



C. B. Nyall

Regional Medical Program for Western New York Annual Report 1971-1972

Silmon J. Heall - ED.
Chairman
James R. Fugley
Special
Assistant
Director
Education
in Silmon J. Heall
Relates Professor
James R. Fugley
Chairman
1971

REGIONAL MEDICAL PROGRAM
FOR
WESTERN NEW YORK
STATE UNIVERSITY OF NEW YORK AT BUFFALO - SCHOOL OF MEDICINE
2929 MAIN STREET BUFFALO, NEW YORK 14215
Telephone (Area Code 716): 835-0728

JOHN R. F. INGALL, M.D.
Director



COUNTY COMMITTEES REPORT

Over the past year our program has exemplified greater involvement on the part of all our 9 counties. This direction has been deliberate, in keeping with the concept of regionalization and its particular applicability in this geographical area. Our December federal site visit team recognized this capability, and urged its fuller implementation through expansion of liaison staff, and development of a County Chairmen's committee.

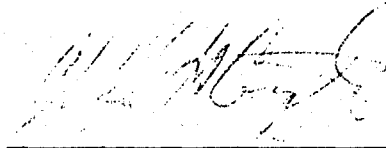
The expansion of our liaison staff and capabilities is in process. Miss Jean Hanna, recruited in March, serves Erie and McKean Counties in Pennsylvania, and Chautauqua County, New York. Several other applications are now being interviewed and assessed for the liaison staff, which will, after development, be recognized as a department of our program charged with the maintenance of communications and visibility in each of our counties.

During the past year our program has developed an increased concern for the health care needs related to the minority segments of our region. In demonstration of this, various conferences of inner city needs have taken place at staff and executive levels between RMP and various inner city organizations and representatives. In the interests of studying, implementing, and maintaining some program structure for relating more effectively to the inner city, Mr. Michael Miller, formerly of Model Cities, will join our liaison department on May 1st.

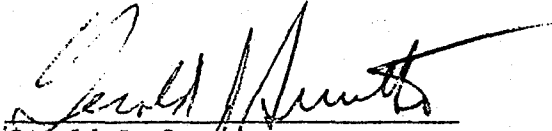
A third and significant direction reflected by our program over the past year is a closer alliance with Comprehensive Health Planning, RMP's "sister agency". While certain interlocking aspects have previously been featured by CHP and RMP in this region, greater local definition of this direction has in recent months been demonstrated by closely related CHP and RMP county committees, usually under the model of an umbrella County Health Organization. Two of our counties

are already into an RMP-CHP conjoined arrangement within which distinct roles will be enacted and coordinated. Five county committees are intently developing such a coordinated base. Such conjoined efforts appear to have a particular appeal in our less populous or rural counties. While some apprehensions have been expressed regarding the dangers of diminishing individual program identity, the involved counties do themselves feel that a close coordination of RMP and CHP is essential for the well being and functioning of both at the local level.

In the context of these directions and developments, we feel the past year has been realistically productive, and we anticipate even more productive articulation of RMP throughout our region in the coming year.



Clifford L.M. Carpenter
Chairman, RAG Committee
for County Committees



Gerald J. Surette
Associate for County Committees
Lakes Area R.M.P.



Our theme is *New Directions* for RMP/WNY—our emphasis is *Involvement*.

In transmitting the 1972-1975 Triennial Grant Application of the Regional Medical Program for Western New York (RMP/WNY) to the Director of the Regional Medical Programs Service, the President of the Health Organization of Western New York, Inc. commented:

Dear Dr. Margulies:

... It is my personal view that the Regional Advisory Group (RAG) for the Regional Medical Program for Western New York, namely the Board of Directors of the Health Organization of Western New York, Inc., has discharged its advisory role to Dr. Ingall with the utmost industry and enthusiasm. The members of this group are fully cognizant of their increased authority in the conduct of the program. They are, likewise, very sensitive to the need for continuous and unflagging involvement.

I am proud, as Chairman, to report that we have met on a monthly basis during the last year and that this alone has been an educational exercise for all of us. You must be aware that the transition from a categorical program to one which embraces an attempt to facilitate the health care delivery system is difficult. I believe this has been achieved. Furthermore, at a recent workshop in which we clarified our goals and objectives, the role of the program in the future was well clarified for the participants. The priority of projects approved but unfunded was much easier to decide upon in the frame of our new approach and our statement of goals and objectives. It is quite obvious that there are areas of program deficit. Action in these areas will be formulated and encouraged as a most important feature of the Regional Medical Program for Western New York in the coming year ...

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Irwin Felsen". The signature is written in dark ink on a white background.

Irwin Felsen, M.D.
President
Health Organization of Western New York, Inc.



The Annual Report of the Regional Medical Program for Western New York is not a document to support a piano leg or balance a bookcase. It is designed as a record to be read, to provoke comment, and above all to indicate the direction in which we hope to move.

An organization that can be considered viable and lively is one that has the capacity for change, that can respond to constructive suggestions and influences in a positive fashion. Those familiar with the old heart, cancer, and stroke program, heavily categorical and often interpreted as yet another funding agency, now should see the Regional Medical Program as an enabling organization, inviting the involvement of all intelligent participants irrespective of the label "consumer" or "provider."

I decry the perpetuation of these two labels in any legislation. We should be involving all those who can provide comment and support to the fundamental principle of improving the health and treating the illnesses of our region.

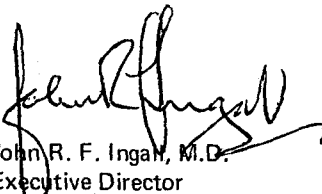

John R. F. Ingan, M.D.
Executive Director
Regional Medical Program
for Western New York

Table of Contents

CHAPTER	PAGE
Workshop Telegram from Dr. Margulies	inside front cover
Letter of Transmittal	i
1. WHAT IS THE REGIONAL MEDICAL PROGRAM	1
Nationally	2
Purpose of Regional Medical Programs	2
Legislation	2
The RMP Mission	4
Locally	4
The Western New York Region	3
The Workshop - New Directions for Western New York	4
Triennial Grant Application	4
Health Activities Goals and Objectives	5
2. WHO MAKES UP THE REGIONAL MEDICAL PROGRAM	7
Regional Advisory Group	8
Core Structure	10
The Volunteer Component	14
3. HOW DOES RMP/WNY WORK	15
Staff Functions	16
Planning	16
Proposal Review and Development	16
Evaluation	16
Financial Management	18
Communications	19
The Enabling Role	19
Projects and Proposals	19
Operational Projects	19
Financial Statement	22
Status of Proposals	23
How RMP/WNY Works With Other Health-Related Organizations	25
4. SPECIAL CONCERNS OF RMP/WNY	27
Manpower Development	28
Area Health Education Centers	28
Rural Health Problems	30
Inner City Problems	31
Health Maintenance Organizations	31

List of Figures

FIGURE	PAGE
1 Current Legislation: P.L. 91-515	2
2 Map - The Western New York Region	3
3 Health Activities Goals and Objectives	5
4 Organization of RMP for WNY	9
5 Composition of the Board of Directors of the Health Organization of Western New York, Inc.	11
6 Board of Directors of the Health Organization of Western New York, Inc.	12
7 Employees of RMP for WNY	14
8 Volunteers' Contribution	14
9 Proposal Review Process	17
10 Financial Statement: March 1, 1971 - February 29, 1972	22
11 Status of Proposals	23
12 Proposals Submitted to Washington	24
13 RMP for WNY Relationship to Other Health Related Organizations	25
14 Programs in Continuing Education - 1971	29

Chapter 1

What is the Regional Medical Program

NATIONALLY

Purpose of Regional Medical Programs

Legislation

The RMP Mission

LOCALLY

The Western New York region

The Workshop — New directions for
Western New York

Health Activities Goals and Objectives

Triennial Grant Application



NATIONALLY

PURPOSE OF REGIONAL MEDICAL PROGRAMS

The Regional Medical Programs seek to strengthen and improve the Nation's personal health care system in order to bring more accessible, efficient, and high quality health care to the American public. To accomplish these ends, the RMP'S promote and demonstrate among providers new techniques and delivery patterns; support training which results in more effective utilization of health manpower; and encourage the regionalization of health facilities, manpower, and other resources.

The RMP's develop their programs through a consortium of providers who come together to plan and implement activities to meet health needs which cannot be met by individual practitioners, health professionals, hospitals, and other institutions acting alone. The RMP provides a framework deliberately designed to take into account local resources, patterns of practice and referrals, and needs. As such it is a potentially important force for bringing about and assisting with changes in the provision of personal health services and care.

The initial concept of Regional Medical Programs was to provide a vehicle by which scientific knowledge could be more readily transferred to the providers of health services and, by so doing, improve the quality of care provided with a strong emphasis on heart disease, cancer, stroke, and related diseases. The implementation and experience of RMP over the past five years, coupled with the broadening of the initial concept—especially as reflected in the most recent legislative extension—has clarified the nature and character of Regional Medical Programs. Though RMP continues to have a categorical emphasis, to be effective that emphasis frequently must be subsumed within or made subservient to broader and more comprehensive approaches. RMP must relate primary care to specialized care, affect manpower distribution and utilization, and generally improve the system for delivering comprehensive care.

Even in its more specific mission and objectives, RMP cannot function in isolation. Only by working with and contributing to related federal and other efforts at the local, state, and regional levels, particularly state and areawide Comprehensive Health Planning activities, can the RMP's achieve their goals.

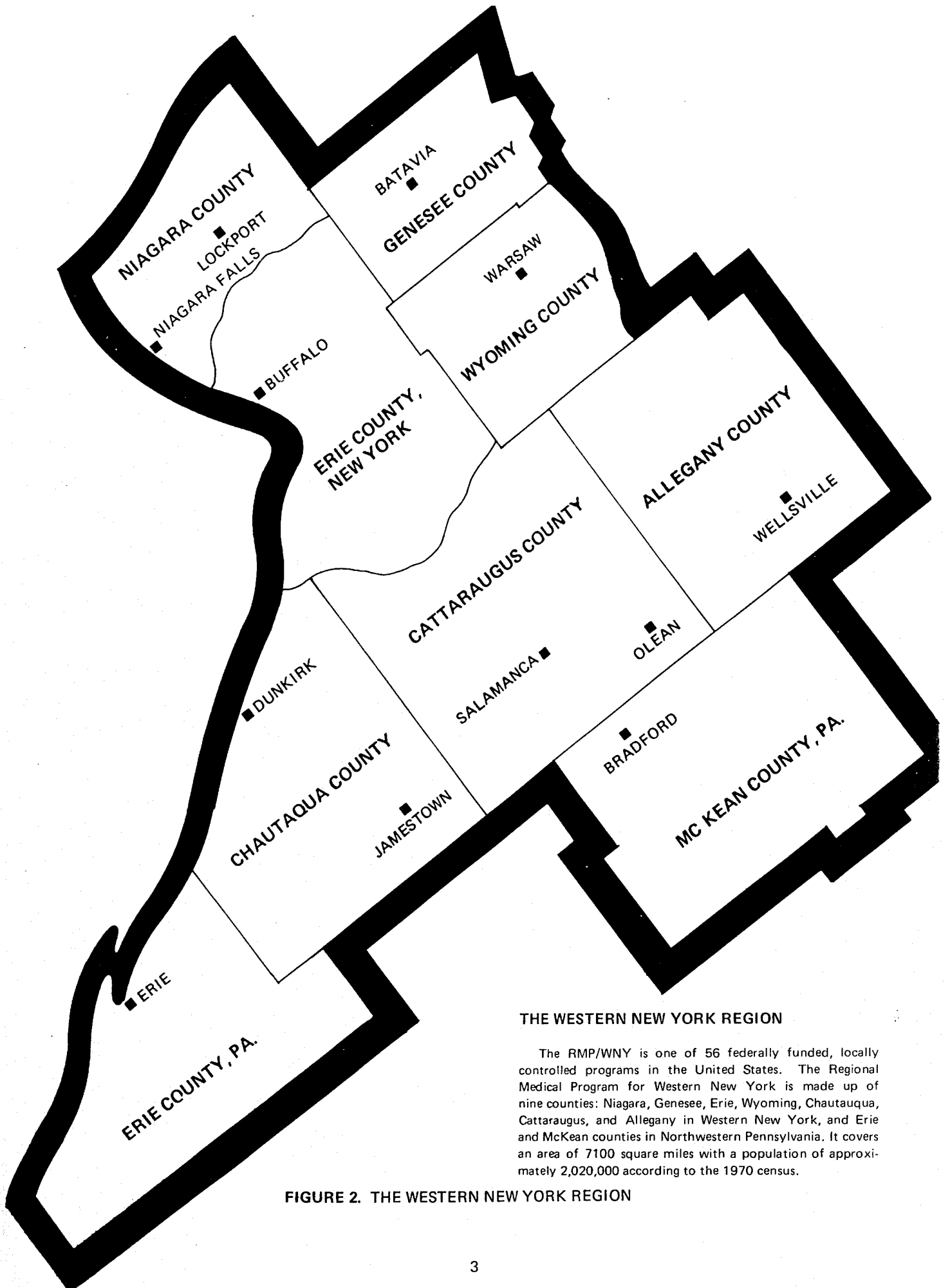
LEGISLATION

Regional Medical Programs were initiated in October 1965 under Public Law 89-239. The concern was for attacking heart disease, cancer, stroke, and related diseases with emphasis on making available the latest advances in diagnosis and treatment. Cooperative arrangements for research, training, and related demonstrations of patient care were also stressed.

FIGURE 1. CURRENT LEGISLATION: P.L. 91-515

In October 1970, P.L. 91-515 was signed into law. The new legislation:

- (1) adds kidney disease.
- (2) adds prevention and rehabilitation.
- (3) emphasizes primary care and regionalization of health care resources.
- (4) emphasizes health service delivery and manpower utilization. Directs RMP attention specifically to improvement of services in areas with limited health services.
- (5) provides additional authority for new construction.
- (6) requires that public members of advisory groups include persons familiar with the financing of, as well as the need for, services and that such public members be sufficient in number to insure adequate community orientation. Also includes a representative of the Veterans Administration as an ex officio member, if there is a VA institution in the region.
- (7) requires review of RMP applications by areawide Comprehensive Health Planning Agencies.



THE WESTERN NEW YORK REGION

The RMP/WNY is one of 56 federally funded, locally controlled programs in the United States. The Regional Medical Program for Western New York is made up of nine counties: Niagara, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, and Allegany in Western New York, and Erie and McKean counties in Northwestern Pennsylvania. It covers an area of 7100 square miles with a population of approximately 2,020,000 according to the 1970 census.

FIGURE 2. THE WESTERN NEW YORK REGION

LOCALLY

THE RMP MISSION

A recent document of the RMP National Advisory Council provides goals and guidelines for Regional Medical Programs.

What the RMP mission has become: The broad goals are to increase the availability of care, enhance the quality, and moderate the costs. Specific missions are:

- to promote and demonstrate new techniques and delivery patterns
- to expand the capacity of existing and new personnel to fill needs of underserved areas
- to stimulate regionalization
- to improve standards and quality control.

How RMP's are judged: RMP's will be judged on (1) program, (2) performance, and (3) process.

(1) Criteria for judging program related to the RMP's provider action-plan with emphasis on

- (a) increased and more effective utilization of health facilities and manpower
- (b) health maintenance, disease prevention, early detection, and expanded ambulatory and out-patient care
- (c) an improved relationship between primary and secondary care.

Other considerations include the extent to which activities will link multiple institutions or professions and will tap outside funds or support other federal efforts.

(2) Performance is judged by whether goals, objectives, and priorities have been established, productivity of program activities, and the degree to which RMP-supported activities have been assimilated by the health care financing system.

(3) Process criteria include organizational effectiveness, active participation of those interested in health problems in the region, translation of assessed needs and resources into continuously evolving plans and priorities, and the self-evaluation process.

There are few organizations with challenges of this magnitude.

THE WORKSHOP — NEW DIRECTIONS FOR WESTERN NEW YORK

The RMP/WNY Workshop, held on September 23-24, 1971, was a great step forward in region-wide involvement in program planning. About 50 health professionals from throughout the region, including Regional Advisory Group (RAG) members, project directors, proposal authors, and others met at the Holiday Inn in Fredonia, New York. At the Workshop, the mission of the RMP was reviewed in its new context, the framework for future decisions was established, and priorities were set. Participants worked with the new concepts of the RMP mission and discussed the needs of our own region in the light of this understanding. As a result, in the final session of the Workshop, a RAG executive group was able to select from the previously approved proposals those most pertinent to the goals and objectives that had been developed.

The RMP/WNY Health Activities Goals and Objectives 1972-1975 were accepted by the Health Organization of Western New York, Inc. (H.O.W.N.Y., Inc.) Board of Directors on October 14, 1971.

WE NEED YOUR IDEAS

Ideas for projects and activities which meet needs within the region and which help fulfill the health activities goals and objectives are being actively sought. RMP/WNY invites the participation of everyone in the region who is interested in the delivery of health care.

TRIENNIAL GRANT APPLICATION

On November 1, 1971, the Regional Medical Program for Western New York submitted a triennial grant application for March 1, 1972 - February 28, 1975, to Dr. Harold Margulies, Director of the Regional Medical Programs Service in Washington. Accomplishments and problems of the last three years were reviewed and plans for the next three years presented.

FIGURE 3. HEALTH ACTIVITIES, GOALS AND OBJECTIVES

Goal No. 1. To stimulate and promote preventive services in health maintenance.

OBJECTIVES

1. To continue defining the need for additional or new preventive services in each sub-regional area, based on a data profile of resources and services, an assessment of the community's characteristics and health problems, and on the acceptability of the service to the community.
2. To encourage delivery of preventive services through sources of primary care with emphasis on the role of allied health personnel.
3. To encourage coordination among government, voluntary, and private agencies to (a) maximize the impact of preventive services and (b) assist public health agencies in responding to community needs.
4. To encourage expanded programs in health education.

Goal No. 2. To develop and improve primary care services.

OBJECTIVES

1. To continue defining the need for additional altered or new primary care services in each sub-regional area, based on a data profile of resources and services, an assessment of community characteristics and health problems, and on the receptability of the pattern of services to the community.
2. To maximize the role of existing health personnel in delivering primary health care by (a) improving distribution of health personnel, (b) encouraging the expansion of ambulatory care within or associated with community hospitals, (c) using inter-disciplinary approach to the delivery of primary care, (d) encouraging the development and evaluation of innovative methods of health care delivery, and (e) promoting improved referral patterns to assure continuity of care.
3. To encourage general and family practice and other forms of primary health care.
4. To stimulate development of already defined new roles of health personnel.
5. To seek feasible solutions to the problems of distance and lack of transportation as barriers to utilization of primary care, preventive and rehabilitation services.
6. To promote consumer education regarding availability and utilization of existing health services.

Goal No. 3. To encourage the development, expansion and integration of rehabilitation services into the continuum of medical services.

OBJECTIVES

1. To continue defining the need for additional altered or new rehabilitation services in each sub-regional area, based on a data profile of resources and services, an assessment of the community's characteristics and health problems, and on the acceptability of the patterns of service to the community.
2. To promote the continued development of a variety of facilities and programs to assure placement of patients at the appropriate level of care.

For the first budget period (1972-73), RMP/WNY requested \$1,821,626 from the federal government for the program. In accordance with the federal mandate, several of RMP/WNY's projects are moving into self-support. Income thus received plus local contributions to the program in dollars and in kind will bring the total resources available to RMP/WNY during 1972-73 to a value of \$2,419,600.

DEVELOPMENTAL COMPONENT

The triennial grant application includes a request for a developmental component. A sum equal to 10% of RMP/WNY's appropriation for direct costs during 1971-72 can be awarded to the program for the coming year. This same sum can also be granted in each of the remaining two years of the triennium. The developmental component provides an opportunity to support needed activities without delay. Modest funds from this component can be assigned directly by the Regional Advisory Group.

During the year 1971-72, core and project funds have been used in a developmental manner which has achieved:

- (a) the ability to respond quickly, while community interest is high, in cooperative ventures to develop new approaches to health care problems
- (b) a major financial return for funds invested

- (c) the opportunity to use staff competence in the enabling role.

The Lake Area Health Education Center (LAHEC) was the first center to be funded by the Veterans Administration. The monetary investment by RMP/WNY has been \$10,000—the return, \$50,000 invested in LAHEC by the Veterans Administration and the local Erie, Pennsylvania hospitals. RMP/WNY's investment of approximately \$12,000 in the Rural Externship Program released contributions of \$9,100 from participating rural physicians, hospitals, and local governments and \$20,000 from the Appalachian Regional Commission. The industry and time of the Rural Health Manpower Committee, the preceptors, and the enormous TV, press, and journal coverage of this venture show how a developmental commitment can catalyze active public interest.

RMP/WNY looks forward to accomplishing even more with funds specifically earmarked for development. Uses planned for the developmental component include:

- (1) capitalizing on the positive approach being taken by inner city groups
- (2) promoting greater involvement by the county committees.

Chapter 2

Who makes up the Regional Medical Program

Regional Advisory Group
Core Structure
The Volunteer Component



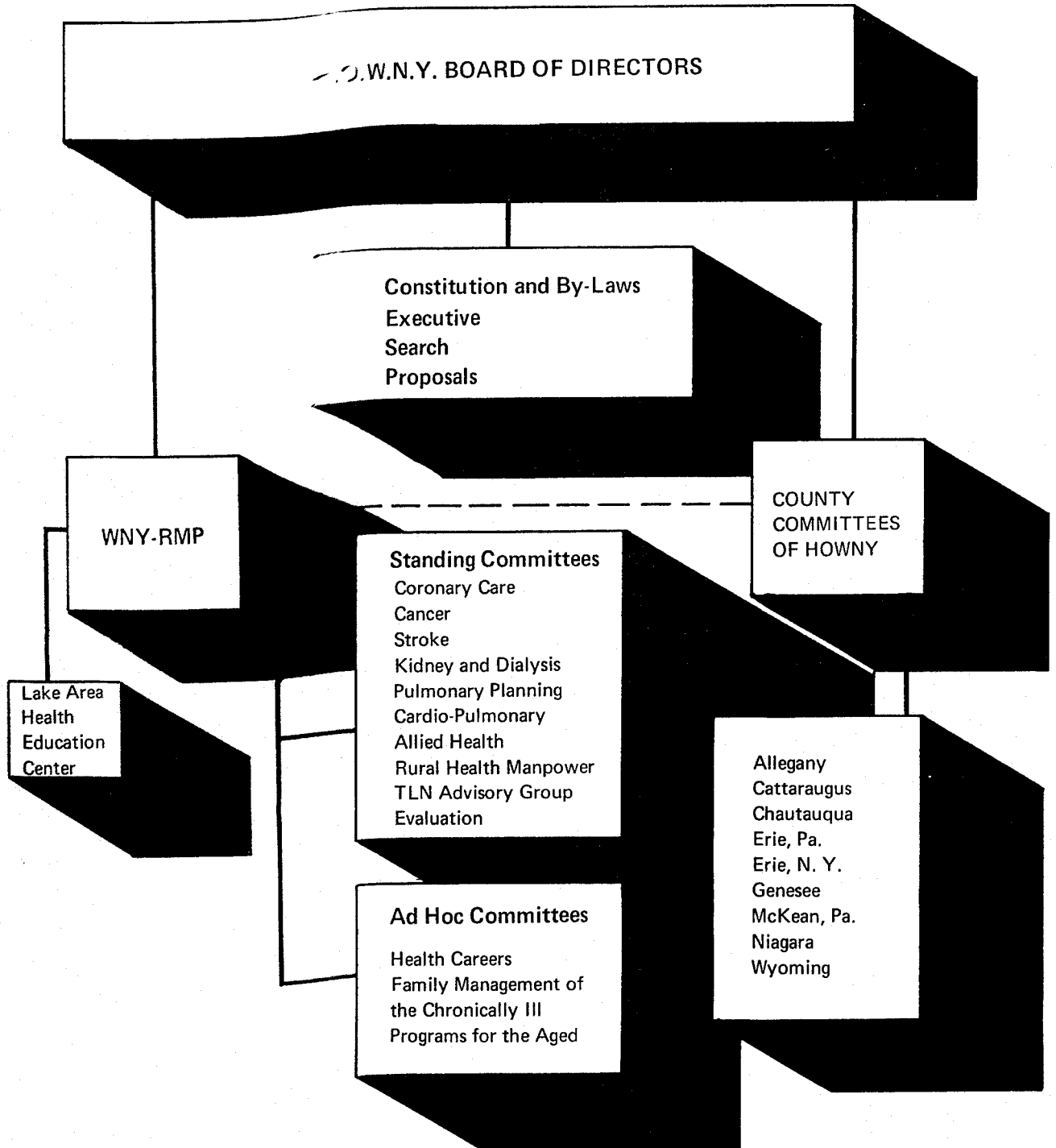
REGIONAL ADVISORY GROUP

The Health Organization of Western New York, Inc. (H.O.W.N.Y., Inc) is a group of over 220 persons who by-and-large meet monthly in county committees. The H.O.W.N.Y., Inc., Board of Directors, which serves as Regional Advisory Group to the RMP/WNY, meets monthly to direct program development. The Telephone Lecture Network is used to insure maximum participation at Board and committee meetings. Those who are unable to leave their part of the region can still participate in important deliberations and decisions.

A continuing effort is made to involve the counties in a greater role in defining their own needs and priorities. Complacency must be eradicated and a high level of interest maintained within the constituency. A staff member is following a regular schedule of liaison with the county committee members and their chairmen to promote committee identification with the goals and objectives of the program and develop more active involvement. Concomitantly, staff working in the counties can be appraised of local efforts and problems. The visibility of staff in each county affirms the reality of RMP/WNY's thrust towards regionalization.

This summer, staff members have met with each member of the Board of Directors and with numerous members of the Regional Advisory Group at-large in the various counties. These meetings have brought to the attention of RAG members the new purposes and directions of RMP and the opportunity for developing new approaches to problems in health care. Important insights of practicing professionals and health administrators in all the counties have involved the RMP/WNY more closely with the needs of each county.

FIGURE 4. ORGANIZATION OF RMP FOR WNY

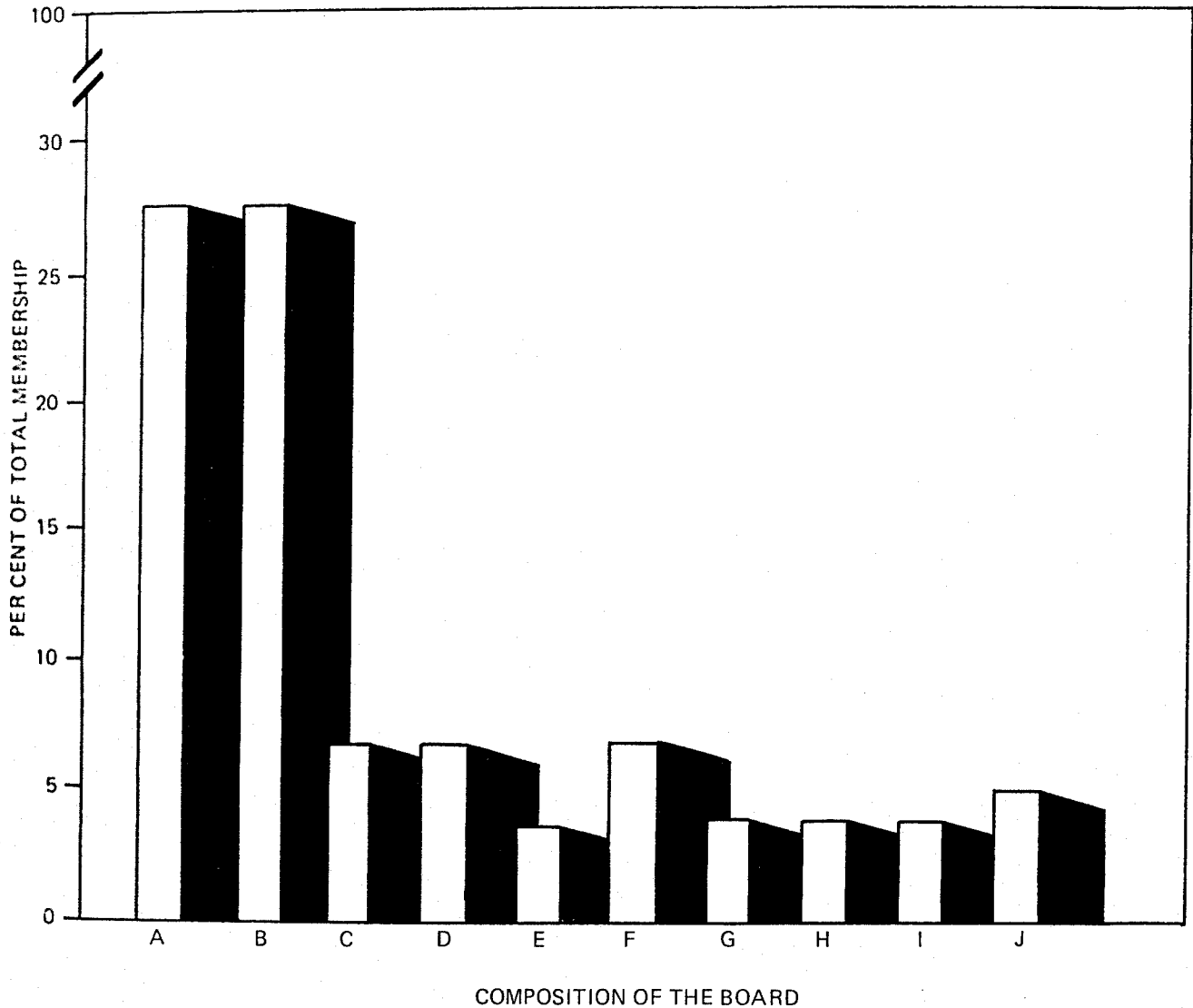


CORE STRUCTURE

Each staff member has a well defined role in the organization and a voice in the development of the total program. To promote the greatest possible community involvement, RMP/WNY's philosophy is to use the small core to staff expert committees. Thus, grants management staff works with the proposals committee, evaluation staff with the evaluation committee, county liaison with the county committees, and the Director for Nursing and Allied Health Affairs staffs our categorical committees and implements their programs throughout the region. In addition, staff members work with other committees in the community.

The Executive Director has worked very closely with his staff, establishing the program and increasing our involvement in and usefulness to the community. He has been able to bring leaders together to define health problems and set policy for their solution. A measure of the status of RMP/WNY in the community is that the Executive Director holds an associate deanship in the School of Medicine of the University and serves on the medical school's executive committee. In the last year, a growing percentage of the Executive Director's time has been spent working with other RMP directors. He is chairman of the Northeastern group of directors and their elected two-year delegate to the National Steering Committee. From these contacts the Executive Director has brought to the Board and his staff a much more sophisticated understanding of health events of national importance, direct communication with other regional programs, and the possibility of learning from their experiences.

FIGURE 5. COMPOSITION OF THE BOARD OF DIRECTORS OF THE HEALTH ORGANIZATION OF WESTERN NEW YORK, INC.



- | | | | |
|---|--|---|---|
| A | 9 M.D.'s representing the 9 county medical societies | G | 1 member representing the Regional Health Director, Department of Health, State of New York |
| B | 9 members representing the 9 county committees | H | 1 member representing the Commissioner of Health, Erie County, New York |
| C | 2 members representing the School of Medicine at the State University of New York at Buffalo | I | 1 member representing the Veterans Administration |
| D | 2 members representing Roswell Park Memorial Institute | J | 5 members at large, including 1 legal counsel |
| E | 1 member representing the Western New York Hospital Association | | 33 total membership |
| F | 2 members representing the Comprehensive Health Planning Council of Western New York, Inc. | | |

FIGURE 6. BOARD OF DIRECTORS OF THE HEALTH ORGANIZATION OF WESTERN NEW YORK, INC.

NAME	INSTITUTION AND/OR OCCUPATION	CATEGORIES OF REPRESENTATION
EXECUTIVE COMMITTEE		
President:		
1. Irwin Felsen, MD	Physician	Allegany County Medical Society
Vice President:		
2. Father Cosmas Girard, OFM	St. Bonaventure University	Cattaraugus County Committee
Secretary:		
3. H. Gregory Thorsell, MD	Surgeon	Chautauqua County Medical Society
Treasurer:		
4. John C. Patterson, MD	Roswell Park Memorial Institute	Roswell Park Memorial Institute
Chairman, Proposals Committee:		
5. Harry Sultz, DDS, MPH	School of Medicine, State University of New York at Buffalo	Erie County (N.Y.) Committee
Member-at-large:		
6. Theodore T. Bronk, MD	Physician	Niagara County Medical Society
Member-at-large:		
7. Edward E. Kemble, MD	Physician	Erie County (Pa.) Medical Society
OTHER BOARD MEMBERS		
8. Lester H. Block	Attorney at Law	Legal Counsel: Member-at-large
9. LaVerne E. Campbell, MD	New York State Department of Health – Regional Health Director	New York State Department of Health
10. Lloyd Cannedy, PhD	Bradford Hospital – Administrator	McKean County Committee
11. Clifford L.M. Carpenter	Comprehensive Health Planning Council of Western New York, Inc., Executive Director	Comprehensive Health Planning Council of Western New York, Inc.
12. Max Cheplove, MD	Physician	Erie County (N.Y.) Medical Society
13. Kenneth H. Eckhert, MD	Surgeon; Comprehensive Health Planning Council of Western New York, Inc. – Chairman	Comprehensive Health Planning Council of Western New York, Inc.
14. William H. Ennis*	Hamot Hospital – Administrator	Erie County (Pa.) Committee
15. Ivan Harrah	Western New York Hospital Association – Executive Director	Western New York Hospital Association

16.	Herbert E. Joyce, MD	Physician	Member-at-large
17.	Bert S. Klein, PodD	Podiatrist	Chautauqua County Committee
18.	Edward F. Marra, MD	School of Medicine, State University of New York at Buffalo – Chairman, Department of Social and Preventive Medicine	School of Medicine, State University of New York at Buffalo
19.	Elizabeth Moore	Executive Director, American Red Cross of Genesee County	Member-at-large
20.	William E. Mosher, MD	Physician, County Health Commissioner	Commissioner of Health – Erie County, New York.
21.	Gerald P. Murphy, MD	Roswell Park Memorial Institute – Director	Roswell Park Memorial Institute
22.	William C. Niesen, MD	Physician	Niagara County Committee
23.	Mary S. Northington	Comprehensive Health Planning Council of Western New York, Inc.	Member-at-large
24.	LeRoy Pesch, MD**	State University of New York at Buffalo – Dean, School of Medicine	School of Medicine, State University of New York at Buffalo
25.	John R. Rowan	Buffalo Veterans Administration Hospital – Director	Veterans Administration
26.	Fred O. Rush	Bayfront Development Program Gannon College – Director, Erie, Pennsylvania	Member-at-large
27.	Patricia Stopen, RN	Registered Nurse – Wyoming County Health Department	Wyoming County Committee
28.	George E. Taylor, Jr., MD	Physician	Allegany County Committee
29.	Donald R. Watkins, MD	Physician	McKean County Medical Society
30.	Paul Welsh, MD	Physician	Genesee County Committee
31.	R.T. Williams, MD	Surgeon	Wyoming County Medical Society
32.	Duncan C. Wormer, MD	Physician	Cattaraugus County Medical Society
33.	George S. Young, MD	Physician	Genesee County Medical Society

* Resigned September 1, 1971

** Resigned January 1, 1972

The Buffalo and Batavia, New York and Erie, Pennsylvania Veterans Administration Hospitals will shortly all be represented on the HOWNY Board.

FIGURE 7. EMPLOYEES OF RMP/WNY

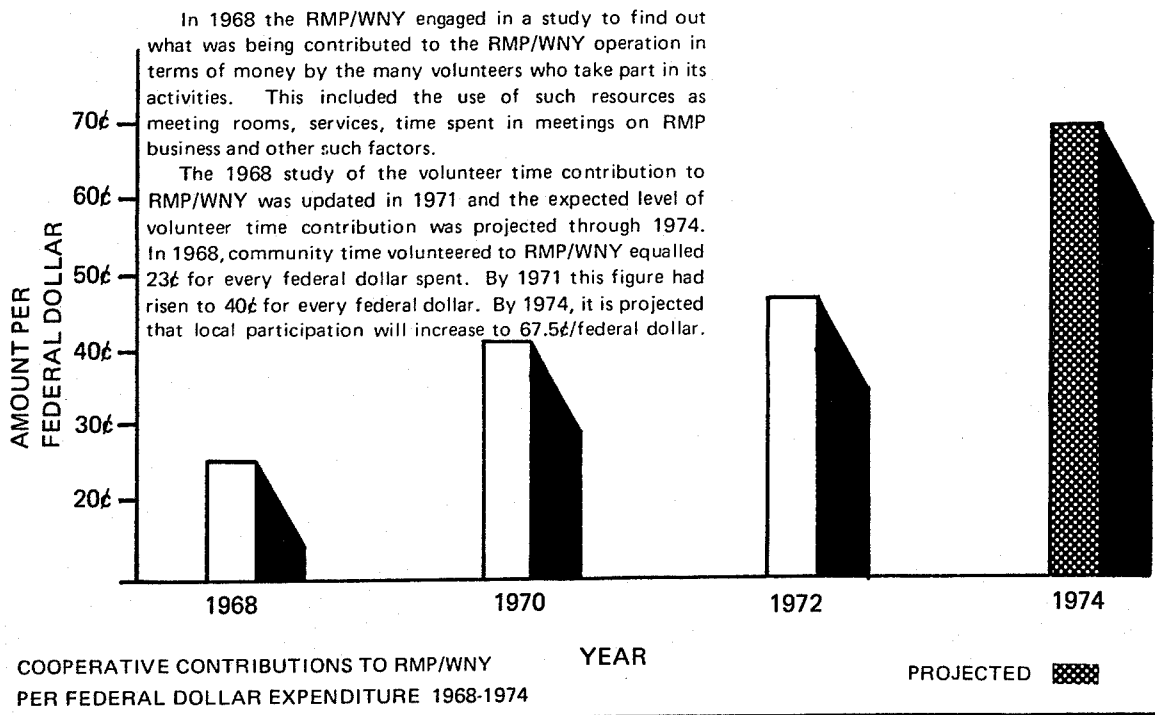
Professional Staff Employees

John R.F. Ingall, M.D., F.A.C.S., F.R.C.S. – Executive Director
 Sandra K. Berlowitz, B.A. – Administrative Associate, Writer
 Gene A. Bunnell, A.B., M.C.P., M.P.H. – Administrative Associate for Planning
 Floyd Cogley, Jr., B.S., M.P.H. – Administrative Associate for Grant Development
 Patricia Shine Hoff, R.N., B.S., M.A. – Director of Nursing and Allied Health Affairs
 Elsa R. Kellberg, B.A., M.A. – Research Associate for Evaluation
 Gary L. Reynolds, B.S., M.B.A. – Administrative Associate for Business and Personnel
 Marion R. Sumner, B.A., M.B.A. – Administrative Associate for Business and Personnel
 Gerald J. Surette, B.A., M.A. – Administrative Associate for County Committees
 Anthony Zerbo, Jr., B.A. – Director of Communications

Staff Employees

Jean L. Andrianoff, B.S.Ed. – Secretary
 Alice J. Bragg – Secretary
 Maria M. Dick, A.A.S. – Secretary
 Elizabeth M. Eberl – Statistical Clerk
 Barbara C. Lamberg – Secretary
 Kathleen C. McCron B.S. – Receptionist and Secretary
 Rosetta J. Parker – Secretary
 Joan L. Philipps, B.S. – Secretary
 Urban Batt – Clerk (part time)

FIGURE 8. VOLUNTEERS' CONTRIBUTION



Chapter 3

How does RMP-WNY work

STAFF FUNCTIONS

- Planning
- Proposal Review and Development
- Evaluation
- Financial Management
- Communications
- The Enabling Theme

PROJECTS AND PROPOSALS

- Operational Projects
- Financial Statement
- Status of Proposals

HOW RMP/WNY WORKS WITH OTHER HEALTH RELATED ORGANIZATIONS



STAFF FUNCTIONS

PLANNING

RMP/WNY is an operational program with a planning component. It has been moving in new directions, identifying deficits in health care in the region and developing priorities for dealing with these problems and needs. Stronger working relationships with the Comprehensive Health Planning (CHP) Council of Western New York have been developed. Their overall plan for the region was taken into consideration in establishing RMP/WNY's goals and objectives.

The Western New York program participated in the Information Support System of Harvard University, a system designed to help RMP's develop program activities which more clearly meet objectives specified in the legislation. Data generated from the interviews conducted in Western New York by the Information Support System have been used to help identify problem areas and incorporate program activities to solve those problems.

The research and data acquisition capability of the RMP/WNY has been both significantly increased and established as a regional resource through the employment of the Community Services Research and Development Program of the Department of Social and Preventive Medicine of the State University of New York at Buffalo. Community Health Information Profiles (CHIP) of county-wide geographic areas for long-range planning of health services and facilities have been instituted collaboratively with the Comprehensive Health Planning Council of Western New York and the Mid-State Committee on Area-Wide Health Planning, Inc. In each case supplemental funds either from county government or one of the comprehensive health planning agencies have been committed to support the additional field staff required for data collection at the local level. The first efforts of the CHIP program are being directed to the rural counties of Cattaraugus, Genesee, and Allegany. Plans are underway to develop health information profiles for most of the communities in the RMP/WNY region.

PROPOSAL REVIEW AND DEVELOPMENT

The proposal review process has been a most effective mechanism for involving the entire region in

RMP/WNY programs. The detailed proposal review protocol and criteria for RMP review are part of the RMP/WNY Kit and are available to everyone in the region. This process of involving the entire region in proposal review reveals possible duplication of efforts and encourages cooperation of those actively interested in a concept from every part of the area. The proposal author is in personal contact with the series of groups who review his proposal. In particular, he must be prepared to explain to the grassroots organizations, the county committees, his concept and its applicability to their particular situation. The H.O.W.N.Y., Inc. Board of Directors (Regional Advisory Group to the RMP/WNY) has the final authority. Proposal review serves an educational function. The review mechanism promotes:

- (a) involvement of the sub-regional groups
- (b) education of author and reviewers
- (c) equity of review.

The Proposals Committee will seek projects that address themselves to the greatest needs of the region as documented in the RMP/WNY priorities of goals and objectives.

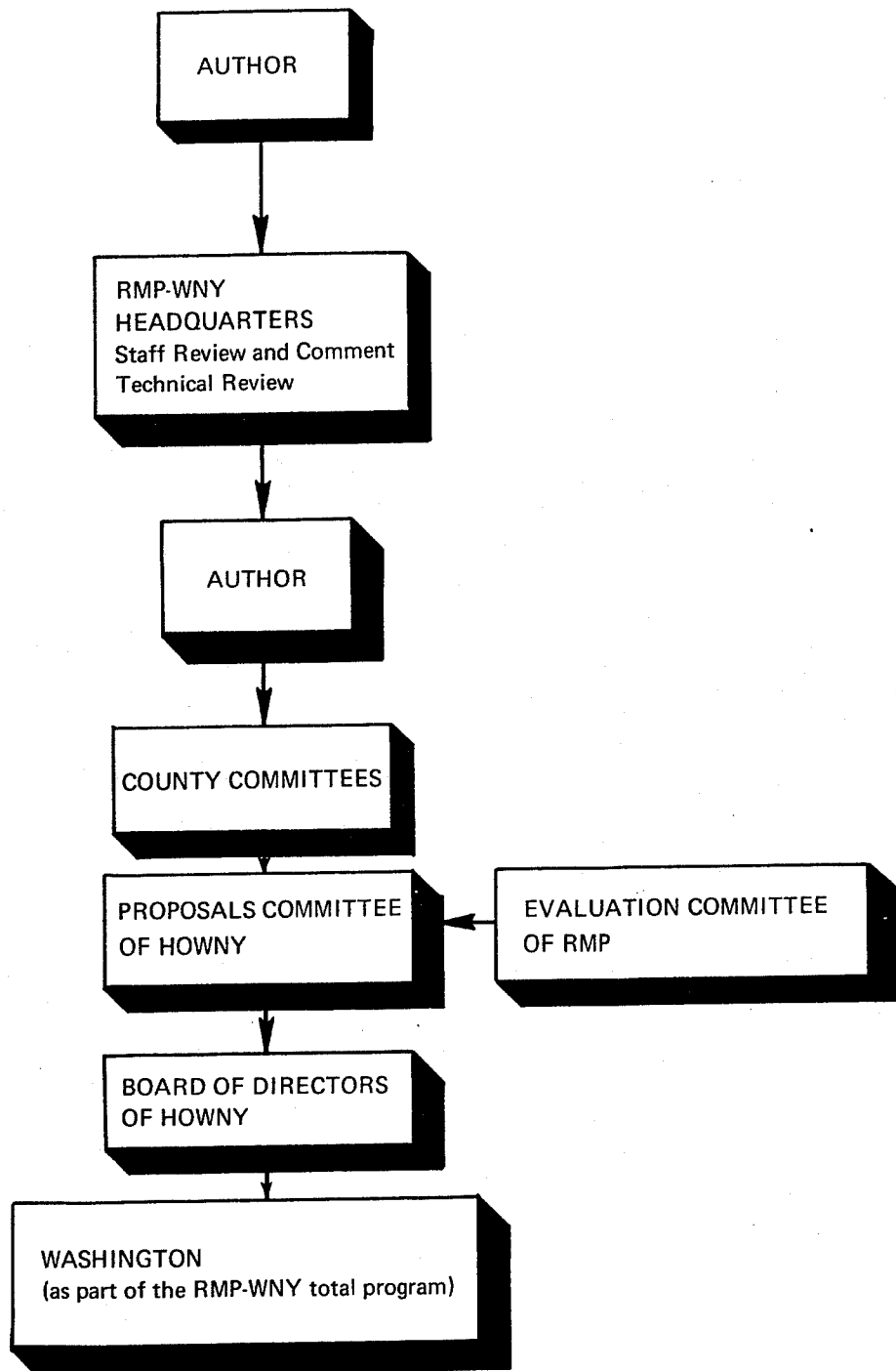
A major objective is to involve the entire region in one unified system of grant proposal review. This would emphasize the community's need for a common data base and a coordinated consideration of health care goals and objectives. Proper investment of resources available to the region would be insured; projects receiving funding would have the benefit of area-wide involvement and support.

EVALUATION

RMP/WNY has developed evaluation tools to assure that (1) health activities goals and objectives remain flexible and respond to the documented needs of the region, (2) the contribution of activities to the program's goals and objectives are measured and (3) the activities themselves are well-conceived and well-executed. At the end of each operational year, goals and objectives will be revised.

County committees will report their activities in defining and meeting their health needs, helping the Regional Advisory Group base health activities

FIGURE 9. PROPOSAL REVIEW PROCESS



objectives upon real county needs. Using the reporting form which has been developed will help each county subunit measure the effectiveness of its activities and define its own priorities for investment of RMP resources. The form should also facilitate communication among the county committees by giving them a clearer picture of each other's needs.

Project reporting forms have been developed to aid the project directors in reporting needed information. This will allow close supervision of project efforts as well as provide data for the project site visit teams. The teams, which consist of at least two consultants, two Board members, and one RMP/WNY staff member, have provided the Regional Advisory Group an independent assessment of our active and funded projects. These visits are devoid of punitive or federal overtones and have been very informative. Yearly site visit reports will therefore continue to be used as one source for measuring project effectiveness.

The measure of core staff activities can be derived from a summary of members' monthly reports. This provides an easy summation of activities for the anniversary review document, reveals excesses or deficiencies in staff activities in light of overall program objectives, and serves as a means of communication among core staff personnel and between the staff and the Regional Advisory Group.

A cost analysis of the entire program will be undertaken yearly, taking into account projects and core staff activities.

Appropriate evaluation techniques for potential and operational activities are assured by the Evaluation Committee and RMP/WNY staff.

Evaluation efforts will be used to (1) measure the dimension of achievements in meeting goals and objectives in a specified period of time and (2) provide the information needed to effectively guide RMP/WNY program development. Information derived from measures of program effectiveness will be used to periodically reassess goals and objectives, determine the level of support for ongoing activities, and actively seek out projects and activities which address themselves to as yet unmet objectives.

EVALUATION WORKSHOPS

On February 11, 1971, Donald A. Schon, Ph.D., Organization for Social and Technical Innovation, presented a discussion on the evaluation of the effectiveness of regional medical programs. Board and staff members as well as representatives of various community organizations participated in the day-long program at the Buffalo Statler Hilton Hotel.

A proposal evaluation workshop designed for members of the proposals and evaluation committees and members of the RMP/WNY staff was held April 23, 1971, at RMP headquarters in Buffalo. Key speakers were Dr. Frank Husted, Dean, College of Allied Health Professions, Temple University and Dr. Harry Sultz, D.D.S., Associate Professor, Social and Preventive Medicine, State University of New York at Buffalo School of Medicine.

FINANCIAL MANAGEMENT

In its fiscal policy the Regional Medical Program for Western New York has been operating under a programmatic approach for several years. The fiscal management of all funds has been in the Core office with no direct assignment of monies to affiliate institutions. It is the policy at the end of the first six months of a fiscal year to formally consider redistribution of funds to strengthen the program as a whole and to seek seed money for projects which have been approved but not funded.

When the budget was prepared for 1971-72, the on-going components were reviewed in the light of their effectiveness and the recommendations of project site visitors. In 1971-72 funds were diverted (1) to support a summer student extern program designed to acquaint students in the health fields with rural practice and (2) to the planning and implementation of the Lake Area Health Education Center. Projects which were deemed ready for self-support were moved more quickly into that support, and funds so released were assigned to other facets of the program.

The grantee institution for Regional Medical Program for Western New York is the Research Foundation of the State University of New York, a private non-profit corporation established for the express purpose of handling federal funds for all branches of the State University of New York.

COMMUNICATIONS

RMP/WNY activities are brought to the attention of the public via the news media, exhibits displayed at conferences and meetings, brochures for our special programs, and published articles. Television and radio have been used to cover program activities. A newsletter brings news of important events in the health field, both regional and national, to the 13,300 people on the RMP/WNY mailing list. The Western New York RMP brochure and annual report have been widely circulated. Currently in preparation are (1) proceedings of the Workshop together with the goals and objectives of RMP/WNY for the next triennium and (2) the RMP/WNY Kit, a compilation of material describing the RMP mission, guidelines for development and submission of grant proposals, and the proposal review protocol and criteria.

THE ENABLING ROLE

The core staff has emphasized RMP's enabling role in all program activities. RMP/WNY serves as a broker for the community. Help is given where required. If RMP cannot help, other appropriate organizations are contacted. The staff is seeking to increase its effectiveness in counseling proposal authors by learning more about funding agencies and their areas of concern and becoming more expert in the development of excellent grant proposals.

Another aspect of the enabling role has been insistence that projects have a viable marketing strategy. RMP resources are invested as seed monies for activities that can be integrated into the health-care pattern of our region. Centralized fiscal control has allowed easy shifting of funds from activities that are developed enough to receive community support to new areas of investment. The requirement for a marketing strategy is clearly defined in the guidelines for proposal development which are distributed to all prospective authors and in the reporting form that has been developed for project directors.

RMP/WNY has been successful in attracting additional monies to RMP-supported activities: (1) Voluntary agencies and other groups have committed monetary investment to what otherwise would have

been exclusively RMP operations. (2) County medical societies and hospitals contribute funds to the RMP/WNY advisory group (Health Organization of Western New York, Inc.) to meet expenses that could not be paid for by the Federal dollar. (3) RMP'S investment in the Lake Area Health Education Center led to investment in the Center by the Boards of Trustees of two Erie, Pennsylvania hospitals and by the Veterans Administration (4) The Rural Externship project was able to attract private contributions from hospitals, physicians, and local governments of \$9,100.

The acquisition of two excellent conference rooms has defined the RMP as a facility used by the community. The communications devices and audio-visual requirements are available. In addition to use by those directly related to the program, meetings have been held in the rooms by such groups as the Urban League, Buffalo's Blue Ribbon Ambulance Committee, CHP, the local podiatrists, and Parents of Diabetic Children.

Participants at the RMP/WNY Workshop, held on September 23 and 24, reaffirmed the crucial importance of RMP's enabling function. They asked that, in pursuing specific health care goals and objectives, RMP/WNY not forget that it provides a territory in which individuals and institutions can come together, avoiding wasteful duplication and encouraging a large, regional approach to health problems.

PROJECTS AND PROPOSALS

OPERATIONAL PROJECTS

During the year March 1, 1971, through February 28, 1972, five operational projects were supported by RMP/WNY.

Project No. 1 Telephone Lecture Network (TLN)

Primary Purpose: General continuing education

Health Care Focus: All types of health care

Target Group(s): All health professionals and special primary target population groups, i.e., parents of diabetic children, and the chronically ill

Geographic Scope: Seven counties in Western New York and three counties in Pennsylvania

Objectives: To meet the growing need for training and education in health care for providers and consumers by increasing the knowledge and skill of health care personnel and to be a resource for community health education.

During the three year funded period, the TLN increased in size from a network of 15 hospitals to one of 56 hospitals (as of June 1970). In September 1968 the network offered two hourly programs per week — one lecture series for physicians and another for nurses. The current educational component consists of 244 hourly programs scheduled in 20 separate lectures series and provides for 15 identifiable career fields. Nineteen agencies, institutions and organizations provide voluntary support to the educational component of this project. A Spoken English course for foreign born health care personnel was developed to alleviate the communication problem that exists between the patient and those attending him. TLN programs meet the Continuing Education requirements of 6 professional associations and one state agency.

The results of the 1970 TLN Survey were in general positive with regard to content, format, and acceptability of TLN presentations. The survey accurately predicted hospital participation on the network for 1971-72.

Thirty six hospitals registered in September 1971 under the new fee structure. The yearly fee ranges from \$1400 for a hospital with 125 certified beds or less to \$1900 for hospitals with over 400 beds. The educational component of the network is now supported by the member hospitals.

The TLN also serves health and administrative groups by providing a means of information exchange at regular meetings and conferences, via the network. Additional evening programs are directed to certain groups concerned with the education of relatives of persons with chronic health problems.

Project No. 2 Coronary Care Training Program

Disease Category: Heart Disease

Health Care Focus: Treatment

Target Group(s): Registered Nurses and Physicians

Primary Purpose: Training existing health personnel in new skills

Geographic Scope: National and Canadian

Objectives: To improve care of heart patients by training nurses and physicians in operating intensive care units.

This program for nurses and physicians has been operational since March 1968. Through June 1971, 302 registered nurses have completed the course of instruction in the intensive care aspects of patients with acute cardiac problems. The basic format of the teaching programs encompasses three weeks of didactic instruction and two or three weeks of clinical experience for the practical application of nursing principles and skills which have been taught. Nine metropolitan Buffalo hospitals provided the clinical facilities utilized for nurse practical experience in Coronary Care Units. Two-day programs for physicians were conducted each year, in cooperation with the Office of Continuing Medical Education of the School of Medicine, State University of New York at Buffalo.

MAJOR PROGRAM CHANGES IMPLEMENTED — September 1971:

- (1) Tuition fee charged: \$350 per session per nurse registrant.
- (2) Discontinued reimbursements paid to hospitals. Commitments to participate, without pay in the program, have been received from many of the cooperating agencies.
- (3) No lecturer reimbursement fees being paid,
- (4) School of Nursing, SUNY at Buffalo, assumed the Director's salary.

As of March 1, 1972, this project will be supported by the Department of Continuing Education, School of Nursing, SUNY at Buffalo.

Tuition fees will be continued. A pilot study is underway which will allow combination of the Coronary and Respiratory Care Training Program into a Cardio-Pulmonary Care Training Course.

Project No. 3 Chronic Respiratory Disease Program

Disease Category: Pulmonary

Target Group(s): Allied health professionals, physicians, nurses, and patients

Primary Purpose: Education and development of health care facilities

Geographic Scope: Western New York and Northwestern Pennsylvania

Objectives: Provide home care and rehabilitation programs for patients throughout the region; provide educational programs about chronic respiratory disease for nurses, physicians, allied health personnel, and patients.

The following components of the program have been instituted:

- The Screening Program
- The School of Respiratory Therapy
- Pulmonary Physical Therapy
- Continuing Education for Nurses
- Continuing Education for Physicians
- Model Pulmonary Care Facility
- Respiratory Intensive Care Unit
- Pulmonary Function Laboratory
- Respiratory Therapy Service
- Home Care Program
- Rehabilitation Program

The first three years have been but a beginning. Development of staff, a team approach, and lines of communication has been the major achievement so far. The bulk of this program will be self-supporting by March 1972, in the estimated amount of \$345,000 annually.

Based on the recommendations resulting from a project site visit, the regional aspects of the program are being stressed. At the further suggestion of the site visitors, an advisory committee has been

established which includes one active and responsible representative from each of the participating, affiliated hospitals and which also includes wide representation from the outlying communities. This advisory committee has determined that the Home Care and Rehabilitation Programs, established as models, should now be extended into the region.

Project No. 10 Tumor Service Registry

Disease Category: Cancer

Health Care Focus: Diagnosis and Treatment

Target Group(s): Physicians, medical records personnel and cancer patients

Primary Purpose: Part training and part patient services

Geographic Scope: Western New York and Northwestern Pennsylvania

Objectives: To provide better care to cancer patients by improving (1) quality of care by hospital and physician and (2) access to care through follow-up procedures.

A tumor registry has been established as a tool for improving the quality of care for cancer patients. Tumor Registry activity has been initiated in eleven hospitals where none had existed. The efforts of all member hospitals have been coordinated, with continuous training of hospital tumor registrars. This assures improved uniformity and quality of data abstracted, since each registrar follows mutually agreed upon procedures. A follow-up procedure has been established through letters to physicians requesting follow-up information on their cancer patients. This encourages continuing periodic monitoring of the patient's condition. Statistical reports which reflect regional experience and that of the individual hospitals have been prepared and distributed. An advisory committee has been formed to provide the professional guidance required for routine Registry operations.

Project No. 14 Information Dissemination Service

Target Group(s): Health institutions, health professionals

Primary Purpose: Provide library service to health professionals and health institutions

Geographic Scope: Western New York and Northwestern Pennsylvania

Objectives: Provide library services to health professionals; encourage hospital libraries to develop their own services; provide consultation service to hospital library personnel.

Implementation of the Information Dissemination Service began in June 1970. An advisory group was selected and a policy statement formulated. Between June and September 1970 the project director met with the personnel responsible for library service in the hospitals in the region. Publicity was prepared and mailed to all health professionals in the region.

Four basic services are available:

1. Photocopy and mailing of journal articles and loan of books
2. Preparation of subject bibliographies
3. Reference service
4. Library management consultation service to hospital libraries.

During the first year of operation (June 1970 - July 1971) a total of 12,393 requests were received and processed. These included:

Photocopy of journal articles - 10,812
 Journals loaned - 285
 Books loaned - 854
 Bibliographies prepared - 359
 Reference requests - 83

A questionnaire was used to evaluate the project in April 1971. As a result of interest indicated through the questionnaire, two workshops were conducted for members of the hospital library staffs in August 1971. Subjects presented for discussion included reference tools used in medical libraries, biomedical communication networks, and principles of library management. Fifty percent of the requests have come from health professionals in hospitals serving the inner city population.

FIGURE 10. FINANCIAL STATEMENT – March 1, 1971 - February 29, 1972

For the year March 1, 1971 - February 29, 1972, the Regional Medical Program for Western New York was awarded \$1,363,440, including a re-award of \$197,108 for the development of an intensive care unit for the Respiratory Program. From this total the following projects were budgeted:

Core Program	\$ 453,100
Telephone Lecture Network	122,678
Coronary Care Training Program	50,795
Chronic Respiratory Disease Program	423,771
Intensive Care Unit – Respiratory Program	197,108
Tumor Service Registry	65,050
Information Dissemination Service	50,938
	\$1,363,440

The following special activities were financed from Core Funds:

Rural Externship Program	\$ 12,000
Migrant Health Program	14,500
Lake Area Health Education Center	10,000
Continuing Education (Teaching Days)	4,500

STATUS OF PROPOSALS

FIGURE 11. STATUS OF PROPOSALS

The following proposals went through the RMP/WNY review process during 1971-72:

Title	Author	Result of HOWNY review	Period
Postgraduate Training for General Practitioners and Pediatricians in a Pediatric Sub-Specialty	Thomas Aceto, Jr., M.D.	Approved	1 year
Acquisition of Psychomotor Skills in Surgery	Gavriel Salvendy, Ph.D.	Not Approved	1 year
Master Plan for Planning and Articulation of Allied Health Education in the WNY Region	Phyllis Higley, Ph.D. (1972)	Approved	1 year
Allegany County Mobile Health Clinic	Virginia Barker, Ph.D.	Approved	3 years
Provision of Homemaker Services in Niagara County	Howard Patton, M.P.H.	Not Approved	1 year
Hospital based Continuing Health Care Program for Women	Norman Courey, M.D.	Not Approved	3 years
Continuation of Chronic Respiratory Disease Program	John Vance, M.D.	Approved	3 years
Short-term Group Therapy for Cardiac Patients	Lawrence Golden, M.D.	Not Approved	1 year

FIGURE 12. PROPOSALS SUBMITTED TO WASHINGTON AS PART OF RMP/WNY'S TRIENNIAL GRANT APPLICATION FOR MARCH 1, 1972 – FEBRUARY 28, 1973.

Proposals approved in 1971-72; proposals approved in previous years but as yet unfunded; and currently operational projects were all reviewed by the Regional Advisory Group. The following activities were judged to be most germane to the new RMP/WNY goals and objectives and were included in the triennial grant application as part of RMP/WNY's program of activities for March 1, 1972 - February 28, 1973:

Title	Coordinator	Amount requested (for 72-73 period)
Telephone Lecture Network	Joseph Reynolds	108,117
Tumor Service Registry	John Patterson, M.D.	78,052
Information Dissemination Service	Jean Miller, R.N., M.S., M.L.S.	54,947
Chronic Respiratory Disease Program	John Vance, M.D.	151,853
A Model for Comprehensive Family Health	Ernest Haynes, M.D.	217,689
Comprehensive Continuing Care for Chronic Illness	Earl Noble, M.D. Evan Calkins, M.D.	243,290
Master Plan for Planning and Articulation of Allied Health Education in the WNY Region	Phyllis Higley, Ph.D. (1972)	18,542
Allegany County Mobile Health Clinic	Virginia Barker, Ph.D.	151,853

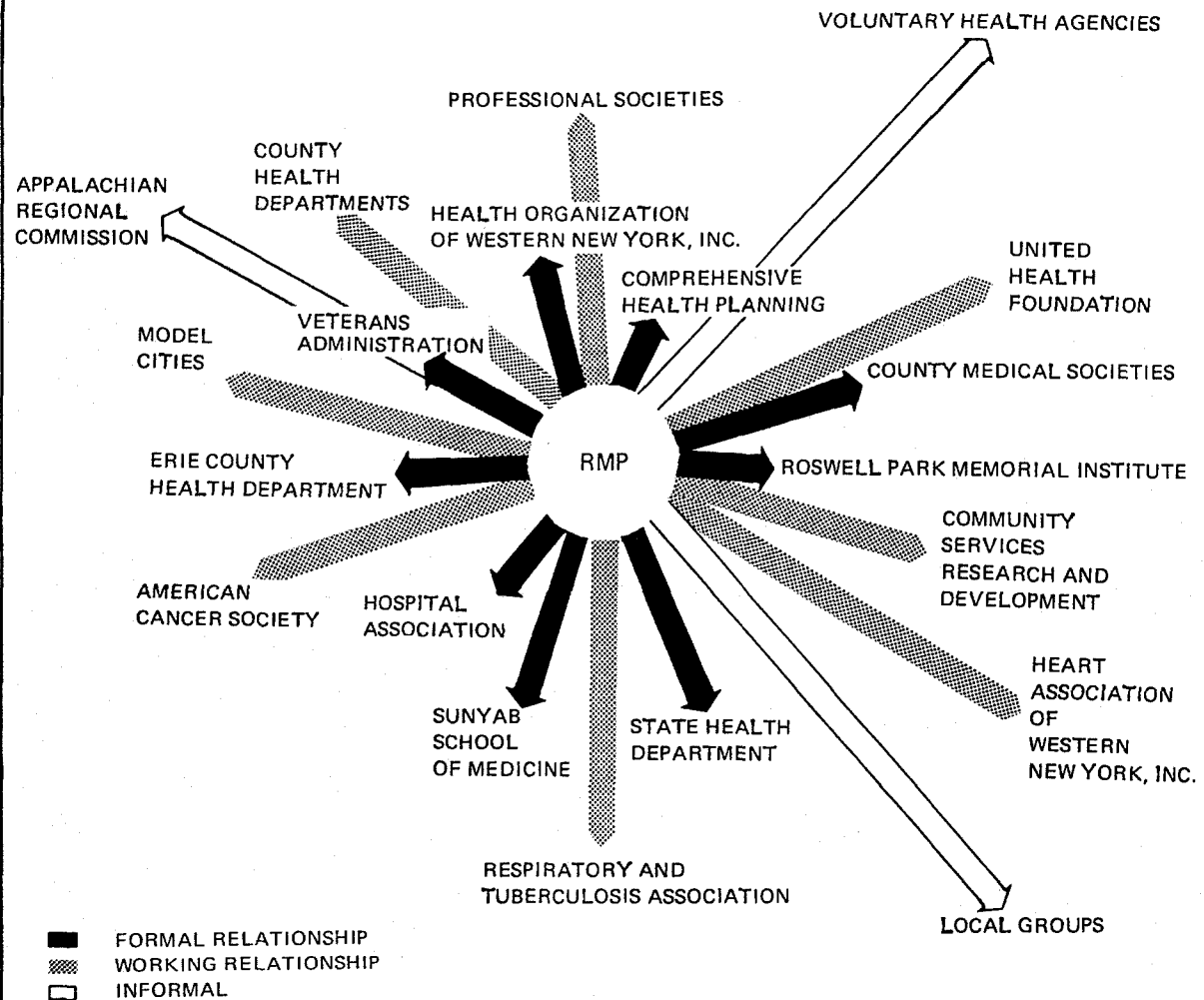
Those interested in health care problems in the region often wear multiple hats. The presence on the H.O.W.N.Y., Inc., Board of members who also serve with other health-related organizations is often an informal, but highly effective arrangement. It permits information exchange and collaborative planning and discourages inefficient and costly duplication of effort.

There is staff cooperation in committees that serve both the Comprehensive Health Planning Council of Western New York (CHP) and RMP, as well as a strong relationship between the two directors. The sub-regional county committees, since they involve those actively interested in health

matters in the counties, are serving both RMP and CHP. CHP currently provides written comment on all grant proposals that are processed through the RMP/WNY review mechanism. At the September Workshop, RMP/WNY profited from the involvement of CHP staff and Board members in the definition of RMP/WNY's goals and objectives.

A number of consumer groups – Parents of Diabetic Children, Hemophiliac Foundation, and others – have benefited considerably from RMP help. RMP has supported their efforts in education and information dissemination, made their programs known to the community, and provided them with a communication mechanism through the Telephone Lecture Network.

FIGURE 13. RMP FOR WNY RELATIONSHIP TO OTHER HEALTH RELATED ORGANIZATIONS



The relationship between various health-related organizations and the RMP for WNY may be divided into three categories: formal, working, and informal. Formal status entails representation on RMP's Regional Advisory Group, the Board of Directors of the Health Organization of Western New York, Inc., as mandated in the by-laws of the Regional Medical Program.

Working relationships involve a continuing cooperation in areas such as awarding continuing education credit for participation in TLN programs, co-sponsorship of teaching days, or joint planning for community health.

Those organizations with which RMP has informal relationships are a rather broad group. Concerned agencies tend to band together to deal with a particular program or problem.

Chapter 4

Special Concerns of RMP-WNY

Manpower Development
Area Health Education Centers
Rural Health Problems
Inner City Problems
Health Maintenance Organizations



MANPOWER DEVELOPMENT

Nursing and allied health professionals have a strong voice in RMP/WNY. The needs of the health professionals of the region are regularly assessed in order to establish objectives that will assist them in providing better health care. An allied health committee, recently formed under RMP/WNY auspices, has established goals for the proper use of allied health manpower and presented a position paper on allied health participation in the development of the area health education center concept to the Lake Area Health Education Center.

RMP/WNY is exploring ways to alleviate the severe shortage of health manpower: (1) Staff members have attended conferences held to stimulate the development of new types of health manpower, and consultants have visited the program. (2) Existing manpower could be better utilized if health workers received basic training in a unified core curriculum which would allow them to work in whichever area has the greatest need, and advance through more specialized training after the basic program. (3) Students are encouraged to consider health careers. RMP/WNY is currently cooperating with the United Health Foundation and CHP to plan a summer experience in health agencies for local graduate students who are interested in pursuing careers in the administration of health programs.

Highly trained specialists of the region have involved themselves with RMP/WNY through categorical committees. Committees have defined the promotion of educational programs held throughout the region as their primary role. A small investment of RMP funds has allowed cooperation with other agencies to meet the needs of local practitioners for education and consultation in their own home areas. These educational activities of the categorical committees have brought RMP visibility in the region and the good will of practitioners. They have contributed to better utilization of existing manpower in that: (1) Specialists are brought from their ivory towers and through lecturing, consulting, and answering questions they have been provided access to the community. (2) Knowing about improved modes of treatment has given local physicians the opportunity to practice better medicine. (3) Problems stated and help given not only influence referral patterns but the personal involvement has a major role in education and ultimately in quality of care.

Projects funded by RMP/WNY have aimed to alleviate manpower problems. For example, inhalation therapists, coronary and respiratory care unit nurses, and medical record librarians have been trained under the auspices of various projects. The Telephone Lecture Network offers a program of continuing education for the entire spectrum of health professionals. (see figure 14)

AREA HEALTH EDUCATION CENTERS

Early in 1971 discussions were initiated with representatives of Erie, Pennsylvania hospitals concerning the establishment of an area health education center. RMP/WNY acted as a liaison between this group and the State University of New York at Buffalo. Initial understanding and subsequent commitment to the center concept was obtained in writing from participating groups. A composite document contains a record of progress in the establishment of the Lake Area Health Education Center (LAHEC).

The center concept was based on four broad goals:

1. Conduct basic and continuing education programs under the supervision of the faculties of the college and university health-science centers with which it is affiliated and in cooperation with local professional associations
2. Provide guidance to comprehensive colleges and community colleges in the area in the development of training programs for allied health professions
3. Promote the existence of community-hospital services of outstanding quality and cooperate with health-care facilities, institutions, and agencies in the planning and development of a health-care delivery-system that is more effective, efficient, economical, accessible, and acceptable to all levels of society
4. Conduct research programs concerned primarily with the evaluation of health-care delivery-systems as well as appropriate surveys of health-care manpower and their utilization.

During 1971, programs in continuing education have been held throughout the region for physicians, nurses, and allied health professionals. Several of the programs were aimed at multi-disciplinary audiences. "Family Management of the Chronically Ill" was also attended by interested individuals from the community at large.

FIGURE 14. PROGRAMS IN CONTINUING EDUCATION, 1971

DATE	PROGRAM	LOCATION	NO. REGISTRANTS	CO-SPONSORS
2/25/71	"Family Management of the Chronically Ill"	Statler Hilton Hotel Buffalo, New York	350	Continuing Medical Education School of Medicine S.U.N.Y.A.B.
3/4/71	Cancer Teaching Day "Cancer Chemotherapy - 1971"	Buffalo Mercy Hospital Buffalo, New York	300	Department of Surgery, Buffalo Mercy Hospital, Buffalo, New York; American Cancer Society, Erie County Unit, Buffalo, New York
4/20/71	"From Study Into Action" Jerome P. Lysaught, Ed.D., Director, National Commission for the Study of Nursing and Nursing Education	Sisters of Charity Hospital Buffalo, New York	200	-----
4/29/71	Pulmonary Teaching Day "Rehabilitation Care of the Patient with Pulmonary Disease"	Holiday Inn Olean, New York	150	Tuberculosis and Respiratory Disease Association, Olean Unit Olean, New York
5/19/71	Pulmonary Teaching Day "New Trends in Pulmonary Disease"	Ramada Inn Erie, Pennsylvania	130	Northwestern Pennsylvania Tuberculosis and Respiratory Disease Society
5/26 and 5/27/71	Stroke Workshop "A Multi-disciplinary Approach to the Rehabilitation of the Stroke Patient"	Veterans Administration Hospital, Buffalo, New York	165	Veterans Administration Hospital, Buffalo, New York
6/3/71	Cancer Teaching Day "Modern Trends in the Treatment of Breast Cancer"	Castle Inn Olean, New York	175	American Cancer Society, Cattaraugus County Unit, Olean, New York
8/27 and 8/28/71	"Therapeutic Work with Older Persons and Their Families"	Campus School, State University College at Buffalo Buffalo, New York	150	School of Social Work Syracuse University Syracuse, New York
9/20 and 9/21/71	Pulmonary Workshop "Care of Patients with Pulmonary Dysfunction: Nursing Makes a Difference"	Statler Hilton Hotel Buffalo	75	Tuberculosis and Respiratory Disease Association of WNY Erie County Unit Buffalo, New York
9/23/71	Cancer Teaching Day "Progress in Cancer Therapy"	Holiday Inn Batavia, New York	150	American Cancer Society Genesee County Unit Batavia, New York
12/4/71	Cancer Teaching Day, "Some Aspects of Current Cancer Treatment"	Showboat Restaurant Buffalo, New York	100	Doctors Hospital, Tonawanda, New York; American Cancer Society, Erie County Unit, Buffalo, New York
9/27, 10/4, 10/18, 11/1/71	Inservice Pulmonary Teaching Sessions	Veterans Administration Hospital, Batavia, New York	51	Veterans Administration Hospital, Batavia, New York
11/4, 11/11, 11/18, 12/2/71	Inservice Pulmonary Teaching Sessions	W.C.A. Hospital, Jamestown, New York	62	W.C.A. Hospital, Jamestown, New York

In its role as an enabling agency RMP/WNY brought together the various agencies initially necessary for the creation of LAHEC. RMP is facilitating the close cooperation of these agencies in such a fashion that all are equal partners in this enterprise. The Telephone Lecture Network will play an integral role in fulfilling some of the educational requirements of the Center.

RMP/WNY staff members were present during the site-visit of LAHEC on July 12 and 13 by a joint federal team from the Veterans Administration and the Department of Health, Education, and Welfare. RMP has supported the concept that LAHEC should operate as a public, non-profit corporation-for-education-and-scientific-purposes; such an incorporation seems the most effective and efficient manner both for reaching the goals sought by the LAHEC committees and for managing the funds it will receive from a broad category of sources, both local and federal.

RURAL HEALTH PROBLEMS

Since the 9 counties are predominantly rural, RMP/WNY has always had a special interest in rural health problems. The Rural Health Manpower Committee is comprised of a broad spectrum of academicians, practitioners, representatives of community groups, and health departments. This committee asked to meet under the aegis of RMP/WNY to consider ways in which the training of health professionals can be more pertinent to rural health care needs.

RURAL EXTERNSHIP PROGRAM

During the summer of 1970, the Student American Medical Association, under contract with the Appalachian Regional Commission, and in cooperation with the Western New York Regional Medical Program, developed a nine-week summer program in which a total of nine students, from schools of medicine, dentistry, and nursing, were placed with preceptors in various rural communities in three western New York counties—Allegany, Cattaraugus, and Chautauqua. The students had the opportunity to participate in rural medicine and to experience, firsthand, the pattern of health care in these communities. RMP/WNY placed students with their individual preceptors. As a result of the successful 1970 summer experience, the Rural Health

Manpower Committee expanded the program during the summer of 1971. An eight-week interdisciplinary rural externship program involved students in medicine, dentistry, and the health-related professions. A total of 20 students were placed with preceptors in 12 communities within the region. Central objectives of the program were (1) to encourage health science students to pursue careers in rural areas and (2) to contribute to better communication between the University center and rural communities.

Flexibility in arranging schedules for individual externs allowed the maximum orientation to, and involvement in, the unique aspects of the rural community. A liaison network of faculty representatives, the student coordinator, the project directors, and RMP/WNY staff assured smooth administration of the program. The externship program is currently being evaluated from the student diary, preceptor record, personal interviews, and questionnaires distributed at the orientation and at the de-briefing sessions. A measure of local interest is the \$9100 contributed to the Rural Externship Program by hospitals, physicians, and local governments.

Community leaders in rural Allegany, the smallest of the nine counties, have established a committee which surveyed the health needs of the county and, based on these well-documented needs, developed with their local university a proposal for improving health education and service in Allegany County.

The salary of a director of clinics for migrant workers was assumed part of this year as a developmental enterprise. RMP/WNY proposes to support the RMP Rural Health Manpower Committee in its activities; work closely with county health officers and county public health committees in meeting migrant workers' health needs; work with other groups concerned with rural health such as Appalachian Regional Commission, the Office of Planning Services, OEO, and SAMA; and assist rural people in making their voice heard in RMP and developing proposals and implementing projects to meet their needs.

INNER CITY HEALTH PROBLEMS

Positive action has been taken through many channels to assist inner city residents. Two major proposals for next year involve two hospitals which are located in and serve the inner city. One involves a family practice training center and the second is an attempt to minimize the in-hospital episodes in long-term illness.

The Cooperative College Center at Buffalo is a preparatory institution for students whose prior academic experiences do not meet the demands of college admissions. RMP/WNY's Health Careers Committee is helping the Center in developing Health Careers Days, serving as a liaison between the Center and the health community. RMP is assuring the presence of faculty and students from area colleges and SUNYAB, as well as representatives of county and state health departments and local hospitals.

On June 23, 1971, a meeting was held in the RMP conference rooms between RMP/WNY core staff and representatives of inner city organizations. It was organized at the request of the inner-city groups to seek specific short-term commitments of RMP. Specific proposals to be submitted to RMP are being constructed by inner city groups, in response to this meeting. A staff member represents RMP/WNY on Model Cities Health Committee.

HEALTH MAINTENANCE ORGANIZATIONS

The concept of HMO's has raised a number of questions and has yet to be empirically documented

and tested. It behooves the Regional Medical Program, which reflects many of the interests of providers, to involve itself in the efforts which validate the concept. RMP will participate in those efforts supported by the medical societies and the State University of New York at Buffalo.

The current status of the concept in this region is as follows:

1. The RMP/WNY Director, together with CHP, the University, and others in the health field, are exploring means whereby the new university campus can be the basis for an HMO.
2. The Urban Development Corporation, in consultation with one of the RMP/WNY Board members and a group in the health field, is devising a plan to provide an HMO for a new population development area on the Buffalo waterfront.
3. The staff of RMP have been closely involved in the development, submission, and rewrite of the HMO for Wyoming County. This complicated document was proposed under the leadership of one of the RMP/WNY county committees. It provides an opportunity for the current providers to participate, but does not eliminate the possibility for conducting medical practice in the long established pattern. This document was not subjected to the RMP/WNY regional review process.

Director of the Regional Medical Programs Service
Harold Margulies, M.D.

Executive Director for the Regional Medical Program for Western New York
John R.F. Ingall, M.D.

Regional Medical Program for Western New York
2929 Main Street
Buffalo, New York 14214
Telephone: (716) 835-0728

The Regional Medical Program for Western New York is affiliated with the School of Medicine
of the State University of New York at Buffalo.

As of March 1, 1972 the name of the program
was changed to Lakes Area Regional Medical
Program, Inc.