

Perhaps my expectatons were just too high. While not disappointed, I was somewhat less impressed than I hoped by **Catherine Hanley**, hospital administrator at the Navajo's Tuba City Hospital. Please understand that others don't agree with my lukewarm assessment and seem quite impressed with her, but I was hoping for someone displaying a more hard-nosed disciplined approach to health care systems, and I found her just a bit too "new-age" in support of everything "politically correct" such as traditional healers, home health, daycare centers for the elderly, etc. All great service concepts, but I guess I wanted her to disagree with something! Be sure to get the evaluation of others on this one.

A truly welcome surprise is the possible availability of **Leigh Brown** (BS in nursing, law degree and MPH) who serves as director of policy for the governor's Commission on Oklahoma Health Care. She was the state's official representative to the White House Task Force on health care reform, and served on three of the subcommittees. Leigh is very knowledgeable about both the national and state reform proposals, an eloquent spokesperson, and could provide an invaluable bridge to a number of key people in the State Health Dept., Medicaid program, legislative bodies and governor's office.

Since these folks are top-notch people, they will be expensive. But well worth the investment. Remember, you are asking them to design the components of a system which will serve 70,000 or more people and operate on a budget of well over \$100 million a year. A big job!

NOTE: Since all the above (except Leigh Brown) are IHS employees (and Kileen is Commissioned Corps), it might warrant some effort to co-opt the IHS support of the tribe's proposed system by pursuing IPA assignments for these people. It could follow as a logical consequence to the end of my 21-month direct assignment. At least we know it can be done.

I believe you can forget about Richard Rose, the Cherokee who works for the New York State Health Dept. He is a nice young man, but simply too immature for this level of responsibility.

In the order of their relative importance, I would suggest that you actively recruit:

1. Cliff Wiggins,... financial analyst, team coordinator
2. Dan Cameron,... epidemiologic data collection/analysis
3. Leigh Brown,... development of inter-governmental program connections, contractual agreements, personnel policies
4. Martin Kileen,... integration of programs/clinical facilities, development of referral patterns, quality assurance mechanisms, provider "gatekeeper" policies, etc.

(Dr. Kileen's role in developing service pattern concepts might be initiated as part of his residency program, during the next year, then intensively developed on site, starting in '94)

And, so that it's not forgotten or overlooked,... the voluntary part-time assistance of:

5. Richard Mandsager,... in preparing the clinical staff for smooth transition from IHS to tribal facility management.