asia will be invited.)

Japan-Russia Medical Exchange Foundation Conference
Vladivostok, Russia
September 19-21, 1994
Richmond-Vladivostok partnership representatives will attend the second annual JRMEF Conference to continue US-Japan collaboration in the NIS health care sector.

AIHA Pre-Conference Seminars
St. Petersburg, Russia
September 22-23
Graduates of AUPHA seminars in L'viv, Moscow and Almaty will convene with American faculty to focus on strategies to extend the leadership, team-building and management lessons learned during those seminars.

AIHA Annual Conference
St. Petersburg, Russia
September 24-28, 1994
Second annual meeting of US and NIS partnership representatives.

AIHA Post-Conference Seminar on Epidemiology
St. Petersburg, Russia
September 29, 1994
As a follow-up to the workshop in June, representatives from the Ministry of Health, SHEA, AHA, and AIHA as well as partner representatives from the Russian partnerships will reconvene to discuss progress in infection control.

AIHA Post-Conference Seminars
St. Petersburg, Russia
September 29, 1994
Concurrent workshops and seminars on selected management and clinic issues.

CEE Partnerships in Health Third Annual Conference
Prague, Czech Republic
September 29-30, 1994
Representatives from health care partnerships in the CEE will meet to discuss partnership activity.

Postgraduate Course in Pediatrics at the Minsk Medical Institute
Minsk, Belarus
Fall 1994 (Tentative)
The Pittsburgh-Minsk partnership will sponsor this course to disseminate partnership information, improve pediatric care in Belarus and to initiate regional continuing medical education. Topics will include pediatric poisonings, general diagnostic pediatrics, CPR, thyroid cancer and hospital management.

Leadership in Nursing
Moscow, Russia
October 1994 (Tentative)
Pirogov Hospital will host this conference in cooperation with their US partner, Brigham and Women's Hospital. Presentations will focus on the role of nurses in primary care in the US and the potential advantages of expanded roles for NIS nurses in primary care and administration. (Open to other interested AIHA - NIS partner representatives.)

Magee/Savior's Obstetrics/Gynecology Conference
Moscow, Russia
October 3-4, 1994
The University of Pittsburgh will sponsor this conference designed for OB/GYNs from around the world. They will explore new topics and assess trends in the field. (Open to other interested AIHA - NIS partner representatives.)

EMS Workshop
Chisinau, Moldova
October 1994 (Tentative)
The Chisinau--Minneapolis partnership will host and EMS conference for health professionals in Moldova. (Open to other interested AIHA - NIS partner representatives.)

NIS MEDICAL PARTNERSHIPS BY COUNTRY

NIS COUNTRY City	U.S. CITY, STATE, HOSPITALS	NIS HOSPITALS	FOCUS	SIGNED MOU
ARMENIA Yerevan	**BOSTON, MASSACHUSETTS** Boston University Medical Center, Boston City Hospital	Emergency Scientific Medical Institute	Trauma and Emergency Care	November 1992
Yerevan	**BOSTON, MASSACHUSETTS** Beth Israel Hospital	The Center for Women's Reproductive Health at Erebuni Hospital	Women's Health Services	November 1992
AZERBAIJAN	None			
BELARUS Minsk	**PITTSBURGH, PENNSYLVANIA** Children's Hospital of Pittsburgh	Children's Hospital No. 4, Radiation Medicine Institute, Minsk Medical Institute	General Pediatrics, Radiology, Oncology, Nursing Education, Hospital Administration Poison control	March 1993
GEORGIA Tbilisi	**ATLANTA, GEORGIA** Grady Memorial Hospital, Emory University School of Medicine, Morehouse School of Medicine	Tbilisi City Hospital No. 2, Institute of Medicine	Hospital Management and Medical Education, EMS, Medical Library	October 1992
KAZAKHSTAN Almaty	**TUCSON, ARIZONA** Tucson Medical Center, seven other hospitals, plus the Pima County Health Department and a private environmental research firm	First Aid Hospital and Kazakh Institute for Pediatrics	Infection Control, Epidemiology, Medical Education, Toxicology, EMS, Cardiac Rehabilitation Maternal and Child Health, Hospital Administration	May 1993
KYRGYZSTAN Bishkek	**KANSAS CITY, KANSAS** University of Kansas Medical Center	Institute of Oncology and Radiology, Institute of Obstetrics and Pediatrics	Pediatric Oncology, Maternal and Child Health, Nursing Education	October 1992

NIS COUNTRY City	U.S. CITY, STATE, HOSPITALS	NIS HOSPITALS	FOCUS	SIGNED MOU
MOLDOVA Chisinau	**MINNEAPOLIS, MINNESOTA** Hennepin County Medical Center, Healthspan	City Ambulance Center, Republican Clinical Hospital	Trauma care, Dialysis, Cardiac Surgery, Medical Education, Health Care Financing	January 1993
RUSSIA Moscow	**BOSTON, MASSACHUSETTS** Brigham & Women's Hospital	Pirogov First Municipal Hospital	Infection Control, Cardiology, Orthopedics, Internal Medicine, Obstetrics, Nursing Education	February 1993
Moscow	**PITTSBURGH, PENNSYLVANIA** Magee-Women's Hospital	Savior's Hospital for Peace & Charity (Moscow Municipal Hospital No.70)	Maternal and Child Health, Model Birthing Center, Consumer Education	December 1992
Moscow	**CHICAGO, ILLINOIS** Premier Hospitals Alliance	Russian Federation Government Medical Center (Kuntsevo)	Medical Education, Cardiology, Hemodialysis, Transplant Surgery, Insurance/ Hospital Administration	August 1993
Murmansk	**JACKSONVILLE, FLORIDA** Memorial Regional Medical Center, St. Vincent's Hospital	Murmansk Regional Hospital, Murmansk City Ambulance Hospital	Hospital Management, Health Financing Systems, Cardiology Laparoscopic & Endoscopic Surgery, EMS	September 1992
Dubna	**LA CROSSE, WISCONSIN** Lutheran Hospital, St. Francis Hospital	Hospital No.9, Hospital No.166, Bolshaya Volga Hospital	Rehabilitation Services, Alcoholism, Home Care, Infectious Disease Control, Women's Health	September 1992
St. Petersburg	**LOUISVILLE, KENTUCKY** Jewish Hospital; **ATLANTA, GEORGIA** Georgia Baptist Hospital	Central Hospital No.122, Pavlov Medical Institute	General Surgery, Reconstructive Surgery, Cardiovascular Surgery, Administration	April 1993

NIS COUNTRY City	U.S. CITY, STATE, HOSPITALS	NIS HOSPITALS	FOCUS	SIGNED MOU
Vladivostok	**RICHMOND, VIRGINIA** Medical College of Virginia at Virginia Commonwealth University	Vladivostok Hospital No. 2, Vladivostock Medical Institute	General Surgery, Emergency/ Critical Care, Infection Control, Hospital Administration	May 1993
Stavropol	**DES MOINES, IOWA** Iowa Hospital Association, Mercy Hospital of Cedar Rapids and six other Iowa hospitals	Stavropol Regional Hospital & six others in the region	Infection Control, Emergnecy/ Trauma Medicine, Hospital Administration & Pediatric Hemotology	May 1993
TADJIKSTAN	None			
TURKMENISTAN Ashgabat	**CLEVELAND, OHIO** Cleveland Clinic Foundation	Ashgabat Medical Consultative Center	Nephrology, Urology, General Surgery	April 1993
UKRAINE Odessa	**NEW YORK, NEW YORK** Coney Island-NYHHC Hospital, Maimonides Medical Center	Odessa Regional Hospital	Opthamology, Orthopaedic Surgery, Neonatal Care, Urological Surgery, Infection Control, Outpatient Health Services, Hospital Administration	September 1992
Kiev	**PHILADELPHIA, PENNSYLVANIA** University of Pennsylvania Medical School, The Hospital of the University of Pennsylvania, Children's Hospital of Pennsylvania	Children's Hospitals Nos. 1 and 2, Obstetrical and Gynecological Hospital No. 2	Maternal and Child Health, Neonatal Resuscitation, Family Planning, Pediatric Nutrition, Prenatal Care	September 1992
Lviv	**BUFFALO, NEW YORK** Millard Fillmore Hospitals	Western Ukraine Regional Railroad Hospital, Lviv Regional Perinatal Center	Infectious Disease, Oncology, US Health Systems Management, Medical Library	April 1993
Lviv	**DETROIT, MICHIGAN** Henry Ford Health System; **CLEVELAND, OHIO** Kaiser Permanente	Lviv Oblast Hospital, Lviv Medical Institute	Implementation of Model Patient Care Unit, Health Eduation Outreach, Hospital Administration	April 1993

NIS COUNTRY City	U.S. CITY, STATE, HOSPITALS	NIS HOSPITALS	FOCUS	SIGNED MOU
UZBEKISTAN Tashkent	**CHICAGO, ILLINOIS** University of Illinois at Chicago Hospital	Second Tashmen Medical Institute	Neonatal Care, Medical and Nursing Education	December 1992

April 1, 1994

AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.
1212 NEW YORK AVENUE, NW, SUITE 750, WASHINGTON, DC 20005 TELEPHONE: (202) 789-1136 FACSIMILE: (202) 789-1277
ELECTRONIC MAIL: aiha@igc.apc.org

FOR FURTHER INFORMATION CONTACT:
Donn A. Rubin, CEE Program Director
American International Health Alliance, Inc.
(202) 789-1136

AIHA ANNOUNCES FORMATION OF THREE NEW HOSPITAL PARTNERSHIPS IN CENTRAL AND EASTERN EUROPE

FOR IMMEDIATE RELEASE August 23, 1994 -- Washington, DC -- The American International Health Alliance, Inc. (AIHA), in collaboration with the United States Agency for International Development (USAID), is pleased to announce the formation of three new hospital partnerships between US hospitals and their counterparts in Central and Eastern Europe (CEE). USAID has allocated nearly $9 million over a three-year period for development and implementation of partnership activities, including an intense series of professional exchanges. For every US government grant dollar expended, AIHA anticipates matching amounts of voluntary support and in-kind contributions from the US partner institutions and their communities. Three US hospitals have been paired with health care institutions in Albania, Croatia, and Estonia, where they will provide much needed assistance to their overseas counterparts by drawing on the expertise of American physicians, nurses, hospital administrators, and technical staff whose time will be contributed on a voluntary basis to the program.

The three new partnerships are:

- The Bronx Municipal Hospital Center (BMHC) in New York City will work in Tirana, Albania, with the University of Tirana Hospital Center (made up of five separate specialty hospitals), the Maternity Hospital, and the Central Trauma Hospital. The hospital partnership will focus on the most pressing needs identified by Albanian officials, including improving trauma, emergency, and women's health services -- all of which are centers of clinical and educational excellence at BMHC. In October, BMHC, which serves a large emigre community of Albanian Americans in the Bronx, will host a delegation from Albania to help it celebrate the tenth anniversary of its nationally acclaimed Women's Health Center.

- The Dartmouth-Hitchcock Medical Center in New Hampshire will work in Zagreb, Croatia, with its partners, "Sveti Duh" General Hospital, the University Hospital of Infectious Disease, and the Children's Tuberculosis Hospital. The war in the former Yugoslavia and the related flow of refugees

has placed enormous stress upon the Croatian health care delivery system. In addressing the needs of the Croatians, Dartmouth-Hitchcock will draw on the resources and clinical expertise of several institutions, including The Mary Hitchcock Memorial Hospital, The Hitchcock Clinic, Dartmouth Medical School, and The Veteran Affairs Hospital. These institutions have excellent capabilities in the areas of pediatrics, trauma, and psychiatric treatment of post-traumatic stress disorders, all of which likely will be among the areas that the partnership will address.

- The George Washington University Medical Center (GW) in Washington, DC, will be paired with hospitals in Estonia, including Tallinn Central Hospital and Mustamae Hospital, the central emergency hospital also in Tallinn. At Tallinn Central Hospital, GW will concentrate its efforts on the clinical areas of obstetrics, gynecology, perinatal medicine, and ophthalmology. Activities at Mustamae Hospital will focus primarily on cardiology, the organization and administration of emergency medicine, and the creation of a regional Emergency Medical Services (EMS) training center. Both Estonian hospitals will also participate in partnership efforts to improve hospital management and quality assurance, and to expand the role of nursing.

The AIHA Medical Partnership Program is a coordinated effort by the US health care provider community to work with its counterparts abroad to address common health care issues and concerns. In addition to the three new partnerships in the CEE, AIHA has established 21 hospital partnerships in ten republics of the former Soviet Union as part of the US assistance program to those countries. The program has enabled American providers to work with their foreign partners to address significant issues of mortality and morbidity, to improve health care organization, and to introduce market-oriented solutions to hospital and health system delivery and finance problems.

In addition to working with their specific institutional counterparts, AIHA partnerships collaborate with related ministries of health, local and regional health system administrations, and schools of health sciences to ensure that critical areas of health education and administration are adequately addressed at these higher institutional levels, and that the capacity to carry out other developmental assistance efforts is enhanced. Through supplemental programs such as conferences, publications, an e-mail network, and train-the-trainer programs, AIHA encourages the dissemination of partnership successes to the broadest possible audience.

# # # # #

Clinton Presidential Records
Digital Records Marker

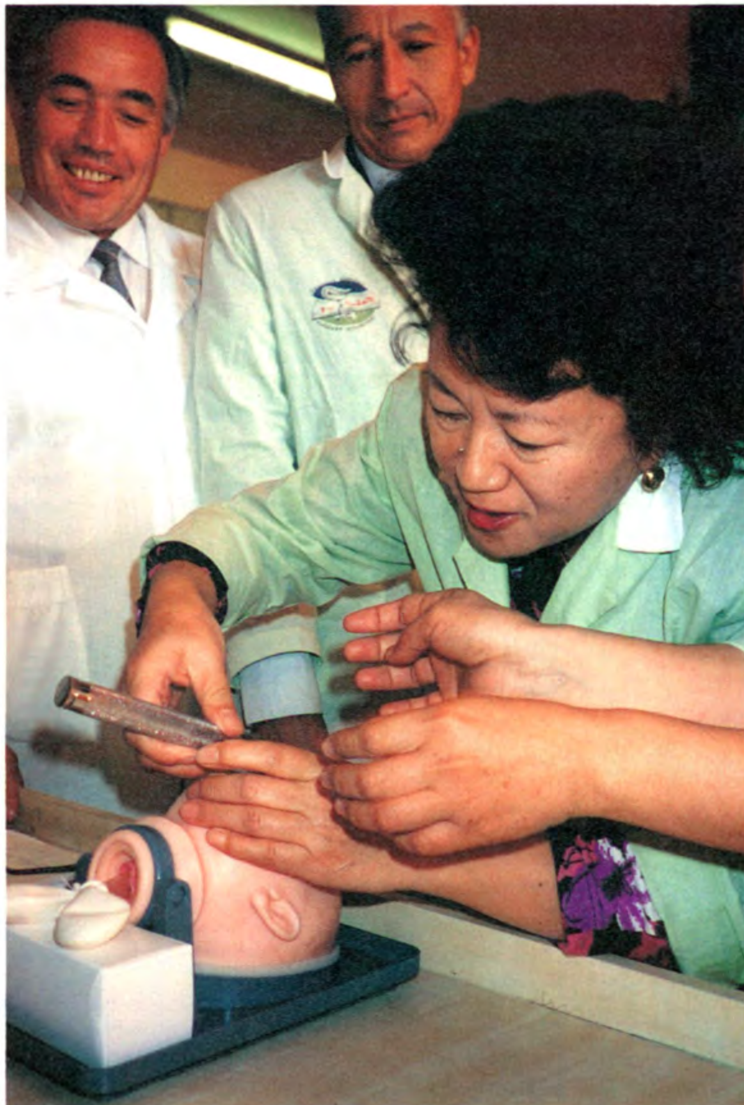
This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

CommonHealth

NEWSLETTER OF THE AMERICAN INTERNATIONAL HEALTH ALLIANCE • VOLUME 3, No. 1



file

AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.
1212 NEW YORK AVENUE, NW, SUITE 750, WASHINGTON, DC 20005 TELEPHONE: (202) 789-1136 FACSIMILE: (202) 789-1277
ELECTRONIC MAIL: aiha@igc.apc.org

HEALTH CARE PARTNERSHIPS PROGRAM

Representing major hospital and hospital related organizations, the American International Health Alliance, Inc. (AIHA), is the US health care provider community's most coordinated effort to work with its counterparts abroad to address common health care issues and concerns.

Under a cooperative agreement with the US Agency for International Development (USAID), AIHA has established twenty-one health care partnerships in ten of the New Independent States (NIS) of the former Soviet Union. These partnerships are allowing American providers to assist their counterparts in the NIS to address significant mortality and morbidity issues, improve health care organization and introduce market-oriented solutions to hospital and health system delivery and finance problems. In addition to working with their specific institutional counterparts, AIHA partnerships are working with related ministries of health, local and regional health system administrations, and schools of health sciences to ensure that critical areas of health education and administration are adequately addressed at these higher institutional levels as well, and that the capacity to carry out other developmental assistance efforts is enhanced. Preliminary evidence shows that the partnerships are having a significant impact on the efficacy and productivity of health care delivery in their respective communities and are transferring their experience to the larger health care delivery systems in the NIS.

USAID and AIHA have recently entered a second cooperative agreement to establish an additional group of partnerships in the emerging democracies of Central and Eastern Europe (CEE). AIHA anticipates all of the partnerships in the post-Communist countries of the NIS and CEE will be similarly structured and strive to meet similar technical assistance needs.

The health care delivery system of the post-Communist countries of the NIS and CEE can benefit greatly from US assistance. A history of insufficient investment, centralized, bureaucratic control systems and a lack of up-to-date training for health care professionals have resulted in levels of productivity and health outcomes far below those of the other industrialized nations. This already inefficient and rapidly deteriorating health care system has been further devastated by the fragmentation of the central economies, hyper-inflation, and political instability. Meeting their health care challenges successfully is a key test of local, regional and national governments and of new democratic, market-oriented institutions in the NIS and CEE.

To meet the most important technical assistance needs expressed by health providers in the NIS and CEE, AIHA's programs focus on (1) closing the health care knowledge gap so that preventive and curative techniques which have been successful elsewhere can be adapted and disseminated, (2) improving the efficiency and productivity of existing health providers through better clinical and administrative management and organization, and (3) training of health policymakers and administrators at all levels of government so they can make informed choices and rational system changes with respect to delivery system reform. In achieving these goals, AIHA programs recognize the high level of capability and institutionalization already existing in the NIS and CEE, take into account the increased responsibility and accountability of local and regional governments, and support the introduction of democratic and market-oriented mechanisms.

Technical assistance "partnerships" established between hospitals and health care institutions in the United States and similar institutions in the NIS and CEE are especially cost-effective and practical in support of these health care initiatives. Equality among all of the participating parties and emphasis on collaborative solutions to health care problems in both the NIS/CEE and the US are hallmarks of the program. Particular emphasis is placed on low-technology solutions which can improve productivity and are economically viable for our partners in the NIS. Once these technologies have been adapted to the specific cultural and economic circumstances in the NIS, they can be widely applied.

The AIHA partnerships are unique because they rely heavily on the voluntary efforts of many individuals and donations from many institutions in the United States. These public-private partnerships have already resulted in a tremendous commitment from non-government sources, with almost three dollars of voluntary support and donations for every US government grant dollar expended. As then-acting Secretary of State Eagleburger stated at an October 1992 Blair House reception and signing ceremony, upon reflecting on the participation in the program of so many institutions and individuals from around the United States,

> "What you see out here is what my country is all about. This is the private sector, these are average Americans who, with the help of the US Government, have tried to reach out to provide assistance and support where they can, to people who are in need of help, or who are intent on doing what they can to improve their own lives. This is not a case of dependency, this is a case of partnership, and it's the kind of thing that makes me proudest of my own country and proudest of all of you Americans out there."

In addition to establishing and supporting a health care partnership throughout the anticipated 36-month project life, AIHA also develops and funds common training activities and programs, and sponsors regional and international educational conferences to meet the mutual needs of partnerships in the most cost-effective manner. The AIHA program includes the preparation of orientation materials for both US and NIS/CEE travelers to minimize the actual exchange time needed to orient travelers. It also includes a broad range of activities to communicate information beyond the NIS and CEE partners themselves. *CommonHealth*, the AIHA bi-monthly newsletter published in both English and Russian, has a circulation of nearly 12,000 copies, one-third of which is distributed directly to readers abroad. The AIHA Clearinghouse of information on partnership activity and health issues in the NIS is being made available through electronic mail to the partnerships and other interested parties in the US and NIS with electronic mail capability. AIHA also disseminates information through meetings and conferences held in the NIS and CEE to which many non-partnership health care providers are invited.

As an important complement to the practical training which occurs through the exchange program, more formal coursework in health administration is being provided to senior managers of NIS and CEE partner institutions though a contract with the Association of University Programs in Health Administration.

Program support and administration is provided through AIHA's headquarters in Washington, DC and regional offices in Moscow, Russia; Kiev, Ukraine; Almaty, Kazakhstan; and Zagreb, Croatia. AIHA's Washington office provides program and financial oversight and administrative support in accordance with USAID requirements. In the NIS and CEE, AIHA's regional offices provide logistical support for travelers, carry out communications functions with the NIS partners, and serve as primary liaison with the national ministry and local or regional health administrations in their respective regions.

With this infrastructure, AIHA is able to provide assistance to other US government agencies assisting with programs in the NIS and CEE. AIHA partnerships and regional offices have also worked closely with the US Department of Defense in Georgia, Kyrgyzstan, Russia, and Belarus to help effectively distribute much needed medical supplies and equipment.

Demonstrable progress is being made on several fronts as shown through initial assessments of programs in the NIS. For example, virtually all partnerships report improved productivity, citing statistics of shorter lengths of stay, reductions of inpatient beds, increases in outpatient services and overall increases in the numbers of patients being treated. Similarly, evidence of improvements in infection control has been documented at every partner hospital assessed. Each of the partnerships is also achieving significant change with respect to improving quality of care, and a number of important and far-reaching innovations are being implemented. The partnership in Moscow with Magee Women's Hospital of Pittsburgh, for example, has seen the first adaptation and introduction of modern prenatal and assisted birthing techniques in the NIS. The first modern poison control centers in the NIS have been introduced in Minsk and Bishkek as a result of the partnerships. Modern perinatal resuscitation techniques with the capacity of sharply reducing infant mortality have been introduced through the partnerships in Kiev, Tashkent, Almaty, Bishkek and Moscow and are being rapidly disseminated throughout the region. Similar multiple examples of improved clinical and administrative practice with important effects on medical outcome exist with respect to each of the partnerships.

There are twenty-one active partnerships. US participants include 47 hospitals and health systems and 18 medical schools in 18 cities and 15 states; NIS participants include 42 hospitals and health systems and 12 medical universities in 17 cities and 10 republics. During the start-up year, AIHA managed 214 exchanges involving over 875 health professionals, representing approximately 12,116 exchange days. Of the health professionals involved in these exchanges, approximately 60 percent have been physicians, 10 percent have been nurses, and 30 percent have been administrators. The value of the voluntary contribution represented in this start-up period through December 1993 by US health professionals is approximately $15 million, or roughly three dollars for every US government dollar invested in the program. Although the AIHA partnership program primarily involves technical assistance, over $2 million worth of needed supplies and equipment were contributed by the US partners. Program activity in 1994 is expected to increase by approximately 70 percent over the start-up period, representing an estimated $25 million.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Celinda Lake to Womens' Leaders (5 pages)	03/13/1995	Personal Misfile

COLLECTION:

Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 6202

FOLDER TITLE:

Health Care - Alliances [2]

2013-0534-S
rc1571

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

file

When Sparky's Waste Control went looking for a group health policy, insurers weren't anxious for their business. The problem was that one of the 11 employees had a child with cerebral palsy and potentially large health care costs.

Health Care Under the Alliances

Polls show that the public is confused about how people would get their health insurance from regional alliances. Here are some of the most common questions and the administration's responses:

■ **Can I cross state lines to get care?**

As the Clinton bill is currently written, alliances would not cross state lines. But health plans approved by alliances could cross state lines, just as they do now. That means if you lived in one state but wanted to use a doctor or hospital in another state, you would be able to do so under a variety of conditions. If you chose a fee-for-service plan, allowing you unrestricted choice of your own medical service providers, you could go anywhere. If you chose an HMO, you could go anywhere that plan has doctors and facilities as part of its service network. In an area like the national capital region, an HMO would probably have doctors and facilities in several jurisdictions. Even if you chose an HMO that was limited to only one geographic area, you could use a hospital or doctor elsewhere if, when you bought the HMO plan, you opted to enroll in the "point of service" option. That option allows you to use doctors and hospitals outside the HMO's normal network, but you would have to pay a larger portion of the bill.

■ **Could I choose to go 1,000 miles away to a special center?**

The same general rules apply. If you had a rare cancer and wanted to go to Memorial Sloan-Kettering in New York or some other special cancer center, you could do so if you had a fee-for-service policy; if your HMO had an agreement with that institution and believed you needed to go there, or if you had chosen the HMO point-of-service option.

■ **What if I live in a poor region of the country? Will coverage through my alliance be more expensive?**

States cannot carve up regions or metropolitan areas so that people at high risk of needing health care are concentrated in any one alliance. At the same time, if you live in an alliance area, such as the District of Columbia, that has a high proportion of poor and sick residents, would your own premiums go up enormously to help cover their costs when they are enrolled in the alliances? Some observers believe that as the Clinton plan is now written, this could be a serious problem in certain parts of the country. Administration officials have said that premiums might go up somewhat in some areas, but the federal government would pay subsidies to help alliances cover costs for low-income people and businesses, especially small firms. The amount a business must pay as a percentage of its payroll for health premiums is capped in the Clinton plan, as is the amount an individual must pay as a percentage of pay.

In the final legislation, it is also possible that Congress would specifically address the situation in the District of Columbia, which is unique in that it has a disproportionate number of poor families who many believe require more health care services than a state with a more balanced population.

■ **If I work part-time for a firm in D.C. and my spouse has a full-time job in Virginia, would we get our coverage through the same alliance?**

Yes. You buy where you live in the Clinton plan. You can both join the same health plan through your local alliance and your employers would split the costs.

HOW THE PLANS COMPARE

ALLIANCES IN SOME FORM

- **Clinton:** States must establish alliances.
- **Cooper:** States must establish alliances.
- **Chafee-Dole-Thomas:** Private groups, such as business firms, have option to create alliances.
- **Stark:** States have option to create alliances, but most people would be covered through their employer or expanded Medicare program.
- **McDermott:** No. Federal government is sole health insurer.

WHO IS ELIGIBLE TO USE ALLIANCES

- **Clinton:** All workers in firms under 5,000 employees; unemployed.
- **Cooper:** All workers in firms under 100 employees; unemployed.
- **Chafee-Dole-Thomas:** Firms with under 100 workers and their employees; uninsured individuals.
- **Stark:** Employers with up to 1,000 workers and some individuals.
- **McDermott:** Everyone in the country is insured directly by the federal government.

GENERAL EMPLOYER MANDATE TO PAY FOR WORKERS' HEALTH-CARE COVERAGE

- **Clinton:** Yes. Employers are required to pay roughly 80 percent of average policy cost for all employees.
- **Cooper:** No.
- **Chafee-Dole-Thomas:** No
- **Stark:** Yes. Employers are required to pay roughly 80 percent of average policy cost for all employees.
- **McDermott:** No. All Americans are insured by federal health policy paid for by taxes.

DATE FOR UNIVERSAL COVERAGE

- **Clinton:** 1998.
- **Cooper:** Not set in bill.
- **Chafee-Dole-Thomas:** 2005.
- **Stark:** 1997.
- **McDermott:** One year after enactment.

Compiled by Spencer Rich

3/13

TUESDAY, MARCH 22, 1994 THE WASHINGTON POST

file

THE TRUTH ABOUT ALLIANCES

Alliance	# of Staff	Admin. # Spent on Outisde Contacting	# of Enrollees	Premium $/Year	% of Premium for Total Admin. Cost
Calpers	**78**	**$15 M**	**900,000**	**$1.4 B**	**.5%**
Minn. State Employee Program	**25**	**$75 K**	**144,000**	**$300 M**	**.9%**
Wisconsin PERS	**15-20**	**N/A**	**190,000**	**$310 M**	**.3%**
Federal Employee Health Benefits Program (FEHB)	**175**	**0**	**9,000,000**	**$14 B**	**.125%**

AT PRESENT, BUREAUCRACIES INFLATE THE HEALTH CARE SYSTEM

- For smaller businesses, administrative costs consume 40 cents of every health dollar.

  According to the Congressional Budget Office, administrative costs consume 40 percent of the total health costs for businesses with fewer than five employees.

- Our Nation spends almost $4.5 million an hour on the health insurance administrative bureaucracy.

  Americans spend $48 billion a year on insurance administrative costs. That comes to almost $4.5 million an hour.

- In 1990, the number of those employed by private insurance carriers and insurance agents was over 2.4 million people. This is *two hundred thousand more* than the number of people employed by the United States Government in all the legislative, judicial and nondefense executive agencies, including postal workers and temporaries hired by the Census Bureau to take the 1990 census.

State Alliance Gives Workers Health Clout

By ROBERT A. ROSENBLATT
TIMES STAFF WRITER

WASHINGTON—Forty thousand workers at small California businesses will get an extraordinary piece of good news on Tuesday: At a time when health insurance costs are climbing by 6% to 8% a year, their premiums will actually be reduced for the year starting July 1.

These fortunate few are members of the state's unheralded health alliance, a purchasing agency that gives companies with five to 50 workers an opportunity to band together and achieve the same buying clout in the health care market as giant corporations.

Even as President Clinton's proposal for alliances covering every citizen is being denounced in Washington as a blueprint for a menacing new bureaucracy, a staff of just 13 state workers in Sacramento has put together a working alliance, the first in the nation. And its customers seem delighted.

"It was heartbreaking to want to get insurance for your workers and not be able to afford it," said Cynthia Chauvie of Van Nuys, whose precision-instrument repair firm was once quoted an impossible $2,500-a-month premium for its seven workers. Last July she joined the new state health alliance, and now she pays $780 a month for the whole office.

"It's a great relief to have coverage now for all of us," she said.

The alliance, formally called the Health Insurance Plan of California, offers something never before available for employees of small companies: a wide choice of different insurance programs, with workers—not management—making the selec-

Please see HEALTH, B7

HEALTH: State Alliance Gives Clout to Smaller Companies

Continued from B5

tion.

In Los Angeles County, for example, a worker whose small company has joined the HIPC can choose among 15 plans—12 health maintenance organizations and three preferred provider organizations—including such well-known names as Kaiser, Aetna, FHP, Healthnet and Prucare. That differs dramatically from the conventional situation in which the company makes available one or perhaps two health plans.

All plans must offer the same benefits, but the doctors and hospitals are more desirable in some than others. Monthly fees range from $84 to $173.14 for a 25-year-old worker and from $342.80 a month to $674.44 for a 35-year-old employee with a spouse and children. The company must pay an amount equal to at least half of the cost of the lowest-priced plan; the worker pays the rest.

"You get one monthly bill whether you have 13 employees in one health network or in 13 different networks," said Diane Bourassa, office manager for Telenetworks, a software firm in Petaluma. "It's a great variety of choices and avoids a tremendous administrative load on small companies like us, where typically you have one person running the office."

Rates are 10% to 15% below many comparable plans in the conventional insurance market, according to a recent study by a HIPC board member. The reason: Providers are willing to offer discounts to gain access to as many as 40,000 customers.

"There's no mystery here," said John Ramey, the HIPC's executive director. "We're trying to get a large-volume deal for our small employers."

In May, Florida will become the second state to try voluntary alliances when it begins enrolling small businesses in a voluntary purchasing group called the Community Health Purchasing Alliances.

The California and Florida experiences may offer some direction for the increasingly bitter national debate over health care reform. Clinton's plan is being torn apart in Washington by partisan Republicans and skeptical Democrats, with enthusiastic lobbying by businesses large and small.

California and Florida officials are betting that their voluntary approach will be a giant step toward Clinton's goals of providing insurance protection for everyone while controlling the soaring costs of medical care.

By offering wide choice and low prices, they hope to woo enough businesses to make significant inroads in the ranks of the uninsured; among the nearly 40 million Americans without coverage, about 80% are full-time, low-wage workers, their spouses and children.

Clinton wants to require all employers to offer insurance and pay 80% of the cost of an average-priced plan. He also wants to require everyone except workers in firms with more than 5,000 employees to enroll in health alliances that would negotiate on their behalf with insurance companies, health maintenance organizations and other networks of health care providers.

Fear of a compulsory national program of alliances made it easier for all factions in Florida—businesses, insurers and politicians—to work together for a voluntary program. Gov. Lawton Chiles said he was grateful that the President's plan prodded everyone to get down to work.

Florida officials say they hope to get prices down simply by publishing the bids offered by insurers to small firms through the alliance. Side-by-side comparisons will make businesses aggressive in seeking better deals and force the high-priced insurers to bring their prices down, they say.

"A lot of what we do in Florida will send a message to the nation," said Lynn Kislak, chairwoman of the alliance for Dade County. "The wonderful thing Florida has is choice."

But California took a bigger step: Republican Gov. Pete Wilson and the Democrat-controlled Legislature decided to give the health alliance real muscle by granting it the authority to negotiate rates with insurers.

When the first set of bids came in last year, the HIPC gave the companies 48 hours to lower rates—and many of them did.

On Tuesday, the HIPC board will approve its second rate schedule: the figures covering 40,000 people from 2,300 employers for the 12 months starting July 1. The HIPC will announce that the average insurance premium will decline in price, a testament to the negotiating skills of the organization and the desires of the insurance companies to crack the important small-group market.

The average company now enrolled in the HIPC has 10 workers. Companies with as few as four employees will be able to join as of July 1, and the threshold will drop to three a year later. About three-quarters of the employers in the HIPC bought their coverage through insurance agents, a fact that has made agents friendly rather than antagonistic toward the alliance.

HIPC membership should double in the coming year and could grow even faster as word spreads, Ramey and his staff estimate.

Beyond that, the competitive impact of the HIPC is being felt in the rest of the state's sprawling insurance market, where companies are offering more choices and trying to slow the rate of increase in premiums.

The HIPC is the "standard by which every other health plan's offerings and prices are compared," said Mark Weinberg, executive vice president at Blue Cross of California, which covers 5 million Californians and dominates the small-group market.

"If anything, we are having to be more competitive than ever to compete with the HIPC," he said. It was "no coincidence," he added, that a slowdown in California insurance inflation began last July when the HIPC opened for business.

At the beginning of the decade, California was grappling with the same thing the President and First Lady Hillary Rodham Clinton, who headed the Administration's health care reform task force, denounce again and again in speeches attacking insurance companies: the specter of sick people crying in vain for help and uninsured families ruined by costly medical bills.

Many insurers engaged in "cherry-picking"—insuring the healthy but not those who were likely to face big medical bills. This meant seeking out firms with young, educated workers in white-collar jobs and giving them bargain rates. If their medical bills were higher than expected, insurers' rates would go up or the firm's coverage might be canceled without explanation.

Some industries were to be avoided. Insurers didn't like to write policies for restaurants because many cooks, busboys, waiters and waitresses were transients. They avoided lawyers because they might sue and doctors because they would demand a lot of high-cost care.

Addressing this problem, the California law guarantees that no individual or company could be refused coverage for any reason. Any insurance product must be available to all customers.

Premiums may vary with the age, family composition and geographic location of the insured. An insurer may ask a 60-year-old to pay more than someone who is 30, a married woman with three children to pay more than a single woman, and a resident of Los Angeles, where medical costs are high, to pay more than someone who lives in Ukiah.

But insurers may make only small adjustments in rates to compensate for different health conditions. If the cost of insurance for a typical group of five people is $100 a month, the insurer cannot charge more than $120 for a group of five people in which two have cancer, two have heart disease and the fifth suffers from diabetes. A group of four marathon runners in perfect health cannot get a rate lower than $80.

These ground rules enable the HIPC to avoid becoming the dumping ground for companies with sick workers who couldn't get coverage elsewhere. The HIPC's aggressively low rates and broad selection of plans make it attractive for healthy as well as high-risk groups of workers.

At LG2WB Engineers in Costa Mesa, for example, the $8,000-a-month premium under the HIPC represents a savings of as much as 20% from the firm's old insurance plan.

The range of choices is welcome, if a bit intimidating, Marilyn Hall, the firm's vice president, says the 45 workers have enrolled in 11 networks.

"Some employees come to me and say: 'Which one should I choose, Marilyn.' I say: 'If you have a doctor, find out which network he belongs to.' Once they understand it, people love the choices."

Before the HIPC, Steve Levine, who owns an ad agency in Venice, got several calls a week from people trying to sell him insurance. "I would tell them I'm a diabetic who had a kidney transplant, and the phone would go 'click,'" he said.

He paid $1,000 a month for insurance for the four workers at his agency, plus $1,500 out of his own pocket for special drugs to ensure that his body did not reject the kidney.

Now a monthly bill of $851 from the HIPC covers both Levine and his employees—and drugs are part of the package.

The state has kept down costs and avoided building a new bureaucracy by hiring a private firm to act as the HIPC's sales agent, record-keeper and administrator. Employers Health Insurance won the contract and collects a fee for each person enrolled. The company started with 15 sales representatives and now, anticipating a boom year, has 30.

"We have forced the market to respond," said Kirk Rothrock, executive vice president of the HIPC, talking about the alliance's influence far beyond the comparatively small number of people enrolled.

Alliance backers in Florida agree. "You don't measure success by the number of small businesses they insure but by the impact they have on the market," said Bill Hirrle, a Florida business lobbyist. "You invent them to bring health care prices down."

The alliances ultimately could fall short of bringing insurance to everyone. After all, they are voluntary and employers remain free to refuse to spend money on health insurance.

Three-quarters of the HIPC's enrollees already had coverage elsewhere; only one-quarter come from the ranks of the uninsured. California still has a staggering 6.3 million uninsured people under age 65, and 83% of them are workers and their dependents, according to Richard Brown, director of the UCLA Center for Health Policy Research.

"We will need a national health care plan to complete the job," Chiles said.

Although he said he is confident the voluntary approach will make progress in his state, "I don't want to second-guess the President" on the call for mandatory coverage and compulsory alliances.

"I've got my hand to play and he has his," he said.

How the Health Alliance Works

- **Who may participate?** Firms with five to 50 workers.
- **What does it offer?** Statewide, a choice of 15 health maintenance organizations and three preferred provider networks. Twelve of the HMOs and all three PPOs operate in Los Angeles; fewer are available in other parts of the state.
- **What do the HMOs cost?** For workers in the standard plan, co-payments of $15 per doctor's office visit, $100 per hospital admission and $10 per generic drug prescription.

For workers in the preferred plan, co-payments of $5 per doctor's office visit, no co-payment for hospital admissions and $5 for generic drugs and $10 for brand names.

The HMO pays if it refers enrollees to outside specialists.

Maximum out-of-pocket cost per year: $2,000 for individuals and $4,000 for families under both plans.

- **What do the PPOs cost?** A 20% co-payment for office visits to network doctors and hospitals and 40% to outsiders.

For workers in the standard plan, a $500 yearly deductible per person.

For workers in the preferred plan, a $250 yearly deductible per person.

Prescription drug co-payments of 20% for generics and 30% for brand names.

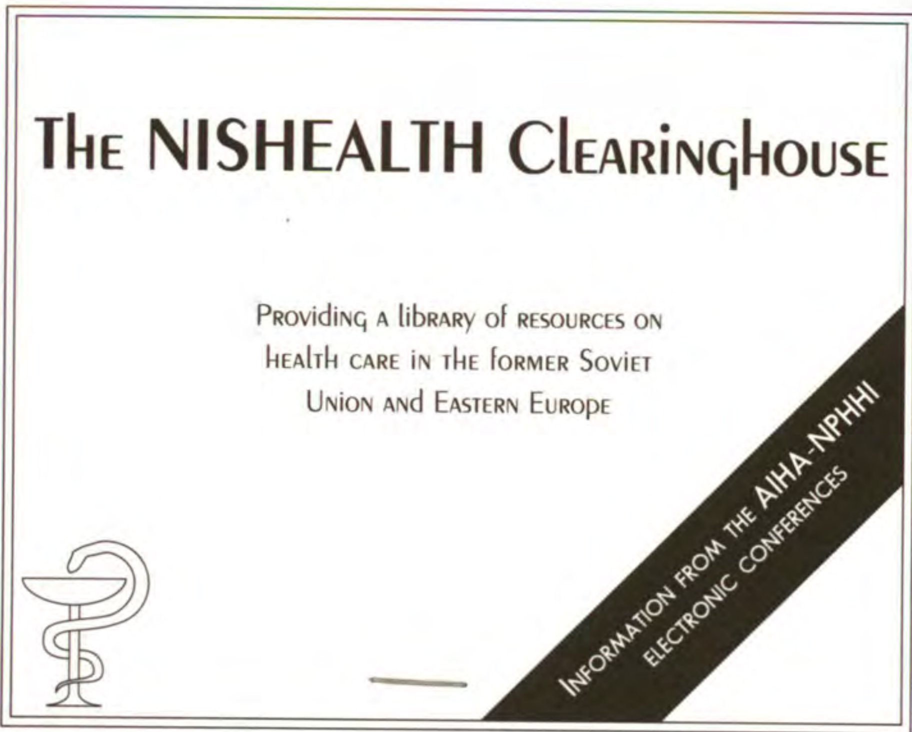
Maximum yearly out-of-pocket payments of $2,000 per person and $4,000 per family in the network, and $5,000 per person and $10,000 per family outside the network.

- **How can I sign up?** Call your insurance agent or the HIPC directly at 1-800-447-2937.

PLEASE SEAL WITH TAPE. DO NOT STAPLE.

Place
Stamp
Here

National Public Health and Hospital Institute
NPHHI-AIHA Clearinghouse Conferences
1212 New York Avenue, N.W., Suite 800
Washington, DC 20005



PHOTOCOPY
PRESERVATION

NISHEALTH Mailing List/NPHHI-AIHA Clearinghouse Conferences

The NISHEALTH List provides free on-line information related to health and medical care in the NIS and Eastern Europe. With a subscription, members also have the opportunity to interact with others interested in working toward improving health status in these regions. People without electronic mail can receive information about how to get electronic access. For a subscription or for more information, please fill out and return this postcard.

☐ Yes, please put me on an electronic mailing list to receive free up-to-date information about health policy, medical care, and health status of the New Independent States of the former Soviet Union and Eastern Europe. I have indicated my e-mail address below.

☐ I do not currently have an e-mail account, but I would like to find out how I can get one. Please send me materials about how I can get my own e-mail account and a free subscription to the NISHEALTH List.

☐ I/my organization would like to make available to members of the NISHEALTH Clearinghouse information that may be of interest to the List, including information on projects currently operating in the NIS, health reports, etc.

Name ______________________________

Title ______________________________

Organization ______________________________

Address ______________________________

____

Phone ______________ Fax ______________

E-mail ______________________________

Involvement or interest in health care in the NIS and/or Eastern Europe ______________

____

____

Information/materials to offer ______________________________

____

____

____

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

CommonHealth

JOURNAL OF THE AMERICAN INTERNATIONAL HEALTH ALLIANCE • SPRING 1995