

Systems Analysis Could Point

By Roger Rollman
Staff Reporter

Hospitals, nursing and rest homes, private doctors and dentists, clinics, health departments, emergency rooms, ambulances and medical schools.

Each is involved in caring for people's health. But even when they exist side by side they do not necessarily form a system. And a system, some believe, is better because of its greater coordination and elimination of unnecessary and expensive duplications.

Dr. Ron E. Beller is a member of this school of belief. He thinks that business has something to teach health care organizations about forming systems. Those organizations should look at something long used in business—systems analysis.

Beller is an assistant professor of management at Wake Forest University's Babcock Graduate School of Management.

Systems analysis, he said in a recent interview, would do exactly what it says—analyze the system—or in the case of health care, the lack of a system. In business systems analysis is used to isolate the parts of an enterprise and to determine how the parts should work together to best achieve a goal. But that is the kicker. You must have the goal before you start, he said.

In health care one goal could be to see that people who are sick get treated. Or a goal could be to see that people who are well stay that way. What you do not want is sick people being sent to a facility set up to maintain good health, Beller said.

Beller became interested in health care systems about five years ago while budget director for a health center at the University of Florida. He is more convinced now than ever that more business practices



RON E. BELLER
... WF professor ...

can be applied to health care.

Although he has lived here only a few months, and is not totally familiar with the health situation here, he said that a systems analysis could define the role that a hospital such as Reynolds Memorial Hospital plays while also defining the needs of the community. With the analysis finished it might be easier to decide what should be done with Reynolds.

The feelings of people in a community are not excluded from a systems analysis. If the product of an analysis is not popular, one alternative is to educate the community, Beller said. Another alternative would be to provide people with incentives, such as lower insurance premiums. No one can be coerced into using a health system, he added.

A third alternative would be a willingness to modify the results of the analysis. Beller said he would rather see a system that works but is not the ideal, than see an ideal system collect dust on an office shelf because the community will not accept it.

An ideal system can result

from an analysis but be unacceptable because of factors in the community such as racial factors or community wealth, he said. But it is good to know the ideal. Then the existing system can be measured against the ideal.

He said his impression is that Forsyth County is developing a system short of the ideal but workable. Because of his short

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esidency here he is not sure that the county knows what its deal is, he added.

Systems analysis for health does not ignore costs any more than it does for business, he said. How much is spent depends on how much is available, what the community wants and what it will allow to happen.

A crucial factor in an analysis

is setting up a team of managers to see that a system works.

The managers in a health system would not dictate. They would take ideas from nonprofessional planning groups, such as the Forsyth Health Planning Council, and put those ideas into practice.

Beller said that one of his observations about the health

situation here is anyone charged with ideas into reality systems managers c implementation.

A community is when it does its o and creates its own system, he said. A has the best ide resources.

Waiting for some