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PROFILE: Colorado-Wyoming Regional  
Medical Program

GRANTEE: University of Colorado Medical Center

Program Coordinator: Paul R. Hildebrand, M.D.

Program Director: Howard W. Doan, M.D.

Prepared by: James A. Smith  
Operations Officer

Original date: September 1969

Up-dated: \_\_\_\_\_  
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COLORADO-WYOMING  
Regional Medical Programs

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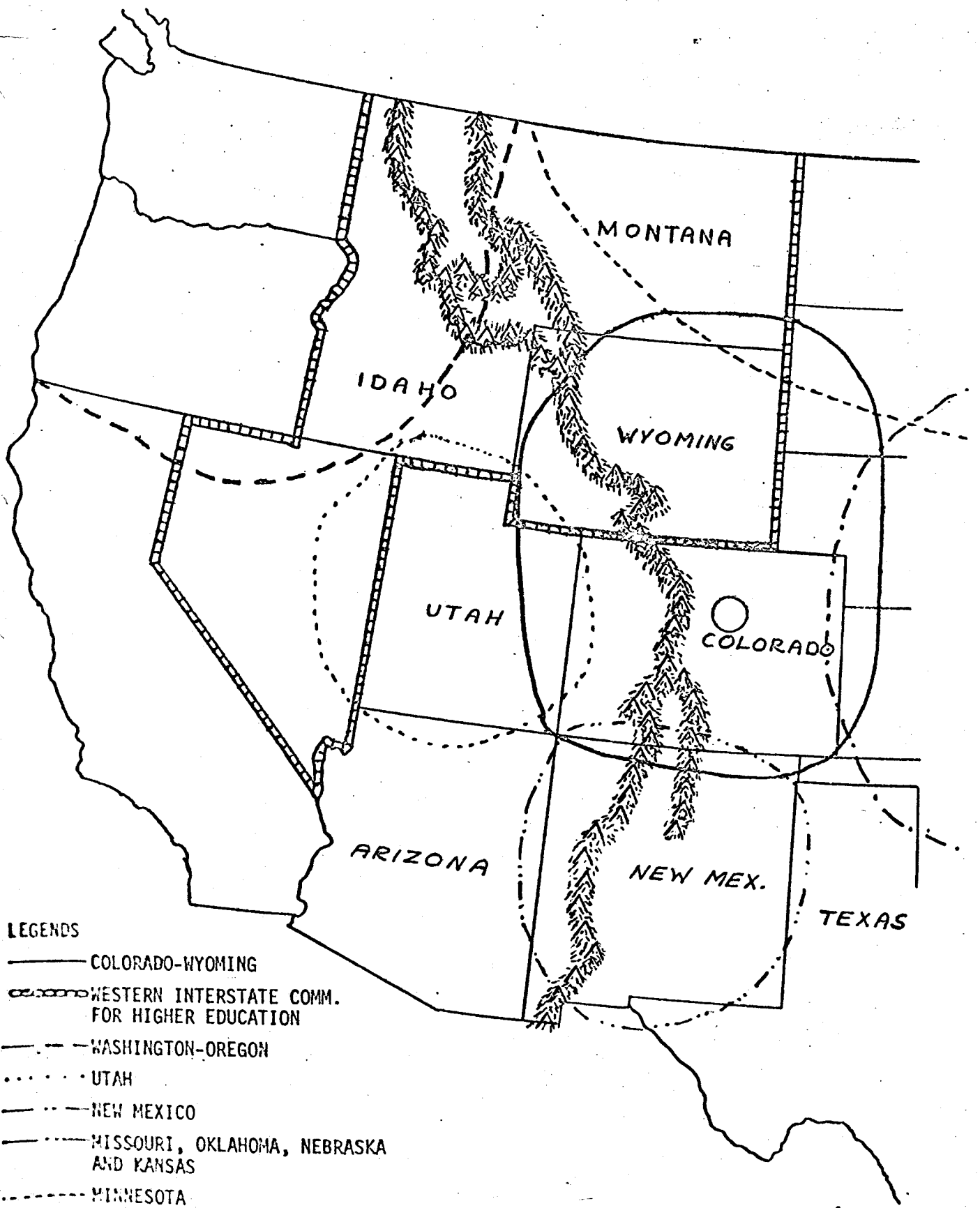
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## I. Geography

A. The initial planning grant set the boundaries of the proposed region as co-terminal with those of the States of Colorado and Wyoming. The rationale for this proposal was that the University of Colorado Medical Center along with other referral facilities and health services of the greater Denver area serves as a nucleus for most of Colorado and Wyoming. However, since 90% of the population of the region resides in Colorado the boundaries of this state will be followed for data-gathering purposes. The adoption of political boundaries of the state of Colorado simplifies the collection of data and coordination of the Regional Medical Program with other state health programs. Another factor in this decision is that portions of the state of Wyoming fall under the influence of three Regional Medical Programs: Intermountain, Mountain States and Colorado-Wyoming. Studies have shown that patient referral patterns in some Wyoming communities reflect allegiance to all three regions.

### B. Land area

	Square miles	Population per sq. mi.	Number of Counties
Colorado:	97,400	17	63
Wyoming :	<u>104,000</u>	3	<u>24</u>
	201,400		87



## II. Demography

A. Population: Colorado - Roughly 2 million  
Wyoming - Roughly .3 million

1. Percent Urban: Colorado - 74%  
Wyoming - 57%
2. Race: Colorado - Roughly 97% white  
Wyoming - Roughly 98% white
3. Median Age: Colorado - 27.9  
Wyoming - 27.3

B. Land Area: Colorado - 97,400 square miles  
Wyoming - 104,000 square miles

C. Health statistics: Mortality rate

1. Rate for heart disease: Colorado - 285/100,000  
Wyoming - 269/100,000
2. Rate for Cancer: Colorado - 114/100,000  
Wyoming - 115/100,000
3. Rate for CNS vascular lesions: Colorado - 84/100,000  
Wyoming - 84/100,000

D. Facilities statistics:

1. University of Colorado Medical School
2. In the state of Colorado, there are 3 nursing schools with a baccalaureate program, 4 with diploma programs and 5 giving associate degree programs.  
  
In the Wyoming area, there is one baccalaureate programs presented at the University of Wyoming, and two nursing schools with associate degree programs.
3. There are 13 schools of Medical Technology located in Colorado one of which is university based. In Wyoming there is one school of Medical Technology.
4. There is one cytotechnology facility located at the University of Colorado Medical School.
5. There are 18 X-Ray Technology facilities located within this region, 16 of which are found in Colorado, all hospital based.

6. There is a total number of 92 hospitals in Colorado, the majority being non-Federal, with 16,655 beds. In Wyoming, there are 34 hospitals, again the majority being non-Federal, with 3,982 beds.

E. Personnel Statistics:

1. There are 3,201 M.D.'s (176/100,000) and 240 D.O.'s (13/100,000) in the state of Colorado.

In Wyoming, there are 322 M.D.'s (99/100,000) and 16 D.O.'s (5/100,000).

2. The number of active nurses in Colorado is 7,080 (389/100,000); in Wyoming, there are 1,082 active nurses (321/100,000).

### III. Politics

#### A. Governor:

Colorado: John A. Love (R), 1967-1971

Wyoming: Stanley K. Hathaway (R), 1967-1971

#### B. Senators:

Colorado: Gordon L. Allott (R), 1954-1973  
Member, Senate Appropriations Committee

Peter H. Dominick (R), 1960-1975  
Member, Senate Labor & Public Welfare Committee  
Member, Select Committee on Nutrition and  
Human Needs

Wyoming: Gale W. McGee (D), 1958-1971  
Member, Senate Appropriations Committee

Clifford P. Hansen (R), 1966-1973  
Member, Special Committee on Aging

#### C. Congressmen:

Colorado: Frank E. Evans (D)  
Member, House Appropriations Committee



#### IV. Historical Review

October 1965

After conferring with Colorado Governor Love, Dr. John J. Conger, Dean of the University of Colorado Medical School, proposes to the officers of the Colorado Medical Society that committees be established to explore development of a Regional Medical Program for Colorado, possibly to include Wyoming.

1965-1966

Dr. Conger appoints two ad hoc steering committees for this task.

Members of the committees are assigned to five working subcommittees, one for each of the areas of heart disease, cancer, stroke, continuing education and community health.

Dr. Conger appoints Dr. C. Wesley Eisele, Associate Dean for Postgraduate Medical Education, as regional coordinator.

All hospitals in Colorado and Wyoming surveyed to determine present capabilities and programs and cooperative arrangements.

September 1966

Initial Planning Application

1. University of Colorado Medical Center designated as the applicant organization.
2. Initial regional boundaries to be co-terminous with the state boundaries of Colorado and Wyoming with modifications later as more definitive data are gathered.
3. Preliminary planning concepts are for education and progressive program planning through:
  - a. Improvement of the basic graduate facilities and processes throughout the region for all health personnel.
  - b. Development of suitable administrative framework by which appropriate services can be delivered most effectively and efficiently.

January 1967 01 Planning Award - \$297,678 DC

Winter 1967 Progress and recruitment very slow with exception of PAS/MAP activity.

January 1968 02 Planning Award - \$297,678 DC

Dr. Paul R. Hildebrand appointed Regional Coordinator; Dr. Howard Doan appointed Program Director.

June 1968 02S1 award made for the expansion of existing facilities and capabilities of a pediatric pulmonary program at UCMC.

July 1968 Request for supplemental funds of \$133,973 deferred for site visit.

September 1968 Site Visit (Dr. W. D. Mayer, Dr. Mack Shanholtz, Dr. Robert Metcalf, Martha Phillips, James Beattie).

1. Favorable impression of the Region's accomplishments to date.
2. Supplemental request should be considered jointly with the proposed operational application rather than a supplement to the current planning grant.
3. Approve supplemental planning funds for the month of December in order to bring on new personnel.

January 1969 01 Operational award - \$849,053 DC

The Region proposes to spend 57% of this award on core staff and planning and 43% on seven approved projects. (8 submitted). Also included is one earmarked project in pediatric pulmonary diseases.

June 1969 01S1 supplemental award - \$127,801 DC.

Funds awarded for support of two related continuing education projects. (4 submitted)

July 1969                   Region submits 2nd supplemental request  
consisting of four projects.

August 1969                  Council action approves one project and defers  
three for site visit.

October 1969                 Site Visit - Dr. Samuel Proger, Dr. Kenneth B.  
Olsen, Elizabeth Fry (Research Assoc.) and  
William Reist (Grants Review Branch, DRMP).

                               Site visitors recommended a reduction from the  
requested amount of \$244,173 (first year) to  
\$173,663 for the three projects.

December 1969               Regions 3rd supplemental request reviewed by  
Council.

January 1970                 02S3 Supplemental Request for \$259,873

                               Recommended for funding at \$189,380 level.

                               Region advised that funds for supplemental  
grant application could not be awarded because  
of present funding constraints.

V . Core Staff

- A. The core staff is located in the Regional Office at 4200 East Ninth Avenue, in Denver.
- B. The following is a list of the Core staff and their positions.

Paul R. Hildebrand, M.D. - Coordinator (100%)

Howard W. Doan, M.D. - Program Director (100%)

Ward Darley, M.D. - Special Consultant (10%)

Rex D. Stubblefield - Executive Assistant (100%)

Anne Gough, R.N. - Chief of Nursing & Allied Health (100%)

Richard E. Boyle, M.D. - Associate Director (70%)

James Syner, M.D. - Associate Director (100%)

W. C. Morse, Ph.D. - Chief, Project Administration (100%)

F. R. Normile - Chief, Project Development (100%)

Gerald F. Fournier - Health Administration Specialist (100%)

William O. Hastings - Chief, Project Audit & Control (100%)

Norman S. Holt - Wyoming Liaison Officer (100%)

James E. Dyson, Ph.D. - Associate Director (100%)

Robert C. Jones, M.D. - Associate Director (100%)

Charles H. Lesage, Jr., M.D. - Staff Cardiologist (100%)

## BIOGRAPHICAL INFORMATION

### 1. Paul R. Hildebrand, M.D.

- a. Born Harrison County, Indiana - 1906
- b. M.D., University of Michigan, 1930
- c. Intern, Colorado General Hospital, Denver, 1931
- d. Private practitioner, Brush, Colorado - 1931-1967
- e. Coordinator, Colorado-Wyoming Regional Medical Program, 1967 -
- f. Director, University of Colorado Medical Center, Denver, 1/67 - 1/68.

### 2. Howard W. Doan, M.D.

- a. Born LaSalle, Illinois - 1907
- b. B.A., Drake University, Des Moines, Iowa, 1928
- c. M.D., University of Iowa, School of Medicine, 1932
- d. Masters, Public Health, University of California, 1949
- e. Military service, 1933-1964
- f. Director of the Dept. of Hospitals and Med. Facilities, American Medical Association, Chicago, 1964-1968
- g. Program Director, Colorado-Wyoming RMP, 1968 -

### 3. James C. Syner

- a. Born 1918
- b. B.S., Springfield College, Mass., 1941
- c. M.D., Boston University, Mass., 1950
- d. Internship, Rotating, Walter Reed General Hospital, 1950-51.
- e. Residency, Walter Reed General Hospital, 1951-54
- f. Associate Director, Colorado-Wyoming RMP

### 4. Richard E. Boyle, M.D.

- a. Born Casper, Wyoming, 1920
- b. B.A., University of Colorado, 1942
- c. M.D., University of Colorado School of Medicine, 1945
- d. Internship, Highland-Alameda Cty. Hospitals, Calif., 1945-46
- e. Residency, University of Colorado Medical Center, 1948-1950.
- f. Director of Medical Education, St. Anthony Hospital, Denver 1960-1967.
- g. Associate Director, Division of Professional Activities, Colorado-Wyoming RMP and Associate Professor of Medicine for the School of Medicine, 1967 -

5. James E. Dyson, Jr.

- a. Born, Des Moines, Iowa, 1926
- b. B.A., Drake University, 1947
- c. M.S., University of Iowa, 1950
- d. Ph.D., University of Michigan, 1954
- e. Asst. Professor, Colorado State University, 1954-1958
- f. Asst. Professor, West Virginia University Medical Center, 1958-1962
- g. Abbott Fellow, U. of Kansas Medical Center, 1962-1963
- h. Director, Division of Academic Communication, West Va. U. Medical Center, 1963-1966
- i. Educational Communication Specialist, NIH, DRMP, 1966-1967
- j. Fellow, Center for the Study of Medical Education, U. of Illinois Medical Center, 1967
- k. Associate Director, Colorado-Wyoming RMP

6. Anne M. Gough

- a. Born Fort Dodge, Iowa, 1918
- b. School Health Nursing Consultant, Colorado State Dept. of Public Health, 1960-1966
- c. Assistant Chief Public Health Nursing, Colorado State Dept. of Public Health, 1966-1967
- d. Nurse Coordinator for Inactive Health Personnel, Colorado Nurses' Association, 1967
- e. Chief of Nursing & Allied Health, Colorado-Wyoming RMP

7. Warren C. Morse

- a. Born 1914
- b. B.S., University of New Hampshire, 1941
- c. M.S., Northwestern University, 1948
- d. Ph.D., Northwestern University, 1954
- e. Military Service: 1941-1968
- f. Chief, Project Administration, Colorado-Wyoming RMP

## VI. Organization

### A. Regional Advisory Group

1. Chosen by nomination from any RAG member (must receive 2/3 vote of membership present and voting)
2. New members elected at the annual meeting or when ordered by Chairman to fill existing vacancies
3. Contains 20-30 members
4. 3-year term of office
5. meets three times per year
6. Contains Administrative Committee and Categorical committees in Heart, Cancer, Stroke, continuing education and community health.

### B. Colorado-Wyoming RMP Functions

#### 1. Office of the Coordinator

Maintains coordination with health institutions and agencies, the Regional Advisory Group and the public.  
Directs activities of Core RMP staff  
Sets CW/RMP objectives  
Maintains fiscal responsibility  
Coordinates administrative and fiscal activities

#### 2. CW/RMP Staff review Committee

Reviews all proposals developed by staff for recommendation to Administrative Committee and the RAG. Committee composed of (1) Director-Chairman, (2) Project Administration Division Director-Secretary. Official members are Executive Assistant, Communications & Information Chief, and Directors of Divisions.

#### 3. Office of Fiscal & Administration

Maintains personnel records, fiscal data, and provides administrative support of reproduction, supplies, mail distribution, telephone service, etc.

#### 4. Office of Communication and Information

Coordinates and effects RMP publicity; provides editorial assistance to staff; publishes newsletter and supervises all publication projects; maintains addressograph system; coordinates conferences and meetings; maintains clip book of RMP relevancy and serves as information center for CW/RMP.

5. Division of Professional Activities

Provides professional advice and assistance to other CW/RMP staff; initiates proposals for demonstration care projects; performs local site visits and provides consultation services for physicians, nurses and allied health professionals.

6. Division of Project Administration & Health Information System

Develops proposals into coordinated applications and presents for committee review; monitors on-going projects through liaison with project directors and coordinates project progress for report submission; completes all applications for funding; provides in-house information data system for staff to effect program planning and evaluation; and provides technical assistance for selection of equipment and instrumentation to be used by CW/RMP funded projects; develops annual and other reports to DRMP.

7. Division of Continuing Education

Develops, supervises and operates continuing education efforts of the Region, primarily in aiding agencies, institutions and others in the development of their own programs.

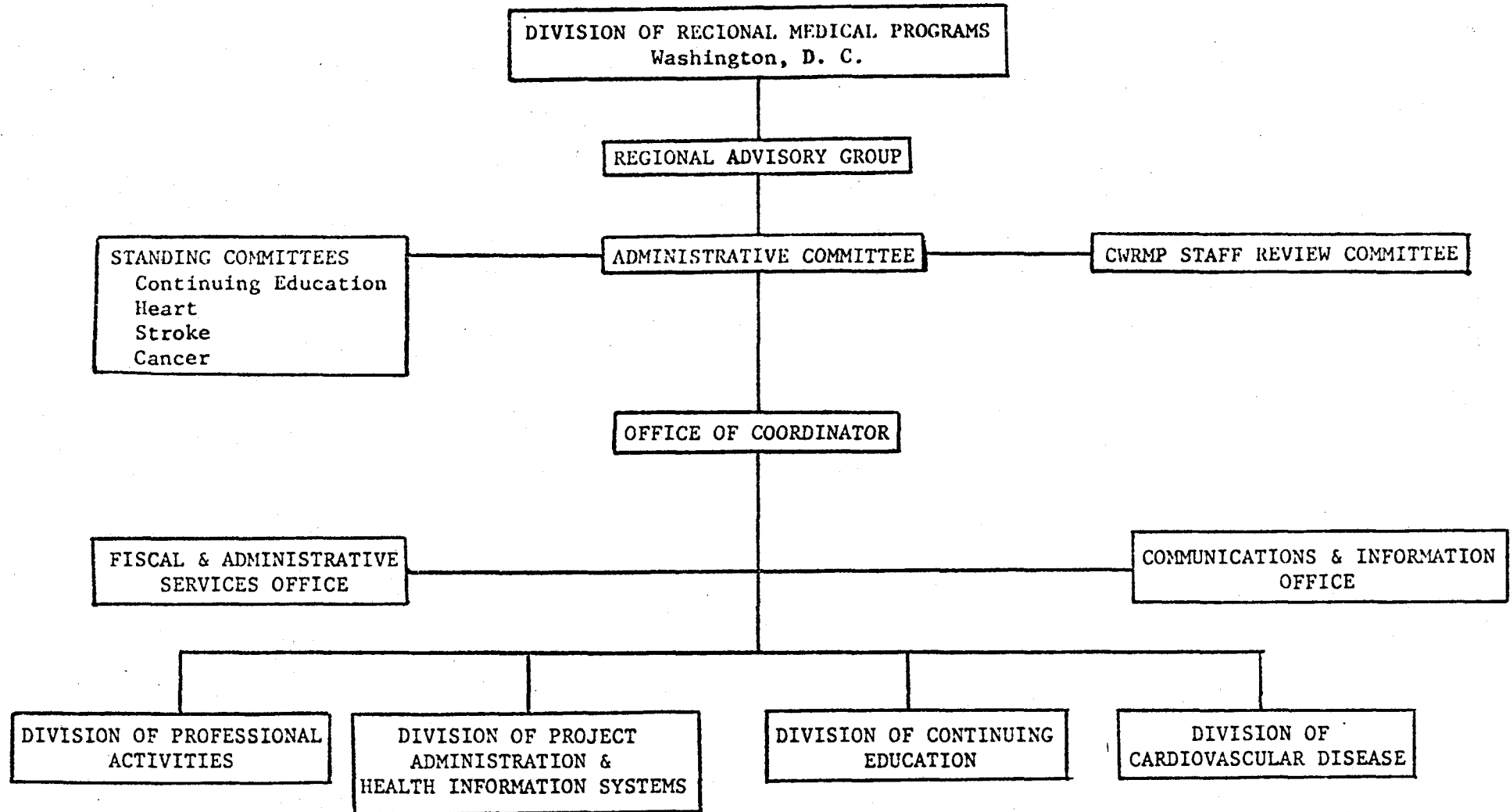
8. Division of Cardiovascular Disease

Develops, supervises and operates Cardiovascular efforts of the Region.

9. Regional Advisory Group

Reviews immediate and long-range plans of CW/RMP; recommends approval or disapproval of projects submitted for funding support; evaluates program development and implementation; establishes objectives of CW/RMP.





## VII. Funded Operational Projects

### #1 -- CORE STAFF

Objectives: This project is to support core planning and evaluation activities of the Colorado-Wyoming Regional Medical Program. Staff is divided into four offices and three divisions: (1) Professional Division; (2) Division of Continuing Education; (3) Project Administration and Health Information Systems. Full-time equivalent staff are requested as follows: Office of Coordinator (1), Office of Director (2.2), Office of Executive Assistant (13), Office of Communication and Public Information (3), Division of Professional Activities (7), Division of Planning and Operations (7.75), and Division of Health Data and Program Evaluation (6). Costs include \$23,495 for a subcontract with the System Development Corporation to complete the development and collection of community health profile data and \$26,749 for PAS/MAP participation charges for 15 hospitals.

### #2 -- COLORADO STATE CANCER REGISTRY

Objectives: The basic objective of this project is to develop a computerized statewide cancer registry to improve follow-up to as near as 100% as possible and through utilization of registry data, to provide the cancer patients of Colorado with the best care and earliest diagnosis possible. Improved follow-up of (1) treatment failure, (2) second primaries in Kansas Cancer patients, and (3) determination of need for treatment changes in those patients known to have cancer. Extension of registries to all hospitals, improved continuing education and constant evaluation are also goals. This project relates to the third National Cancer Institute Survey of Cancer Incidence and Prevalence and a proposed six-state Rocky Mountain Tumor Registry. The Colorado Department of Public Health will be the headquarters for this activity.

### #3 -- MULTI-MEDIA EDUCATION

Objectives: This continuing education project will develop a prototype system for videotape exchange and closed-circuit TV involving first, the Denver Medical Society, the University of Colorado Medical Center, Presbyterian Hospital and St. Joseph's Hospital of Denver, and later, seven other Denver hospitals. The TV system will be converted to color later and if CCTV is extended throughout Colorado and Wyoming, (1) will be extended to hospitals through out

the Region, (2) produce and distribute videotapes to hospitals in the Region, (3) produce and distribute single concept films, slides and film-strips to Regional hospitals. A catalog of existing educational materials and staff consultation to local hospitals are other features of the project. The Office of Audio-Visual Education in the Health Sciences of the University of Colorado Medical Center is headquarters for the project.

#### #4 -- HOME DIALYSIS TRAINING PROGRAM

Objectives: This project is to improve understanding of health personnel and the public in the treatment of kidney disease and of the problems experienced by renal patients, to enhance community involvement in the rehabilitation of patients undergoing home dialysis, to provide consultation to community health personnel, to provide highly specialized laboratory services when required, and to develop the capability to provide emergency services for home dialysis patients. Training plans include: (1) three-day orientation for 30 physicians and 25 public health nurses; (2) five-day orientation for five physicians; (3) ten-day training for five physicians from hospitals planning home dialysis service; (4) two-week training session for seven nurses and for technicians from hospitals planning a service program, three-day training for ten dieticians; (5) one three-day conference of 20 social workers and rehabilitation personnel; (6) one three-day orientation for five clergy, welfare workers, pharmacists and community leaders; (7) five one-two day conferences for 50 health related and community-oriented individuals; and (8) six-week training for family members of patients. Travel and per diem is requested for all these groups.

#### #6 -- TRAINING AND APPLIED RESEARCH FOR INTENSIVE AND REHABILITATIVE RESPIRATORY CARE

Objectives: To (1) familiarize physicians and paramedical personnel of the magnitude of the emphysema-chronic bronchitis problem; (2) disseminate knowledge on the latest advances in the treatment of the problem; (3) to promote and assist in the establishment of respiratory care programs in local communities; (4) obtain greater knowledge on the effectiveness of home oxygen for both hypoxemia and non-hypoxemia individuals; and (5) increase the effectiveness of therapy through the development of improved ventilators and nebulization devices as well as the addition of humidification devices to existing oxygen equipment.

#7 -- RADIATION THERAPY AND NUCLEAR MEDICINE

Objectives: Technology Training. To reduce the acute shortage of well-trained radiation therapy and nuclear medicine technologists by establishing Associate Degree two-year training programs in radiation therapy and nuclear medicine technology. The programs will be offered by the Denver Community College in conjunction with nine hospitals in the Denver area: (1) Colorado General, (2) Denver General, (3) Fitzsimmons General, (4) Lutheran, (5) Mercy, (6) Presbyterian Medical Center, (7) St. Anthony's, (8) St. Luke's and (9) General Rose Memorial. It is expected that at least forty students per year will graduate from the training programs.

#8 -- COLORADO INTERAGENCY COUNCIL ON SMOKING AND HEALTH PROGRAM

Objectives: To continue support of an Interagency Council on Smoking and Health. The prime source of funding for the Council (which paid the salary of a coordinator and a secretary) has been through a Special Project Grant from the Public Health Service. This source of funding is no longer available due to budget limitations. The general objectives of this proposal are: (1) coordination of Council member activities pertaining to smoking and health and promotion of more efficient communication between Council agencies; and (2) continuation of efforts on a long-range program aimed at permanent financing of the Council within the State of Colorado.

#9 -- CONTINUING EDUCATION CORE PROGRAM FOR NURSES

Objectives: Based at University of Colorado School of Nursing, would provide integrated training in intensive nursing care.

#10 -- CONTINUING EDUCATION STAFF

Objectives: Develop continuing education staff in Colorado-Wyoming RMP to counsel with communities interested in developing local continuing education programs. Staff teams would provide consultation to local hospitals. Development of local consultation teams would also be encouraged with RMP staff assistance provided to fill gaps in local expertise.

#13 -- PEDIATRIC PULMONARY

Objectives: Expand existing facilities and capabilities of pediatric pulmonary program at University of Colorado Medical Center. Program will seek to familiarize the medical personnel in New Mexico, western Kansas, western Nebraska, Colorado, Wyoming, Montana and Utah with the facilities at this Center to attract more and earlier referrals. Will concern itself with comprehensive management and training programs of all acute and chronic neonatal and pediatric pulmonary diseases.

#14 -- THE STATISTICAL DIAGNOSIS AND PROGNOSIS OF CANCERS

Objectives: Involves a retrospective study of approximately 300 patients at the Penrose Cancer Hospital to determine the results of 15 routine diagnostic procedures or observations. An aspect of this proposal involves continuing education of the physician.

#15 -- A REGIONAL PEDIATRIC ONCOLOGY CENTER FOR RESEARCH AND TRAINING

Objectives: Assist the Children's Hospital of Denver develop as a regional center for pediatric oncology. Involves application and evaluation of new approaches in the treatment of cancer, continued evaluation of currently supported research projects, correlation of data with other research centers, and a continuing education, training and fellowship program.

#16 -- COMPREHENSIVE CARDIAC CARE PROJECT

Objectives: Project is to be administered by the Colorado Heart Association through an affiliation agreement with the Colorado-Wyoming RMP. The overall objective of improving the delivery of health care to patients with cardiac disease is to be accomplished by a step by step plan.

#17 -- A TRAINING PROGRAM FOR THE DEVELOPMENT OF ULTRASONIC TECHNIQUES FOR DIAGNOSTIC USE IN THE COMMUNITY HOSPITAL

Objectives: Three community hospitals were selected to be provided with ultrasonic equipment on the basis of their specialized interests in obstetrics and gynecology, neurology, cancer detection, and heart disease. Physicians and technical personnel from the three hospitals are to receive basic training from the University of Colorado Medical Center in the use of ultrasonic equipment.

#18 -- IMPROVED CARE OF THE PATIENT WITH ADVANCED CANCER

Objectives: This proposal is sponsored by the American Medical Center, a non-profit eighty-five bed hospital which provides care to cancer patients from all over the United States. The purpose of the proposal is to establish a training program for nurses in the care of the advanced cancer patient, and to cultivate in these nursing personnel the more hopeful and challenging aspects of oncological nursing.

## APPENDIX

- I. Listing of Regional Advisory Group members
- II. Project Proposals Procedures
- III. Curriculum Vitae

## ADVISORY GROUP IDENTIFICATION (RMP)

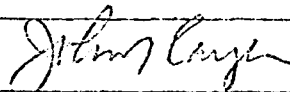
17. NAMES, TITLES, DEGREES AND ADDRESSES OF ADVISORY GROUP - Identify required participants by category (See Sec. 903, (b) (4) of P.L. 89-239)

	<u>Practicing Physicians</u>
N. Paul Isbell, M.D.	1801 Williams Street, Denver, Colorado 80218
Austin Mutz, M.D.	701 East Colfax Avenue, Denver, Colorado 80203
Thomas Nicholas, M.D.	500 West Lott Street, Buffalo, Wyoming 82334
Robert Starks, D.O.	1459 Ogden Street, Denver, Colorado 80206
David E. Bates, M.D.	200 East First Street, Eaton, Colorado 80615
	<u>Medical Center Officials</u>
John J. Conger, Ph.D.	Univ. of Colo. Med. Center, Denver, Colorado 80220 (Vice-President for Medical Affairs, School of Medicine)
John C. Cobb, M.D.	Univ. of Colo. Med. Center, Denver, Colorado 80220 (Prof. and Chairman, Dept. of Prev. Med. and Comprehensive Health Care)
C. Wesley Eisele, M.D.	Univ. of Colo. Med. Center, Denver, Colorado 80220 (Prof. of Med. and Assoc. Dean of Postgraduate Medical Education)
Gordon Meiklejohn M.D.	Univ. of Colo. Med. Center, Denver, Colorado 80220 (Prof. and Chairman of Dept. of Med.)
E. Stewart Taylor, M.D.	Univ. of Colo. Med. Center, Denver, Colorado 80220 (Prof. and Chairman of Dept. of Obstetrics and Gynecology)
	<u>Hospital Administrators</u>
James G. Carr, Jr.	Memorial Hospital of Natrona County, Casper, Wyoming 82401
Roger Larson	501 East Hampton Avenue, Englewood, Colorado 80110
William G. Nichols	Memorial Hospital of Laramie County, Cheyenne, Wyoming 82301
	<u>Other Health Professionals</u>
William H. Hiatt, D.D.S.	1325 East Sixteenth Avenue, Denver, Colorado 80206 (President of Dental Foundation of Colorado)
	<u>Lay Public</u>
Chester M. Alter, Ph.D.	300 South York Street, Denver, Colorado 80209
Thomas E. Creighton, L.L.B.	Security Life Building, Denver, Colorado
George D. Humphrey, Ph.D.	University of Wyoming, Laramie, Wyoming 82070
Sebastian C. Owens	1375 Delaware Street, Denver, Colorado 80204
Thomas K. Younge, L.L.B.	543 Rood Avenue, Grand Junction, Colorado 81501
	<u>Medical Societies</u>
Robert Spencer, M.D.	1829 High Street, Denver, Colorado 80218
	<u>Voluntary Agencies</u>
James C. Schafer	244 University Blvd., Denver, Colorado 80206 (Blue Cross Blue Shield)
Virginia S. Ward	5453 E. Evans Place, Denver, Colorado (Colo. Nursing Assn.)
Jo E. Elliott, R.N.	Univ. of Colo. East Campus, 30th St., Boulder, Colorado (Nursing Consultant, WICHE)
	<u>Other Institutions</u>
Roy L. Cleere, M.D.	4210 E. Eleventh Ave., Room 414, Denver, Colorado 80220 (Colo. Dept. of Public Health)

NOTE: The Advisory Group must approve the application for establishment and operation of a Regional Medical Program.

SIGNATURE OF CHAIRMAN OF ADVISORY GROUP

John J. Conger, Vice-President for Medical Affairs



This Signature signifies approval by the Advisory Group and is required for an Operati Grant only.



Guidelines for Administrative Procedure on Project Proposals\*

1. Proposal to CWRMP.
2. Forwarded to Division of Project Administration and Health Information Systems.
3. Referred to knowledgeable core staff members for determination of merit.
4. Acceptable: Liaison Officer assigned to assist originator in abstract development.
5. Abstract material presented by Liaison Officer to CWRMP Staff Review Committee for merit and priority.
6. Recommended: Proposal presented by originator, with assistance of Liaison Officer, to Categorical Committee.
7. Proposal approved: Presented to RAG, Administrative Committee in broad abstract and broad budget form.
8. Proposal approved: Broad abstract and broad budget revised to conform to Administrative Committee recommendations.
9. Copy of revised broad abstract submitted to each RAG member for review prior to meeting date of RAG.
10. Member of CWRMP Core Staff presents finalized proposal to RAG.

Approved: CWRMP Staff Review  
February 21, 1969  
Approved: Administrative Committee  
March 7, 1969  
Approved: Regional Advisory Group  
March 28, 1969

\* Note: See following page for revisions for paragraph 10 as recommended by RAG, 15 June 1969.

## Procedure for Project Proposal Presentation to RAG

A. Two members of the Regional Advisory Group, designated Primary and Secondary Project Proposal Reviewers, will discuss the proposal in terms of demonstration of need, clarity of objectives, achievement potential and scientific merit.

B. CWRMP Project Originator and Core Staff Members

Project originator and core staff member will present, when asked by RAG members, the elements of the proposal under consideration to include:

1. Relevance to the seven specific criteria of RMP Guidelines to be considered for funding under Public Law 89-239.
  - a. Orientation towards heart disease, cancer, stroke or related diseases.
  - b. Project will foster cooperative arrangement between agencies, institutions and individuals.
  - c. Relevance to other than strictly local needs.
  - d. Project will generate funding from sources other than RMP within a reasonable period of time.
  - e. Project will use existing manpower, materials and equipment in the region.
  - f. Initial project funding must not be available from other sources.
  - g. Project must provide for adequate evaluation of successful programs.
2. A budgetary review which will include a detailed explanation of the economy and realism for the funding requested.
3. A complete report of the results of the proposal's passage through the normal review cycle. This report will summarize proposal alterations and modifications as recommended by core staff review, and will include formal reports from categorical and/or administrative committees as appropriate. In addition, opinions obtained from special consultants, when called upon, are to be reported.
4. A scoring of core staff priority assessment and an analysis of results.
5. Relevance of the proposal to the overall program balance with respect to existing operational projects.