NEW FILE BEGINS

Doc # 13

1 G03 RM 00012-01

SITE VISIT REPORT
OREGON
REGIONAL MEDICAL PROGRAM
February 19, 1968

SITE VISITORS:

Alfred M. Popma, M.D., Regional Director, Regional Medical Program, Boise, Idaho

Dr. Stephen Abrahamson, Director of Research in Medical Education, University of Southern California School of Medicine, Los Angeles, California

Carl Lyle, Jr., M.D., Assistant Director, Division of Education and Research in Community Medical Care, University of North Carolina, Chapel Hill, North Carolina

DRMP STAFF:

Alexander M. Schmidt, M.D., Chief, Continuing Education and Training Branch
Vincent J. Carollo, M.D., Operations Officer
Frank Karel, Public Information Officer, Division of Regional Medical Programs
Mrs. Patricia McDonald, Public Health Advisor, Grants Review Branch

OREGON RMP STAFF:

M. Roberts Grover, Jr., M.D., Program Coordinator
Edward Vance Yung, M.D., Director, Survey and Planning
Mrs. Barbara Gaines, R.N., Assistant Director, Continuing Education
Mr. Jerry O. Elder, Assistant Director, Survey and Planning
Miss Susan Rich, R.N., Assistant Director, Survey and Planning
Mrs. Dale Caldwell, Director of Information
Mrs. Judy Halterman, Executive Secretary

REGIONAL ADVISORY GROUP:

Herman A. Dickel, M.D., Chairman

PROJECT PERSONNEL:

Mr. Dick Herron, Director, Instructional Aids, University of Oregon Medical School

D R A F T

1 G03 RM 00012-01

SITE VISIT REPORT
OREGON
REGIONAL MEDICAL PROGRAM
February 19, 1968

GENERAL

The meeting was directed by Dr. Myron R. Grover, Program Coordinator, and was attended by his staff and the Regional Advisory Group Chairman. It was obvious to the site visitors that this is a competent, enthusiastic, and active group. Considerable progress has been made by the staff since the submission of the grant request, and the documentation of the preparedness of the Region to become operational. Planning seems much more comprehensive and sophisticated. This is probably due at least in part to the participation by the staff and Regional Advisory Group in a recent management workshop, put on by well known management consultants. Equally obvious was the fact that the Regional Program has elicited wide spread interest and support. A few days prior to the site visit, a workshop conference was held which involved individuals from throughout the Region (Note the appended discussion of this meeting by Dr. Sloan).

The first part of the visit was spent re-examining the evidence that the Region was ready to become operational. Dr. Grover indicated that they had done considerable re-thinking of their program in the past few months, especially in light of the recent revision of the guidelines, and the concepts of regionalization expressed therein. The Oregon Regional Medical Program recently devoted considerable time to consideration of: a) needed staff; b) assuring involvement of the proper elements in the region in the planning and decision-making processes; c) adequate assessment of the medical needs of the Region; d) the setting of proper priorities for action in the Region, and e) adequate evaluation of the program.

Recruitment of staff has continued, and two young physicians, who are interested and apparently skilled in education and evaluation, are to be added to the staff within the next few months. Regional involvement is being re-assessed, with studies being made of the composition of the Regional Advisory Group, task forces, etc. All health resources, socio-economic groups, and geographic areas are to be included in the program. The staff travels a great deal to build interest in the Program, and a newsletter has a circulation of approximately 12,000. The Program seems to have good support throughout the region.

The Oregon Regional Medical Program will continue planning while operational activities are in progress. The staff is currently preparing a county-by-county analysis of manpower, facilities, transportation, educational programs, minority groups, and private and professional organizations. A cooperative study with the Washington & Alaska Regional Medical Program is being made of patient origin. These studies will provide information on the actual system of health care in the Region. The subcommittees of the Regional Advisory Group are determining goals for the delivery of health care. The function of the Oregon Regional Medical Program is seen as

developing projects to bridge the gap between the existing health care system and the desired system.

Doubts raised by the Review Committee about the Oregon Regional Medical Program's readiness to move into the operational stage were removed during the site visit. Major advances have been made in the decision-making mechanism since the application was submitted. The Region now has a working list of objectives for operational projects and a scheme for setting priorities among projects. Conscientious review is given by the Regional Advisory Group to the submitted projects, as shown by the fact that it refused to approve several projects in the form submitted. Several other projects have been approved by the Regional Advisory Group and will be submitted as an operational supplement by March 1, 1968.

HEART, CANCER, STROKE CIRCUIT POSTGRADUATE PROGRAM

There was evidence of substantial support in the Region for this project. The Chairman of the Regional Advisory Group was especially enthusiastic about its potential. The site visitors felt that the major weakness in this proposal is the technique for evaluation, but that the University has talent available which the ORMP should utilize. The site visitors addressed themselves to the following issues raised by the Review Committee:

1. Personnel: The site visitors were reassured that the personnel budget is appropriate. Persons have been designated to fill most of the positions, but were not asked to make commitments until funds are available. The department chairmen involved have indicated willingness to employ the halftime people for the rest of their time. The budget does not include persons expert in television production, but the talent at the University will be available to the ORMP.

2. Transportation: The site visitors felt that there is an obvious need for a station wagon to transport videotape and slide projection equipment and that the amount requested for its purchase is reasonable.

3. Continuing Instruction and consultation: The Region is aware of the need for contact beyond that provided during this circuit course. Other circuit courses are being prepared; one on coronary care, and another concerning carcinoma of the colon. The circuit courses will provide the opportunity to gain the interest and involvement of practitioners in the Regional Medical Program, and to determine the types of continuing education programs needed by the physicians and others in the Region. For example, previous experience with the circuit course has suggested the need for short courses on inserting intervenous pacemakers and interpreting electrocardiograms.

4. Emphasis on teaching methods: The Region recognizes the need to identify the educational interests and needs of the physicians, as noted above. They seem to have a realistic sense of the difficulty of this, and will seek ways to accomplish this objective.

RECOMMENDATION

The site visit team concluded that the Oregon Regional Medical Program is ready to move into the operational stage and that the circuit course project should be supported. The Region should be encouraged to arrange for assistance from the College of Education of the University of Oregon for better evaluation of the project.

M E M O R A N D U M February 23, 1968

to: For the Record

from: Associate Director for Organizational Liaison, DRMP

subject: Attendance at Workshop-Conference of Oregon Regional Medical Program, February 15-16, 1968

On February 15, 1968 I represented the Division in a Workshop-Conference of the Oregon Regional Medical Program. The audience consisted of about 150 people, mostly physicians and hospital directors or administrators, and a few nurses, from all parts of Oregon, five members of the Regional Advisory Group, and the headquarters ORMP staff. I was responsible for presenting a "National View of Regional Medical Programs." Dr. Herman A. Dickel, Chairman of the Regional Advisory Group of the ORMP, described the history of organization of the ORMP and said that, of all the agencies and institutes involved, the University of Oregon Medical School had given up the most in making Dr. M. Roberts Grover available as a full-time Program Coordinator.

Dr. Grover then told what had actually been accomplished so far, the cooperative arrangements established, their recruitment program, organizational pattern, the decision-making process being used, the first operational proposal to support circuit courses in community hospitals by teams sent out from the medical schools, and the reasons for expectations of this workshop.

The Workshop was designed as a two-way exchange; 1) orienting hospitals and hospital directors from all parts of Oregon regarding the nature, goals, and potentials of the Oregon Regional Medical Program, and 2) orienting the ORMP staff and members of the RAG as to the specific needs as perceived by doctors and hospital administrators in the eight sub-regional districts into which Oregon has been divided for organizational purposes.

Dr. Hilmon Castle addressed the luncheon meeting on "The Pains of Becoming Operational"--very entertaining and informative, and excellently presented. He is a fine speaker and has, I know, been very helpful to Regional Medical Programs wherever he has consulted or made a presentation.

For the first one and a half hours of the afternoon, the participants met in their sub-regional groups with an assigned moderator who was a member of the Regional Advisory Group or the staff, and discussed the problems they faced in making available to their patients the highest quality of medical care in the field of heart disease. They then broke and reconvened in plenary sessions to review the needs expressed by each region. The similar pattern was to be followed the next day for cancer and stroke, and I can recommend

this as a good format for such workshops in other regions. I was able to stay only for the session on heart disease, and the most urgent needs expressed in this area were for all parts of Oregon as follows:

1) Continuing education for doctors and nurses.

2) Training of physicians and nurses in the management of patients with myocardial infarction and the operation of coronary care units.

3) Development of methods for long-distance consultation and analysis of electrocardiograms for any unusual problems which may arise.

4) The provision of loan nurses who could be sent to various hospitals freeing up a nurse to go to a center for training in coronary care nursing.

5) Development of means for transporting the severely ill myocardial infarction patient with the possibility of cardiopulmonary resuscitation and continuance electrocardiogram monitoring enroute. Great interest was expressed in the use of helicopter ambulances to cope with the large distances of eastern Oregon.

Dr. Grover has promised to send to the Division the summary of needs identified and expressed by sub-regions for heart disease, cancer, and stroke. These should be of general interest to the Division and its Advisory Groups.

My overall impression of this workshop was that the ORMP has succeeded remarkably well in making its potential known to the practicing physicians, hospital directors, and administrators of Oregon. The grassroots have been frank and eloquent in the expression of their needs, and cooperative arrangements are being fostered to get things done. One type of cooperative arrangement demonstrated in this meeting was that each man there usually represented three or four others back home who were covering his practice while he was away, and counting on him to report back to them the proceedings of this meeting.

Margaret H. Sloan, M.D.

Margaret H. Sloan, M.D.

OREGON REGIONAL MEDICAL PROGRAM

OPERATIONAL GRANT OBJECTIVES

The following objectives for operational grant requests were developed by members of the Oregon Regional Advisory Board and its subcommittees. These objectives are currently being studied and refined. As the program develops, it is anticipated that further changes, modifications and additions to this list will be made.

Many of the objectives were abstracted from Guidelines for Regional Medical Programs, published by the Division of Regional Medical Programs, National Institutes of Health, U.S. Department of Health, Education and Welfare, Public Health Service, and are contained in Public Law 89-239.

In the Oregon region, operational grant applications must meet the following objectives:

1. Meet a need identified by the community, Oregon Regional Medical Program data, or subcommittee information.
2. Demonstrate availability of facilities to implement project.
3. Demonstrate availability of personnel required for implementation of the project.
4. Demonstrate a high probability of improving patient care.
5. Provide a method of objective evaluation.
6. Demonstrate compatibility with existing patterns of health care.
7. Demonstrate relationship of any research activities to goal of improved patient care through regional cooperative arrangements.
8. Identify revelance to heart, cancer, stroke and related disease categories.
9. Identify that funds requested are for project based within the Oregon region.
10. Demonstrate that applicant is not a proprietary of federal agency.
11. Demonstrate compatability with concept of regionalization.
12. Assure participation in project by both purveyors and consumers.
13. Demonstrate inherent technical merit.
14. Provide for cooperative arrangements.
15. Avoid duplication of existing effective efforts.

Operational grant applications are strengthened when the following objectives are met by the grant:

1. Provide maximum results with least costs.

2. Create no new manpower hardships.

3. Avoid misuse of manpower.

4. Provide for voluntary effort and contributions.

5. Demonstrate a type of program that will ultimately attract support from other than Regional Medical Program.

6. Consider all health resources of region in planning.

7. Utilize existing resources.

2/13/68
sef

PRIORITY CRITERIA

A. THERAPEUTIC EFFECTIVENESS

Rating:

12 1. Early diagnosis to prevent complications and/or cure the disease.

8 2. Return to productive life.

4 3. Adapting to conditions imposed by the disease or its treatment.

0 4. Death

B. INCIDENCE

6 1. Very commonly occurring disease.

4 2. Commonly occurring disease.

2 3. Uncommonly occurring disease.

0 4. Rarely occurring disease.

C. AGE

3 1. Occurs in patients mostly under 40 years.

2 2. Occurs in patients mostly 40-65 years.

1 3. Occurs in patients mostly 65-90 years.

0 4. Occurs in patients over 90 years.

D. DISTANCE FROM AN ACHIEVABLE GOAL IN OREGON

3 1. Very far

2 2. Moderately far

1 3. Near

0 4. Very Near

E. DIFFICULTY IN ACHIEVING GOAL

4 1. Easily obtained

3 2. Moderately easy

2 3. Difficult

1 4. Very unlikely

0 5. Impossible

A+B+C+D+E = Priority

A grant with the highest priority in each category will receive the numerical rating of 28.

2-13-68