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NATIONAL ADVISORY COUNCIL

TRANSCRIPT

June 14, 1974

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**ORIGINAL
TRANSCRIPT OF PROCEEDINGS**

**NATIONAL ADVISORY COUNCIL
ON REGIONAL MEDICAL PROGRAMS**

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BOARD MEETING

**Rockville, Maryland
June 14, 1974**

Pages 276 thru 511

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NATIONAL ADVISORY COUNCIL
ON REGIONAL MEDICAL PROGRAMS

BOARD MEETING

9:00 AM
Conference Room G-H
Parklawn Building
Rockville, Maryland

Friday
June 14, 1974

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P R O C E E D I N G S

MS. SILSBEE: May we please begin? I think we have a quorum, with Mr. Milliken.

Okay, we are going to start this morning with Alabama. Mrs. Gordon.

REPORT OF MRS WYNONA R. GORDON

ALABAMA

MRS. GORDON: Since we are trying to expedite things today, I'll not display my ignorance by talking too much.

The Alabama Project, we are asking continuation for 16 projects, 21 new and eight that have been approved before but have been unfunded previously, which makes 29 new.

As you see, the reviewers have given it an above-average assessment. They seem to have good rapport with CHP and they have one consumer and one provider from B agencies, the 12 B agencies on the Council.

I did have a question. They talked about the State Advisory Committee to the Governor and the State Board of Health and this committee, the EMS-Committee of RMP was the nucleus for this and does anybody know what -- what --

MS. SILSBEE: What is your specific question, Mrs. Gordon?

MRS. GORDON: Well, actually, pertaining to what we were talking about last night --

MS. SILSBEE: Umn hm.

MRS. GORDON: -- and so I picked up on the State Advisory Committee to the Governor and the State Board of Health and was wondering what the --

MS. SILSBEE: Mr. Jewell.

MR. JEWELL: Are you talking about the EMS Advisory Committee, Mrs. Gordon?

MRS. GORDON: They said that -- well, that this committee was made up primarily of the EMS.

MR. JEWELL: Right, that was the nucleus. They are heavy on EMS in Alabama and the tragedy that occurred to the Governor recently. They have established a committee made up of the health interests in the state which is advisory to the Governor on EMS and that will be umbrellaed into other areas.

MS. SILSBEE: But isn't it an advisory committee in the sense that the South Carolina one was yesterday, but I think that is the --

MR. JEWELL: I missed South Carolina. I'm sorry, I don't --

SPEAKER: It is not.

MR. JEWELL: It is not. Okay.

MRS. GORDON: As you'll note on your critique, they suggested that the PSRO project be increased by \$100,000 because it seemed an excessive amount of money for \$151,000 to start with and they also suggested that the project 82 not

be funded, mostly because it was for making audio-visual materials. I found nothing to quarrel with the suggestion of the committee on the funding, so I would move that we accept the funding of \$2,028,389.

MR. MILLIKEN: Second.

[The motion was made and seconded.]

MS. SILSBEE: Mr. Milliken, as the secretary-reviewer, did you have anything further you wanted to add to this?

MR. MILLIKEN: No. I agree.

MS. SILSBEE: Okay. The motion has been made and seconded that the Alabama application be approved at the level of \$2,028,389. Is there further discussion?

[No response.]

All in favor?

[There was a chorus of ayes.]

Opposed?

[The motion was carried unanimously.]

The motion is carried.

The next region is Albany. Dr. Watkins.

DR. WATKINS: Yes. The report on Albany seems superior and from a review, I feel this. I see high visibility on new legislation such as PSRO, CHP, HMO, EMS and our first concern was that these weren't really true, in-depth working programs, but this is what the future is going to be at first

sight and I think then, combined with the community involvement, they have several community programs and overall they have followed the goals and objectives so that, to make it very brief, a superior program can't be criticised, so, to be very brief, I'd like to say very quickly, let's accept the recommendation of the committee of \$1,066,175 -- less than their request. [Sic.]

MS. SILSBEE: Is that a motion, Dr. Watkins?

DR. WATKINS: Yes, I make the motion that way.

MS. SILSBEE: Is there a second?

MS. MORGAN: I second it.

[The motion was made and seconded.]

MS. SILSBEE: Dr. Haber, did you have anything to add to this?

DR. HABER: Well, I would just like to reinforce what Dr. Watkins has said. "I think, looking at the studies, most of them were good. I had a few comments to make.

The feasibility studies with CHP and HMO and EMS look good. The community hypertension feasibility, I think, is well-thought-out and we have a favorable record of having referred many of these patients to their private physicians.

One of the things that intrigues me is that they really ought to move fast in the HMO area because if I remember correctly, this is one of the regions of the country where Dr. Isselston, a pioneer in the whole field of HMO concept

had a group there that -- oh, I guess it goes back 20 years --
when Permanente was still only a twinkle in --

MS. SILSBEE: That is the Rip Van Winkle Clinic
in Hudson.

DR. HABER: That's right, and so they, I think,
can move favorably in this area and they certainly appear to
be doing so, although I didn't see Dr. Isselston's name
mentioned in this.

One of the real good products is the training for
the delivery of home care. I think they are doing a very
desirable thing in moving into this area, but I was concerned
about the Project 039, which talks about expanded concept in
home health care. They really are very vague about that
expanded concept. Is there any enlightenment possible on that
issue? Does anybody have any information about it?

MS. SILSBEE: Dr. Haber, the Eastern Operations
Branch is represented by one person who hasn't been involved
with that particular region, so we can get information for you
but right now we do not have it.

DR. HABER: Okay. Well, I will desist from further
cavil. I would second Dr. Watkin's motion that this be
approved.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I have a question. Does the contents
of your packet, Dr. Watkins, containing the transcript of the

transcript of the review committee process, in any way explain cutting back \$175?

DR. WATKINS: No. I thought that was just a typographical error.

MS. SILSBEE: I wasn't able to figure that out, either, Mrs. Flood. I wasn't at the meeting. Mr. Peterson?

MRS. FLOOD: Maybe its not really relevant to them.

MR. HABER: Maybe somebody missed some figures, is all.

MR. STEVENSON: Maybe I should have brought my figures down. I don't recall -- it may have slipped --

MS. SILSBEE: You may have rounded --

MR. HABER: I've got my notes --

MS. MORGAN: You think it's just a round-off?

SPEAKER: Probably just a round-off.

SPEAKER: Maybe we can take up a collection and --

DR. WAMMOCK: It's too late in the morning.

MS. SILSBEE: Just for the record, the Albany, the new council members, the Albany Regional Medical Program in the past years has had real difficulty because it had gone in a direction that committee and council in trying to get changed finally did and brought in a new coordinator and the program seems to have moved along. This is one where they had to be pretty hardnosed with them but it paid off.

The motion has been made and seconded that the

Albany program application be funded at \$1,066,000.

Is there further discussion?

[No response.]

All in favor?

[There was a chorus of ayes.]

Opposed?

[The motion was carried unanimously.]

The motion is carried.

The next region in our alphabetical order is Arizona and, Dick, do you want to give some background first?

MR. RUSSELL: Yes. As noted on the green sheet, there are really three major problems with the Arizona Regional Medical Program. These problems are not new ones. They have been there, I would say, since the Year One.

The Arizona Regional Medical Program is in non-compliance with the DRMP policy on regional advisory groups and grantee relationships. The crux of this problem is really the grantee. As you all know, one of our Assistant Secretaries for Health, Dr. Duval, is now back in Arizona and he does seem to have undue influence over the Arizona programs.

We have talked with the RAG chairman, Dr. Richard Flynn. We have also talked with the By-Laws Committee chairman, Dr. George Bach as late as yesterday afternoon. It appears to us that the Regional Advisory Group and some of the key core staff are very sympathetic and would like to see the program in

compliance. However, the grantee now has other thoughts. Dr. Duval called Dr. Margulies yesterday and said that he questioned the legality of the policy. Dr. Margulies could only suggest to him that if he chose, he could challenge it in the courts. It was pointed out to him, by the time anything was settled, that it would be a moot question, because it would all be in a different ball game.

We really have no idea what Dr. Duval's response to his conversation with Dr. Margulies is but Dr. Margulies assured Dr. Duval that we would hold to the policy and, I believe, indicated that in all probability a funding recommendation which would just allow the Regional Medical Program to continue its ongoing activity would probably be in order and they should not really start anything new until we had evidence they are in compliance.

Now, the influence of this representative of the grantee has also been witnessed in the Regional Advisory Group meetings where the -- it appeared the initial attempt of the Regional Advisory Group was to place a high priority on one of the Outreach Programs which would go into the rural areas. The representative of the grantee convinced the group otherwise and it was obvious that he did influence their decision more, perhaps, than he should have.

There are other evidences that -- I don't think it is really necessary to go into it too deeply here except that

he has advised the Regional Medical Group in some cases when a letter would come back to the Program saying, you know, you should do this or this is our advice and this gentleman's response has been, he only wrote that because he had to. We really don't have to listen to that.

The coordinator appears to be an instrument of the grantee or perhaps some other interest in the community rather than a true program coordinator.

The deputy has run the show for a number of years. In calling the program and asking for the coordinator, it appears to us that he has not been involved and can give us the type of information that we feel the other coordinators do.

So his role has always been very, very fuzzy.

MS. SILSBEE: Mr. Hiroto.

MR. HIROTO: I seem to somehow managed to have received some of these interesting ones. Supporting what Mr. Russell has been saying and in referring to the notes -- the transcript of the reviewing team, it seems to me that their greatest concern of the reviewers relative to programmatic matters was that, of those programs which reviewers felt were most meaningful to the Arizona RMP would probably be the ones to get the axe and not be put into play, should the request for funds be reduced.

I'd like to suggest to the Council that perhaps we might earmark certain funds as has been done, I believe in other

cases and make our recommendations with the earmarked funds included.

I throw that on the table for comments because much of this conversation of transcripts seems to lie in the area of concern that these particular things aren't agreed on.

They call them C001, 002 and 003, "Shall provide a health education program -- medical manpower other served areas and expansion of health service sites," which apparently are moving in the direction that the ARMP claims they want to go.

MS. SILSBEE: This was sort of Outreach?

MR. HIROTO: The Outreach, yes.

MS. SILSBEE: Outreach activities that they have been slow to take up in this region.

I would recommend that we approve the reduced \$860,000 and earmark -- I think it is \$300 and some-odd for the Outreach Programs.

MS. SILSBEE: Mr. Hiroto?

MR. HIROTO: Yes?

MS. SILSBEE: The request -- and Dick, you'll have to -- is for \$655,400 for program staff. And the recommendation is for \$860,000 and so, in essence, you are suggesting that some of the program staff monies be reallocated into these activities?

MR. HIROTO: And they would reprioritize their

program as well.

MS. SILSBEE: Mrs. Morgan.

MRS. MORGAN: The proposed staff of 20 professional isn't that -- it seems like that is awfully high for a few -- what -- even if they took all the programs, they have only got six programs and only three of them, I believe, are program-staffed.

MR. RUSSELL: I don't have my copy of the application with me. They are, Mrs. Morgan, trying to move into the Phoenix area, out of the Tucson area to start that office there which was closed after the phase-out.

MRS. MORGAN: It just seems like 20 professionals is quite high for a relatively small program.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I might comment that, traditionally, the style of the Arizona RMP's has done some good in spite of the coordinator and perhaps the emphasis here of increased staff might be one valid approach to trying to accomplish something but I would have to agree with Mrs. Morgan that it does seem an excessive number of people to work with with only approximately \$389,000 both for core staff and the program projects in that health service site, manpower recruitment and the self provider education because, in essence, that is the only course of operation, as I interpret the print-out.

Now, I didn't look at the application. So I feel

that perhaps Mr. Hiroto's point is well-taken that you do give them this reduced amount, but earmarking the \$389-plus for their their programs and hoping the staff will produce more and not increase it [partially inaudible] so that --

DR. WAMMOCK: I notice this is University of Arizona School of Medicine.

MS. SILSBEE: Right.

DR. WAMMOCK: I was out there in March and you know, that is a relatively new school and they have been trying to expand it as a result and they are doing a very good job of doing it in several areas and I was somewhat impressed with what the ongoing projects were at that time, although I knew nothing about the RMP program.

I was just, you know, impressed very much with what == how fast they had travelled in the past few years when, what is it, five years ago they didn't have anything out there at all.

MS. SILSBEE: That is as far as the medical school is concerned?

DR. WAMMOCK: Yes, as far as the medical school is concerned. But I know nothing about its relationship -- although I do know that this is the Universtiy of Arizona Medical School.

MS. SILSBEE: It is the grantee organization that seems to be one of the issues --

DR. WAMMOCK: They are probably going to be controlling RAG grantee funds here.

MR. HIROTO: May I ask Mr. Russell --

MRS. MORGAN: They are responsible for them and they should use them correctly.

MR. HIROTO: -- what your reactions to that might be?

MR. RUSSELL: I think one of the -- the basic problem here is one of noncompliance with policy and in going along with Dr. Margulies comments to Dr. Duval and having had discussions with Dr. Paul, it would seem appropriate to prohibit the RMP from moving into any new activities until they were in compliance.

This, I think, Mr. Hiroto, would permit the continuation of some program staff Outreach activities which have, as Mrs. Flood noted, have been very effective.

MR. HIROTO: In spite of?

MR. RUSSELL: Yes, and I think, in all fairness to the deputy and some of the other core staff and some of the RAG members, they have really tried to respond.

MR. HIROTO: Then may I change my recommendation?

MS. SILSBEE: You haven't made a motion yet.

MR. HIROTO: Okay. May I make a motion, then, that we accept the reduced funding for the Arizona Regional Medical Program of \$860,000 and divide it -- is that it -- so they meet

the requirements, the regulations of RMP relative to grantees.

MR. RUSSELL: I think that the provision should be that they could not start any new activities until we were assured that they were in compliance.

MR. HIROTO: Yes.

[The motion was made.]

DR. WAMMOCK: That's really putting them in a bind.

MRS. MORGAN: Do we request a site visit prior to our August meeting, or would this be of any value?

You don't want to go --

MS. SILSBEE: This Regional Medical Program has been the subject of a number of site visits. I believe the review committee's recommendation related to the fact that there was this long history of this going out and giving them advice and not seeing much change as a result.

I don't know that I think a site visit would be helpful.

Now, Mr. Hiroto has moved that the application be approved at the reduced level of \$860,000 with the provision that the Region not undertake any new activities until the RAG grantee policy is resolved to our satisfaction.

MRS. MORGAN: Do we want to tag that for their Outreach activities? Part of that?

MR. HIROTO: I know we are supposed to stay out of programs.

MR. RUSSELL: I think in the feedback, back to the ARMP, that we could express your concerns adequately over this particular area.

MS. SILSBEE: And again, if they come in with an application in July, we would be able to -- we can ask for information about how they do allocate these funds and that might very well relate to this review in July.

Dr. Janeway.

DR. JANEWAY: I am not going to vote on this particular issue. I would only say that had I been away two years as assistant secretary and come back to Tucson or Phoenix and saw that -- as has Dr. Duval, that -- since they are the grantee, I would want to have some kind of internal reorganization of staff, having known that I didn't have much control over them while I was gone.

MRS. MORGAN: If he was gone that long, I don't know why he would want to come back.

MS. SILSBEE: Would you please just second it, Mrs. Morgan?

MRS. MORGAN: I second it.

MS. SILSBEE: Okay, the motion has been made and seconded that the Arizona application be approved at the reduced level, based on the \$860,000 with the condition that they undertake no new activities until the RAG grantee policy is resolved satisfactorily.

Any further discussions?

[No response.]

All in favor?

[There was a chorus of ayes.]

Opposed?

[No opposition.]

Let the record show that Dr. Janeway abstained.

[The motion was passed.]

We'll have to skip Arkansas because Mrs. Mars did not know we were starting this early this morning, so she is still coming in from Virginia. We'll go to Bistate.

Mike, do you have any --

REPORT OF MR. MIKE POSTA

BI-STATE

MR. POSTA: Yes, I think I'd better, since this was a pretty tough review in the ad hoc panel, Bi-State.

Although this region obtained triennial status in the fall of 1972, it has never been considered an average grantee. The request of \$1,129,608 was scaled down to a recommended \$800,000 figure by the reviewers, which is, in essence, 70 percent of the request, 63 percent of the target figure.

Poor leadership, particularly on the part of the Regional Advisory Group, was noted. It was also noted that the Regional Advisory Group reduced its leadership to 15 and

turned over their leadership to what, in essence, was the Executive Committee. The coordinator has been serving on a 50 percent basis. However, a new coordinator, Dr. Felix, is expected to take over on July 1.

Reviewers noted that the proposals do not conform with the needs as identified by the joint RMP/CHP conference which met in February of 1974.

In all due respect to the region, it wasn't until February 7th of this year that the region realized that the court order had ruled in favor of continuation of RMP and further dollars. As a result, the May 1 application only contained two new proposals. One was involved with the poor.

To epitomize still further, or to epitomize, period, there was limited discussion during the ad hoc committee concerning the possible termination of this program. However, the reviewers expressed hope that the July 1 request of approximately \$410,000 will reflect on the identified needs of the region, which has had its problems in the past in dealing with urban St. Louis and rural Southern Illinois.

Mr. Milliken, you might wish to continue this a little bit further.

MS. SILSBEE: Mr. Milliken.

MR. MILLIKEN: This special information which staff-

MS. SILSBEE: Could you use the mike, please?

MR. MILLIKEN: The special information that the staff has provided you with yesterday indicates that of the

May 1st, 1974 request for the Bi-State RMP identifies four project sites in Illinois, three project sites in the St. Louis County, Missouri and 10 project sites in the St. Louis City of Missouri.

It seems to me that, recently, this problem of trying to serve these two disparate areas has improved in that the kind of projects they have are beginning to even out, between the two kinds of situations. It would seem to me that they have moved a little in this direction.

MS. SILSBEE: Mr. Zizlavsky.

MR. ZIZLAVSKY: I think because the February meeting between the CHP and the RMP joint agencies has led to a common assertion of needs in Illinois as well as in Missouri, they have simply stated that they would be having 31 projects coming in July 1st and these would more adequately address the needs and one of these projects would be in line with the Outreach than they have really had in the past. I don't know if we should prejudge it until we see their July 1st effort.

MR. MILLIKEN: I think another problem for this agency is the need for staff expansion. After reading a lot of this material and the results of the committee's evaluation, I kind of have mixed emotions. I feel that they do need some more limited staff but I do not feel they need the amount of staff they are requesting and I think the question is, maybe staff can advise on this, what, where and how to cut this,

you know, so that we don't shut them off completely -- confine them to their present staff only, but at the same time, I think we have got to be very careful in how much and what kind of encouragement we give them for additional staff.

MS. SILSBEE: Well, with the recommendations like \$350,000 less than they requested, that additional expanding may be taken care of.

MR. MILLIKEN: Yes.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: May I ask if Bi-State is still using the RFP mechanism for getting proposals in from their regions, especially in light of the CHP conference and the priorities for needs that were established there?

MR. ZIZLAVSKY: One of the weaknesses that they had when they phased out is that they reduced their staff down to about four or five people on June 30th of '73 with a gal under program staff doing about three jobs and getting paid for one was their information officer.

One of the jobs that was really left vacant was their newsletter. After this meeting with the CHP in February, '72, what they did was print this up in their newsletter. They didn't go the RFP mechanism, but they used this through the paper releases plus their newsletter and sent the newsletter out to previous project directors and others.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I have one further question.

Dr. Stoneman, the coordinator that is apparently leaving, was part-time coordinator and is the new coordinator to be a full-time coordinator or will he also devote part-time and hold a faculty position and private practice, as Dr. Stoneman did?

MR. ZIZLAVSKY: No, he'll be full-time. He'll be 100 percent.

DR. HABER: I think it appropriate for me to voice an endorsement of Dr. Felix, whom I know very well. He was, as the brief indicates, former director of the National Institute of Mental Health. He has been the Dean of the St. Louis University School of Medicine. He was the chairman of the special medical advisory group for the VA and we were bidding for his services at the VA and we lost out. We wanted him to be the head of our new geriatric research and clinical center in St. Louis. He elected to go this route instead and I just want to say that he is a very capable man and will, I am sure, distinguish himself in the program.

MS. SILSBEE: Dr. Watkins, did you have any comments?

DR. WATKINS: Well, based on what I have been hearing, I would second Mr. Milliken.

MR. MILLIKEN: I don't know what I said.

MS. SILSBEE: Dr. Wammock.

DR. WAMMOCK: I don't get through my thick noggin here the reason for Bi-State Medical Program when you have got

two states, Missouri and Illinois that have got two states here, Missouri and Illinois, that are making applications and you have got a situation where one is across the river and they are trying to work together and it is sort of like a team of horses and I am not sure how you are going to get them hooked up to the wagon and I'm a country boy.

MS. SILSBEE: Dr. Wammock, that has been an issue -- has been a concern for a long time.

DR. WAMMOCK: I just --

MS. SILSBEE: The medical trade area is the basis of the --

DR. WAMMOCK: I realize it is a medical trade area, but I just -- I think, you know, it's trying to fit apples and plums and something else in the same bag and peddle out something curious and I rather suspect that this requires, I mean, some of the inherent difficulties that are arising in there when you have got another state which is going to come up shortly is Illinois. They've got Missouri coming up here. Why can't they just do it, each in their own ballpark?

MS. SILSBEE: Well, being an old St. Louisan, they just don't work that way.

DR. WAMMOCK: Well, anyhow, it makes a headache for the rest of us.

MS. SILSBEE: The motion has been made and seconded that this application be --

SPEAKER: Wait a second.

MR. MILLIKEN: I will make the motion.

MS. SILSBEE: Somebody said you made a motion.

MR. MILLIKEN: They knew I was going to do it.

MS. SILSBEE: Well, will you say it, please?

MR. MILLIKEN: I move that we accept the committee's recommendation for the funding decision, 63 percent of the
[?]
\$800,000, 63 percent of the tiger and \$329,680 under the request.

MS. SILSBEE: Do I hear a second?

[The motion was made and several seconds given.]

MS. SILSBEE: The motion has been made and seconded that the Bi-State application be approved at the reduced level of \$800,000.

Any further discussion?

DR. JANEWAY: Could I ask an informational question?

MS. SILSBEE: Yes, Dr. Janeway.

DR. JANEWAY: Knowing Dr. Felix, I suspect -- although I have no reason to know this -- if this comes in \$329,000 down, the July request is going to be bigger.

[Laughter.]

Because he is a mover. He is an extraordinarily competent person and I think that some of the cooperation and clerical questions will be solved by that time.--

MS. SILSBEE: Mr. Zizlavsky.

MR. ZIZLAVSKY: One of the things that we did was ask the program -- all 53 -- for an estimate of their July 1st request, so this was made approximately three months ago and one of the things we have been kind of watching is their making a monthly total and then keeping up with this figure and they've carved the projects down from something around 31 to 24 in their own review process and I feel that those 31 projects were about \$721,000 and it is down to \$410,000, so we'll keep your comment in mind when we receive the July 1st applications so you may receive a surprise.

SPEAKER: Good.

MS. SILSBEE: The motion has been made and seconded for the reduced level of \$800,000. All of those in favor?

[There was a chorus of ayes.]

Opposed?

[There was some opposition.]

The motion is carried.

Good morning, Mrs. Mars.

MR. MILLIKEN: There was one further thing that staff recommended, that on the RMP request by Med, Incorporated on the EMS that the request be approved but that funds not be release until RMPs staff and regional EMS staff attempt to arrange, possibly through a joint staff visit, some sort of unified planning capability.

MS. SILSBEE: Is that a result of their meeting the other day?

MR. POSTA: That was a request by the HEW Region VII office and also during the discussion with the HRA group on Monday and Tuesday we did learn that the arch program, the CHP "B" agency in St. Louis had been approved for a planning grant and I think that the rationale here is to be sure that there is more coordination with the funded EMS activities in that area.

MS. SILSBEE: That really does not require Council action.

The next region -- we'll give Mrs. Mara a chance to pull herself together and skip Arkansas and go --

MRS. MARS: I'm sorry I'm late, but I thought I was early. Nobody told me.

MRS. MORGAN: We decided that after you left.

MRS. MARS: Well, I know, but somebody could have CALLED ME.

MS. SILSBEE: Central New York. Mrs. Martinez.

Mr. Skoloff is the operations officers for Central New York and Mr. Nash, as I said yesterday, could not be here. If you need any additional information, direct them up to that end.

MISS MARTINEZ: 22C.

MS. SILSBEE: It is the EMS.

MISS MARTINEZ: EMS Radio.

MS. SILSBEE: Miss Martinez, that is on activities that have been going on before and it is primarily equipment, but it represents a partial payment. The hospitals are putting up money also.

MR. STOLOV: The review committee did discuss this.

MISS MARTINEZ: You are talking about 22C?

MR. STOLOV: Right, 22C and in its deliberations the review committee noted that the region is using matching funds at the rate of 50 percent local, 50 percent RMP. They also noticed that the RAG was astute enough to give a low priority to putting equipment in ambulances and sticking to their original plan and giving it a high priority to putting a central communications systems in the hospitals. So in the event of getting an award, there is a least likelihood of getting the low priority ambulances passed through the RAG.

I checked the RAG's members and to the best of my knowledge, I think they made an effort to show that there was also membership from, say, the medical society and a gentleman being on the CHP board but originally when the RAG was formed, these gentlemen were chosen by their primary goals, say, representative of the medical society but Vic Murray wanted to show also that there was some representation on his volunteers on other agencies in the community so you were

right on the 23 but officially the representation is from four of the agencies but Mr. Murray lists the people on his RAG as representatives, primarily from the medical society, but some did have it, as you pointed out, a representation on the other bodies.

MISS MARTINEZ: Is that usual, to have that large a representation?

MS. SILSBEE: I think that it would represent -- these are people that are serving in two capacities and the representation is not because they are CHP but because they are particular individuals who happen to be active in two agencies.

MISS MARTINEZ: Okay. Now, there is a number of the -- number 44. I can't remember exactly what it is now, Council for Coordinated Health? Is that it? That the function of that grant seems to me to be a county function.

MR. STOLOV: 4044, it's a home care health service project and your question, is that it appears to be a county responsibility? May I ask --

MISS MARTINEZ: That one and the Well Baby Clinic, particularly the Well Baby Clinics because, at least in my state, that is a county function. Now, is there any reason why the county isn't doing this in the Central New York?

DR. SCHREINER: Maybe I can answer that because I have been up there on a site visit. It is very hard for

period of time so it sort of leaves me hanging.

For instance, number 58 -- number 56, I'm sorry -- gives you the impression that the people who are now being observed by this clinic will be like hanging at the end of a certain period of time because there is no mention -- in any case, what I did was, I sort of subtracted the proposals that I wasn't particularly impressed by and I still came up with a higher figure than the review committee and maybe you can explain -- I came up with \$706,879 as opposed to \$600,016.

MS. SILSBEE: Do you want to make a motion to that effect?

MISS MARTINEZ: Well, does someone want to explain to me how they arrived at 615?

MR. STOLOV: Perhaps Mr. Peterson is more familiar with how the review committee came to that.

MR. PETERSON: Oh, I think in this region, as in many of them that were considered, while the review committee went through somewhat the same process that you did, Miss Martinez, examining the projects and the like, far more frequently they made some kind of overall assessment in terms of past track record and the like and from checking the Minutes or transcript on this particular discussion, this was one of the sort of class actions in a sense -- oh, let's reduce this about 20 percent rather than explicitly reflecting a let's subtract this project, halve this one -- some of that

went into the thinking so in one sense it was an 80 percent kind of region, I guess.

MISS MARTINEZ: Okay, well, I'd still like to make a motion at this time to fund it \$706,379.

I subtracted --

MS. SILSBEE: I don't think we need to go into this, but would you repeat the figure?

MISS MARTINEZ: \$706,379.

MS. SILSBEE: Is there a second?

[The motion was made and seconded.]

MS. SILSBEE: The motion has been made and seconded that the Central New York application be approved at the level of \$706,359?

MISS MARTINEZ: \$706,379.

MS. SILSBEE: \$706,379. Is there further discussion Mrs. Flood.

MRS. FLOOD: I only have one question.

Mr. Stolov, is there still a report out as of the last phone call that they would be coming in for the July-August review at \$1,150,000, which is the proposed figure at the bottom of our green sheet?

MS. SILSBEE: Mrs. Flood, that represents an estimate that was made in early May. We haven't gotten an update. That probably represents, though, some total of what started through their review process. I would doubt

that it would be that high.

All in favor --

DR. SCHREINER: I just might comment that they had made tremendous progress setting priorities and I am particularly happy to see them coming in ^{with} the coordinated programs in the North Country. There are two, the new ones.

Some of you may not know that there are over 5,000 Indians on the Regis Reservation who never signed a treaty with the United States so they get no health care from the Federal Government and they are dependent on New York State, which has been zero up to this point on the care that has been provided. At least they had a dental but it had not even had the cellophane taken off -- the plastic -- and so it looks to me like they are getting down to work and I think Miss Martinez was very generous and I'm happy to -- I think that they will spend it well.

MS. SILSBEE: Thank you. The motion has been made and seconded that the application be approved at \$706,379.

All those in favor?

[There was a chorus of ayes.]

Opposed?

[There was one nay and the motion was carried.]

The motion is carried.

Mrs. Mars, are you ready to go back to Arkansas?

MRS. MARS: Yes.

REPORT OF MRS. AUDREY MARS

ARKANSAS

MRS. MARS: I site-visited Arkansas a number of years ago and at the time I was very impressed with the program. They had an extremely outstanding coordinator by the name of Dr. Silverblatt who, unfortunately, has resigned in the last few months. I think rather unexpectedly. He was a very ambitious individual for his program and a very active person.

Fortunately, the new coordinator has been there for the last four years and is a very capable person. He was there, I know, at the time when I site-visited the program.

They have a close cooperation with the CHP agencies, both the A and B. There are eight agencies -- eight B's and one A that are funded.

The planning and development districts are the grantee organizations for the agency so that if the agencies are disbanded, they -- there still will continue to be a monitoring force for the ARMP activities.

They have improved their relationship with these agencies in the last years and some of the ARMP proposals now have a B agency as a sponsor and their technical assistance in the development of a project has been invaluable to them.

The entire application of the Arkansas RMP was submitted for comments to each of the agencies and all eight

responded. There were very few differences of opinion between the A and the B agencies concerning the projects but the CHP B agencies and the RAG agreed in any unfavorable comments that were made.

Four of the six of the projects that received unfavorable comment were withdrawn by RAG and two were sent back to staff for administrative changes to be made before the approval. They feel that the projects proposed will be supported by other aspects of the health care delivery system when the ARMP funding is no longer available.

ARMP has a very well-organized monitoring and evaluation division. It monitors ongoing project activities in relation to their stated goals and objectives, maintains a constructively critical posture. The division of physical affairs keeps accurate, up-to-date records, working in close liason with the monitoring divisions.

The subregional system has been developed extensively. For example, they have a contract with the Arkansas League for Nursing and for the development of a quality assurance program. In nursing homes they have a hypertension screening program, quality assurance programs with the hospitals and others.

There is very good involvement with the RAG. They have been successful in securing funds and political support in order to obtain state funding for programs as well as from

charity sources.

The quality assurance is being stressed. This certainly is very necessary in a state such as Arkansas.

They have emphasized continuing education as one of their major thrusts. The ARMP coronary care network in Arkansas is the outstanding one now. Kidney disease control program has become completely self-supporting.

The expansion of their recovery room services for the children's hospital project is a very choice example of multiobjective activity. It will provide an improved and expanded primary, secondary and tertiary care and will interact with operations of many health care systems and services of health funding.

There is no conflict or duplication of activities being funded with the HSA funds to Arkansas.

They have 58 RAG members, the coordinator meeting with them, of course, makes 59.

The RAG is well-distributed between members of the public, the health professional, and private and public health service. Volunteer agencies are represented. There are teachers, lawyers, judges, politicians, nurses, higher education, insurance, doctors, health agencies, dentists, hospitals all represented, so it is a very good composition.

And they all seem to take a very active interest.

The program has stayed -- the RAG has stayed the

same, despite the projected phase-out and Arkansas is planning on applying for another \$800,000 in July.

I am perfectly happy to accept the review committee's recommendation of \$1,500,000.

The new coordinator, I think, will be able to do a firmer staff organization. This is needed. They do need more people on their staff. It really is not as complete as it should be .

And some of the programs should be reconsidered, such as their sickle cell, in light of the year's period time which some of these programs just cannot be completed or successfully carried on so I move that we accept the review committee's recommendation of \$1,500,000 to the Arkansas program.

[The motion was made.]

MS. SILSBEE: Dr. Janeway.

DR. JANEWAY: I will, in order to get on the floor, second the motion for approval of the recommendation of the committee.

[The motion was seconded.]

I have a philosophical question. I think we are dealing with the only game in town, is one thing I read in this and I have two questions, one of which is rhetorical and one of which I'd like the advice of the staff, and that is, I think we are beginning to see here a fairly sizeable role of the

CHP B agencies and the implementation of health services which, from a management standpoint bothers me that planning control and implementation should be functionally in one organization. That is rhetorical because there is nothing we can do about that, I think.

The other is, perhaps, just to get educated. I wonder about providing support for the Arkansas Health Statistics Center when it is clearly stated in the proposal that they wish the funds for one year to demonstrate to the state legislature that this is a valuable project.

One wonders if the planning funds for this couldn't be derived from state sources, but I don't know what was cut out and I just wanted some guidance from staff on it, but I second Mrs. Mars' recommendation.

MR. POSTA: Doctor, to respond on the statistics part, the legislature did not meet this particular spring. That request to the state legislature for additional dollars for an agency statistics will be presented in the next session. The request to the statistics center here was not approved or was cut down and that was the reason for that.

DR. JANEWAY: I'm glad to hear it.

MR. PETERSON: I think there is one other small item, Dr. Janeway, in the way of history on this one. Arkansas has a great deal of federal money. They have a statewide experimental health services delivery system project and I

happen to have been on a site visit to it about six weeks ago and it does appear from looking at it through that end of the tube that the establishment and the initial operational support of this is sort of being traded off between the experimental health services, the RMP and as Michael pointed out, they do have the legislature which still only meets every two years so you'd have that kind of a problem.

That does not necessarily justify it but it does explain, perhaps, why there is some ES-RMP coordination. It is a new operation established less than two years ago.

DR. HABER: Can someone give us a word of explanation about that expansion of that burn center?

MR. POSTA: Yes, sir. This was considered a number one priority by the regional advisory group that met.

Originally, when they got together, the title of this was a little bit different because the first initial request was for total equipment. When we negotiated with them and they approached us with this particular idea, we said there was no way that the review groups would support a program of this type if it was solely for equipment.

As a result, they revised it, went back to the drawing board and came in with mostly soft money. There is a little bit of equipment in it but this is to be funded through children's hospital and it will be an add-on, if you will, to their emergency medical services system.

MS. SILSBEE: The motion has been made and seconded that the Arkansas application be approved at the level of \$1,500,000. Is there further discussion?

[No response.]

All in favor, say aye.

[There was a chorus of ayes.]

Opposed?

[There was no opposition and the motion was carried unanimously.]

The motion is carried.

MR. PAHL: Before we proceed with another application, Mrs. Silsbee has been giving me a little chore to do here which I am happy to do, particularly because you are doing so well this morning, but I think we might have a framework for today's activities because a few individuals have indicated, you know, what their schedules are and our interest as well as yours is to be fair to all regions, so I think if I outlined for you what we see to be the framework, you can continue to do as well as you have this morning.

If we spend about 10 minutes per application, simple arithmetic will show that if you work through the day, including the lunch hour, you will be finished around 4:00 to 4:30. That is no breaks and work through the lunch hour.

Now, I know that in some instances you will have to leave for good and sufficient reasons. What we don't want to

have happen, and I am sure what you don't want to have happen either is to have, at the end of the day, either a rush so that those regions really don't get adequate attention, or insufficient people working into later hours so that, again, the regions are not represented by primary or secondary reviewers.

So, with that understanding, I would like to suggest that, keeping in mind these facts, we decide as a council how we wish to manage our operations now, rather than get rushed at the end of the day, which we know we would be.

So we have to make a decision, therefore, either to observe Mrs. Silsbee's kind of time framework and that could be done by having the staff present a few highlights and then the principal reviewer only add that comment or two which would substantively change the recommendation of the review committee. If it is an endorsement, the review committee has done its work. If there is a reason to highlight something which would result in council discussion or perhaps a different recommendation, that is, of course, what we should do.

If that is the operation, then I think one can see completing the work in fairness to all regions through the day. If not, we should make our decision to either work into the evening hours or stay over till tomorrow, but I do think it is unfair not to give this framework early in the day and then have people drift off later.

Perhaps the council should just decide how it wishes to manage its affairs so that Mrs. Silsbee can be guided by your decisions.

MRS. SILSBEE: Mrs. Morgan.

MRS. MORGAN: Judy, I am sure there are certain regions which, having not gone through everything, had everything to go through, that have been flagged as problem areas. It seems to me you could -- staff could mark these off and maybe we ought to hit these earlier while we have a fresh thinking --

MR. PAHL: There are a few that we have identified --

MRS. MORGAN: Right.

MR. PAHL: -- some of which you have been discussing and that is what I say, you have been doing very well this morning.

MRS. MORGAN: But I think if those were flagged and you started to do those, then maybe within the next hour we'll have a much better idea of what -- after we have gotten rid of some of these more difficult ones, what our timeframe is going to be.

MR. PAHL: We have, indeed, already identified a few. You handled, perhaps, five of them and there are perhaps six regions that we would take up -- Dr. Haber.

DR. HABER: I was just going to modify that suggestion. Is it possible for you to present to us a list

of those things that are likely to be noncontroversial to be voted on en bloc, giving us some time, therefore, to spend on the controversial ones, rather than spending an equal amount of time on each?

MR. PAHL: Yes, we have identified those. Just taking up for a moment, let me say that you must recognize that this council is handling more at this meeting in the way of total applications than any council has in the last four years because yesterday you had an arthritis discussion both in the morning and the afternoon with 43 applications and this council, in terms of RMP application, at this meeting is handling 53 applications, not the normal 17 or 18. So both you and we are under the same kind of impossible time pressures and my comments here are not meant to state that any of us, as staff, are in any way dissatisfied or frustrated, but we are indicating to you that knowing schedules and in fairness to regions, we have to work within that framework.

I would suggest, Judy, that what we do -- for example, Dr. Schreiner has to appear on the Hill here for testimony -- either this is the real world and we want your advice for the regions and we will try to get through as many of these before you have to leave and I think what we ought to also do is take up those regions where we know we need the council discussions as we have with some of the others that we have been handling this morning and then we can pace

ourselves during the day.

DR. HABER: Especially those problems first and then we can see how they work out.

MR. PAHL: That is correct.

The other thing is, at an appropriate time after some other coffee is brought in or so forth, staff will be glad to bring in coffee or if you want sandwiches brought in or depending on how you wish to run your day, but --

MRS. MARS: I just want to get a sandwich, that's all.

MRS. MORGAN: Yes, we are not going to work all day without at least a sandwich.

MR. PAHL: Yes, and I think a little later in the morning, but I wanted to say we do appreciate that you have an unusual workload. You are doing very well but we also have to recognize fairness to the regions at the tail end of the day when everyone is tired.

MRS. SILSBEE: Well, in the memo that I sent out to the council, I identified about 11 regions that I thought needed some special attention. You have already dealt with four of those, so the remaining ones are the ones that staff identified, that need kind of deliberations of this council and in terms of the committee's recommendations, Connecticut, Lakes Area, Maryland, Nassau-Suffolk, New York Metropolitan, Texas and Wisconsin.

Now, that would be my agenda.

Then we also have, Dr. Haber has to leave at noon. Dr. Schreiner leaves at 11:30 and Dr. Janeway is going to have to leave this afternoon at about 3:30 so we have got quite a bit to do in two hours, really.

I wonder if it would be helpful in terms of Dr. Haber and Dr. Schreiner, who leave this morning if I could ask them the regions that they reviewed.

Dr. Haber, you had Memphis and Washington-Alaska, as I recall, as primary.

DR. HABER: West Virginia.

MRS. SILSBEE: West Virginia. Are either of those going to require any changes in the committee recommendations?

DR. HABER: Memphis might.

MRS. SILSBEE: How about among yours, Dr. Schreiner?

DR. SCHREINER: Yes, well, I can handle them pretty fast.

MRS. SILSBEE: Okay. Since the next one on the list is Colorado-Wyoming, our record should show that Dr. Gramlich is not here today.

MRS. MORGAN: Do we want to do that, or do we want to do the difficult ones? I'd say, let's go to the difficult ones and then get Dr. Schreiner's and Dr. Haber's and then come back to these.

MRS. SILSBEE: Okay, very good. Connecticut is

a difficult one. Dr. Watkins.

DR. WATKINS: No --

MRS. MORGAN: No, that is Ed's.

DR. SILSBEE: Oh, Ed, excuse me.

MR. HIROTO: It may not be that difficult.

REPORT OF MR. EDWIN C. HIROTO

CONNECTICUT

MR. HIROTO: Inasmuch as their application is for continuation of only one month of programs and one year for the staff and there is a considerable amount of conversation that occurred between the -- amongst the reviewers -- and since the July application will probably bear the brunt of the review, I would recommend that we accept the surveyors' recommendation and recommend \$510,000 with, really, the bulk of the review to occur at next cycle.

MRS. SILSBEE: Is there a second to that?

[The motion was made and seconded.]

Okay, any discussion?

DR. WAMMOCK: Well, there is a sentence down here that says "The RAG chairman's response to CHP comments, as well as CHP comments themselves, indicated that the RMP-CHP relationships remain a problem."

MR. HIROTO: Yes.

MRS. SILSBEE: Yes, that's true.

MR. HIROTO: They are.

DR. WAITMOCK: Well, there's nothing new about it, huh?

MRS. SILSBEE: There is something the council can do about it.

DR. WAMMOCK: Yes, well, I mean, I just --

MRS. SILSBEE: It was a problem and it is not just something that has emerged.

The motion has been made and seconded that the Connecticut application be approved at the reduced level of \$510,000. Is there any further discussion?

[No discussion.]

All in favor.

[There was a chorus of ayes.]

Opposed?

[There was no opposition and the motion was carried.]

The motion is carried.

The next one is Lakes Area -- a problem and Mrs. Mars is the primary reviewer.

MRS. MARS: I seem to get all the tough ones.

MRS. MORGAN: That's because you do such a good job on them.

MRS. SILSBEE: Mr. Peterson, I wonder if you would mind stepping up here, because you chaired that particular panel and Mr. Nash is not here.

MRS. MARS: These microphones seem to be making a

funny noise.

REPORT OF MRS. AUDREY MARS

LAKES AREA

MRS. MARS: Again, I think that the funding reduction here is too drastic. I site-visited this program a number of years ago when it was in very bad shape. At that time, the grantee was taking a tremendous percentage of its money. Dr. Ingall, who is one of the most capable of the coordinators, I believe was chairman at one time of the steering committee of the coordinators, is the present acting coordinator and has been for some time and at that time he was about ready to resign.

I think that the site visit helped considerably and all suggestions that were made at the time were followed. The program was completely turned around and I would not be surprised, but if we reduced the funding to the degree that has been recommended here by the review committee, that Dr. Ingall would not resign, which would be a pity that he would not be able to see the program through to its termination.

He separated the program from the grantee and formed a nonprofit agency to act as the grantee and has a five-member board.

The program covers seven counties in New York State and two in Pennsylvania with a population of over three

million people. They have two CHP B agencies and these agencies have representation in the RAG.

The criticism that I would make of the RAG is that it is heavily weighted by the medical profession, perhaps too much so.

The two programs which the review committee, let's say, brought to attention and which apparently deserved it greatly and were of particular concern to them was the request for the funding of the telephone lecture network. This is a very unique project.

This is an area where, in the wintertime, snows pile up to 12, 14 feet and I guess at times, 20-foot drifts which means that there is practically no communication in this area. This telephone lecture network is far more than that. It is their only means of communication. It is a continuing education program and it is just a unique and valuable dispensable program to the area.

It is an expensive program but I felt that every penny that is put into it is worthwhile. The other program that they were concerned about was the continuation of the cancer registry. This is the fifth year for that and as all of you know, cancer registries are not as much use or cannot be proven of use, really, until five years has been completed. So that I felt that despite the fact that we have been trying to get them out of this tumor registry, inasmuch as they are

still in, it seems to me that the continuation of the registry at this point would certainly be worthwhile and, undoubtedly, it will be taken over by the participating hospitals at the end of this five-year period.

The complaint seems to be that we should give a strong message to the practice of continuing support projects beyond three years. Of course, this has been our policy, but, nevertheless, there have been other programs throughout the RMP funded over a period of five years' time and there is no absolute set rule, I do not believe.

Is that true? To that degree, that if a program is worthwhile, that it cannot be continued for a longer period.

MRS. SILSBEE: Council policy is to encourage three-year funding.

MRS. MARS: Right.

MRS. SILSBEE: And to have, at the initiation of the activity, some plan for take-over by other resources.

MRS. MARS: Exactly. So that with the tumor registry, the plan is such that the participating hospitals will take it over and I think eventually that as RMP withdraws its support for the telephone network, I am sure that this likewise will be taken over. So that I really felt that this was more or less something that did not justify destroying a program to say that we are going to give a strong message to -- for the sake of this money which is already being put in. You

are simply scuttling a program that it just doesn't justify doing that.

The staff, my criticism is, does seem excessive in number. They certainly need to eliminate some of their staff and replace them with people who are more competent.

The CHP relationships seem good. They and the RMP did not agree on all of the projects that were presented, but the staff and the RAG took heed of this. The total dollar request for the 11 approved projects is \$780,453 and five new projects were presented in their application that require \$260,000.

The funding that the review committee has suggested is \$400,000 below their current annualized funding and as I say, at this late date to deliberately try to scuttle a program for the sake of teaching them a lesson just does not seem to make sense to me.

This program has done a great deal of good to improve the health pattern in the area and I feel that it certainly is an average program, although the review committee rated it below average and I think that it could hold its head up against any average program, so to speak. So I would like to suggest that instead of -- and I will move -- I not only suggest but I will move that instead of the \$1 million committee recommendation against the \$2,072,000 they requested, at least to give them the \$400,000 which is now the funding

is less than their current annualized figure. So I move that we recommend \$1,400,000 funding.

[The motion was made.]

MRS. SILSBEE: Mrs. Gordon.

MRS. GORDON: Well, I can appreciate the value of the telephone network. We don't have drifts 12 feet high, but we do have somewhat the same problems with communication and that sort of thing. However, I agree that it is a shame to scuttle it at the last year. But it would seem that they could have put more emphasis in -- toward getting other funding. It was a valuable program to them and there should be those who are willing to support it.

MRS. SILSBEE: Mrs. Gordon, I believe that a part of that support is that there are a number of hospitals in the area and they do -- it is a matter of gradually getting all of the hospitals to take up their portion of the cost.

There has been -- costs for this project have gone down over the years and it is used as a method for having committee meetings in the winter and a network in, oh, emergency medical service relay from one hospital to another. So it has been more. The term telephone lecture network, that doesn't really tell the whole story on that.

MRS. MARS: It should not be termed that, really, because that is too ambiguous, I think. It does, as I said, so many other things besides that.

MRS. SILSBEE: Mrs. Mars has made a motion to --
for \$1.4 million. Is that seconded? Dr. Haber:

DR. HABER: I second it.

[The motion was seconded.]

MRS. SILSBEE: Mrs. Flood.

MRS. FLOOD: On the yellow print-out, does the
symbol "C" at the extreme right signify funding beyond the
three-year support or funding beyond '75?

MRS. SILSBEE: Beyond '75.

MRS. FLOOD: They are requesting funds here, then,
for fiscal '76?

MRS. SILSBEE: Right. There were two projects, I
believe, because they were asking for two-years' support.

MRS. FLOOD: Then may I ask who the sponsors are
of, for example, the telephone network?

MRS. SILSBEE: That is the grantee organization
which is a nonprofit organization.

MRS. FLOOD: Well, it was my understanding that
there would be no funds allotted past June the 30th of 1975
for any core staff. Now, how can it be a grantee project and
they request funding beyond that fiscal year if it is going to
take four staff to operate it?

MRS. SILSBEE: Mrs. Flood, in this particular
organization, is as a nonprofit organization, they have other
sources of funds. I believe they have gotten funding from

other places.

Mr. Pahl.

MR. PAHL: I'd like to speak in general terms. This is as good a case as any, but there is a general problem which runs through a number of applications, so my comments are really not to the application under consideration, and that is, how does the RMP manage its affairs when it makes its awards for activities which will extend beyond the termination date of the RMP in question?

Since RMP's are to terminate on June 30th, 1975, the question is a proper one. We have been interested in addressing this question now for two years because of some interest in proposed phase-outs last year and possible termination of the program this year.

In practical terms, there is no resolution at this time to that question. Some grantees will be able to manage affairs beyond the life of the RMP because they happen to be institutions that have a life of their own and are willing to absorb the cost necessary to monitor those ongoing activities.

On the other hand, it would be fair to say that the large majority of grantees are not for-profit institutions or are medical societies or schools that do not literally have the funds to pay the staff to monitor such activities.

Now, staff has recognized this situation for the second year running and, actually, I have discussed this

matter in recent weeks with Dr. Margulies and have proposed to him that the agency sent out to all RMP grantees a statement of federal policy which basically would say that it is the established practice of the government -- and I can give you any number of examples out of personal experience -- that it is the established practice of the Federal Government to provide for the monitoring and surveillance of activities which extend beyond the life of a program when that program has been terminated by the government.

For example, the chronic disease control program was absorbed into the Regional Medical Program and there was no more chronic disease control program but we in our organization have spent the last three years managing federal commitments and contracts in the kidney program area and part of my staff has been doing work that was obligated to three years ago.

We had a series of HEW regional offices. There is a decentralization thrust to put appropriate functions in these regional offices and there will continue to be headquarters staff either under the title of RMP, Health Resources Planning, HRA or some organization.

I have in my briefcase a statement which has been drafted by RMPS and will be forwarded to Dr. Endicott for official consideration as an agency statement for RMP grantees which merely provides assurance that although we have not

identified the manner in which the government will assume monitoring responsibilities, that this problem is both recognized and the grantee, in good conscience, can let contracts for periods beyond June 30, '75 whether the present grantee is in operation or not.

I hope that addresses both this and a number of other issues.

MRS. FLOOD: Well, but you are clarifying the concern we have for management of phase-out projects by contract mechanism, but here we have a grantee who intends to continue projects themselves beyond --

MR. PAHL: Well, there is a clearcut statement by the administration that no costs may be incurred by an RMP beyond June 30, '75, regardless of what the applicant wishes. You can't stop the applicant from stating whatever he wishes to do but there is a clearcut statement in all of our instructions that costs cannot be incurred by RMP's beyond June 30, so this situation falls into the very one I am mentioning.

He cannot go beyond June 30th. That is the administration policy. Therefore, he falls into the class that I am talking about, if the project is to be continued, then either the individual regional offices or some headquarters program, whether we are the same name or not, will have to assume that responsibility or we have to make

arrangements for some other organizations to take on that responsibility and, as I say, we are trying to develop a policy. It is very strange that I cannot send to any grantee a xerox copy of anything out of HEW as to how to manage such an activity. Yet the Federal Government does terminate programs all the time and there is no grants-management policy in this area.

So we are attempting to develop one and hope the Agency will respond.

MRS. FLOOD: Then I must inquire regarding the tumor service registry here, if this, then, is fifth and sixth year support?

MR. PAHL: Yes.

MRS. FLOOD: And in that case, it was the same status for the telephone network.

MR. PAHL: No, that is a different thing than either one of them.

MRS. SILSBEE: No.

MRS. FLOOD: Fifth and sixth year. No, tumor registry --

MRS. SILSBEE: Is fourth and fifth.

MRS. FLOOD: Fourth and fifth. Can you tell me if the budget reflects decreasing funding in the sixth year of the tumor registry or if there is full support again in the sixth year?

MRS. SILSBEE: I can't. In terms of the way in which they put this money in, in one lump, we don't know what the costs for the fifth year would be, but they put it together as a total..

MRS. MORGAN: Except for Texas, I didn't know we supported tumor registries for six years.

DR. WAMMOCK: This is \$200,000 here for a rather broad area and I'd like to address myself to the importance of a tumor registry, because this has been a project that has been promoted by the American College of Surgeons since almost the day of its inception. It is called the clinic activities record and it is the only way that you can have any control over survival, not only survival, but quality of survival, because, actually, what we are talking about is eradication, palliation, et cetera and so on and if you do not have any kind of mechanism where you can look back and see what you have taken inventory [of], then you do not know whether you are making any progress, so everything goes for naught and the average individual doing any kind of clinical work says, I have got a case of carcinoma of the colon, it is cured. But, hell, if he looks at 100 cases he finds out that 95 of them are dead and they died all on the surgical table or something like that.

So this does have -- this is a nitty-gritty proposition and some people do say that the tumor registry is not worth the salt that --

MS. SILSBEE: This is an issue, Dr. Wammock, that the council has dealt with.

DR. WAMMOCK: Well, I realize that.

MS. SILSBEE: And in general, they feel that it has been the experience that once you pick up the support of cancer registry, you have got it -- they go around seeking one grant program after another, so council has been discouraging --

DR. WAMMOCK: I recognize that and I just wanted to name that particular area there. I would not question the council's position.

MS. SILSBEE: Dr. Janeway.

DR. JANEWAY: Isn't in general this -- I could ask our administrator -- reimbursible per dium cost, the patient care thing would be a medical record, includible in the administrative costs of running a hospital.

DR. WAMMOCK: That has been debated.

DR. JANEWAY: Well, it has been accepted in North Carolina.

DR. WAMMOCK: I'd say some people here are considering it. I mean, I'll rephrase my statement.

MS. SILSBEE: If I could make a statement about the way in which the committee arrived at the recommendations which, in looking it over, they did arrive at this differently than they did most of the actions.

Instead of looking at the request and deducting those items that they really were concerned about, they looked at the current levels and deducted so, in a sense, I think the recommendation did need to be looked at again.

We have a motion --

MRS. MARS: May I, before we -- I just wanted to tell them a little bit about this network, I'll only take a second, as to what its activities were, just to give you an idea that it is far more than just a lecture network.

There were, however, 187 one-hour lectures on 14 scheduled series. The total attendance was 16,743 people and an -- there were two new lecture series were developed in medical librarianship and food service. There were 600 previous network presentations that were reviewed. There were special lectures offered in anatomy and physiology, emergency medical technicians certification, interpersonal relations, secretaries, alcohol problems, third-party payments.

They provided audiovisual support at 33 teaching days and conferences throughout the region.

MRS. SILSBEE: Mrs. Mars, I --

MRS. MARS: So these were things that it did do, which you can see, it is far more than just a lecture series.

MRS. SILSBEE: The motion has been made and seconded that this application be approved at the level of \$1,400,000.

MR. HIROTO: May I ask a question before the question?

MRS. SILSBEE: Yes.

MR. HIROTO: What is to ensure that this \$400,000 in addition would be used for the purposes you feel are so important?

MRS. MARS: Well, it isn't for that. It is simply this is their annualized money. They used this money. I can't say as to whether they are going to put it -- where they are going to put it.

MR. HIROTO: That was the prior year's?

MRS. MARS: Yes, yes.

MRS. MORGAN: Question.

[The question was called for.]

MRS. SILSBEE: All in favor of the motion, say aye.

[There was a chorus of ayes.]

Opposed?

[Two voices were raised in opposition and the motion was carried.]

Two. The motion is carried.

Now, do you want to take a quick break at this point?

[General assent is signified.]

Okay, the next problem area is Maryland and I wonder if you, as chairman --

DR. WAMMOCK: Oh, my aching back.

MRS. SILSBEE: This won't take long. Mr. Peterson chaired that particular session. Mr. Mank is not here. I wonder if you would just make a brief statement, Mr. Peterson?

REPORT OF MR. PETERSON

MARYLAND

MR. PETERSON: Well, I think anybody who read the transcript, as I am assuming Dr. Wammock did, it was summarized very neatly by the review committee after considerable discussion because, as you see from your green sheets, they, in effect recommended phasing out the Maryland RMP.

They said -- I think I am almost quoting verbatim in the way of summary, this is a region which has been almost since its inception plagued by an ineffective coordinator, an inactive RAG, a self-serving grantee and we could overlook all those things if they had done anything.

[Laughter.]

Finally, and I think that whoever has got the verbatim, I am not saying it any stronger than the review committee summarized it -- finally, we don't think this is worth preserving as a building block for whatever comes down the road in the way of health resource planning.

I think those were the conclusions they arrived at. Whether those lead to the recommendation is something else again. This was one of two regions which they did recommend

phasing out on the third morning when my group reconvened briefly. I, in effect, opened up Maryland and Nassau, since they had had a night to sleep on it, as well as looking at all the other actions taken and they decided not to reconsider or at least revise their recommendation of the earlier day on Maryland.

DR. WAMMOCK: I'm going to fool you today, very decidedly. This program was not approved by the review committee. Therefore, I concur. It is difficult to understand what they are trying to accomplish. It is not very well organized. Period and that is it.

[Laughter.]

SPEAKER: Motion.

SPEAKER: Make the motion.

DR. WAMMOCK: I move that we sustain the reviewers' comments that it not be approved as a solvent program.

SPEAKER: Second.

[The motion was made and seconded.]

MRS. SILSBEE: Dr. Watkins, you were the secondary reviewer.

DR. WATKINS: I concur.

MRS. SILSBEE: Now, this is a major step for this council.

SPEAKER: Sure is.

MRS. SILSBEE: Dr. Janeway.

DR. JANEWAY: Just one question. We are not dealing with a very great number of people at the moment. Is there any provision when something is phased out with regard to the people on board so that they are not cast adrift?

MRS. SILSBEE: That will be negotiated by the staff. The intent --

DR. JANEWAY: You know, because there is some kind of personal element in this and we have to think about it.

MR. PETERSON: It was made explicit, although no figure was arrived at that while they recommended phase-out and there was a zero figure, it was with the understanding that staff would need to negotiate if the council concurred to see how much money would be required for a timely but orderly phase-out. This involves considerations of how much funds do they have on hand that would remain unexpended as of June 30 and other considerations so while it shows as zero, the intent was not to preclude some negotiated award to permit the phase-out, again, if council should concur.

DR. WAMMOCK: They only described one project in here that I could find of any sort, I mean, that was in the --

MRS. SILSBEE: Well, Dr. Wammock, essentially this is more or less of a continuation application. There were other things. They are coming in with the July thing which has had -- been under development. I have to -- I was not present at the committee review. I have read the transcript

and I must say, from the standpoint of being responsible for the -- all the regions, that this region has not had the kind of staff work -- it was not gone to see whether the regional advisory -- there is a new chairman now. We don't really know, so in a sense, this region is being looked at in terms of the situation as it was a couple of years ago and we don't know whether it has been changed or not.

MR. PAHL: I'll make my comments off the record.

MRS. SILSBEE: Okay.

MRS. MARS: Well, is there any program there that could be taken over that would be worthwhile to be taken over by, say, Delaware, in order to supervise the phase-out of it, or --?

MRS. SILSBEE: I don't think in this particular situation that would be a very valid way because Greater Delaware Valley doesn't really extend. They have trouble enough with their area as covered.

SPEAKER: Question.

[The question was called for.]

MRS. SILSBEE: The motion has been made and seconded that the Maryland Regional Medical Program be phased out. While no dollar amount is recommended, it is understood in this motion that staff will negotiate to make sure that this is done in an orderly, judicious manner.

DR. WAMMOCK: That would be included in my motion.

MRS. MARS: How long will it take to phase it out?

MR. PAHL: Off the record, please.

[Brief off the record.]

MRS. SILSBEE: All in favor of the motion.

[There was a chorus of ayes.]

Opposed.

[There is no opposition and the motion is carried unanimously.]

The motion is carried.

MR. PAHL: Off the record, please.

[Brief off the record.]

DR. WAMMOCK: -- it would take, really, too long to describe and everything here, I can see nothing that sustains the continuation of that kind of project and I would compliment the staff on doing a very difficult situation [sic] because I recognize that when you phase out something, that is a blow, either above the belt or below the belt or around in general. I don't care what you want to call it.

MRS. MARS: Thank you, Dr. Wammock.

MRS. SILSBEE: Nassau-Suffolk is the next program that was a problem.

SPEAKER: I wonder if we could have the staff with us on this?

MRS. SILSBEE: The Nassau-Suffolk Regional Medical Program originally was part of New York Metro and then it broke off and became the Nassau-Suffolk Program. It had the

unique organizational pattern of having the executive director serve as both the coordinator of the Regional Medical Program and the director of the CHP B agency.

The staff was under this one man and the advisory councils and so forth were sort of intermeshed. That has been a problem for us.

Last year, they divorced. The B agency and the RMP went their separate ways and since the phase-out, the original coordinator, who was the -- kind of the man who developed the B RMP relationship has departed.

His deputy was coordinator for, oh, about six months. He left and we now have the third coordinator in the course of this year.

The region has not had its review process verified. There is still a problem with the by-laws for the Regional Advisory Group.

The reviewer for Nassau-Suffolk is Mr. Milliken.

REPORT OF MR. SEWALL O. MILLIKEN

NASSAU-SUFFOLK

MR. MILLIKEN: Well, I concur completely with the committee recommendations. I do have a problem. In looking through the material that was taped, I was trying to find some indication of what appropriate phase-out cost might be.

The closest I could come to a figure on that was \$240,000 but I do not find any documentation as to details on

that, so I am not sure how reliable that is.

MR. PETERSON: I don't think it is necessarily reliable, Sewall. It reflects, I think, some sort of a guesstimate but here again, I think the clear intent of the review committee was to leave to staff the termination from negotiation with Nassau-Suffolk, if the council should concur, what would be required in the way of additional funds.

Again, it is not only determining how much money is needed for a timely, orderly phase-out, but how much money would they have still on hand as of June 30 and I think, again, whether a quarter of a million dollars or \$150,000 -- that is something that would need to be worked out.

The figure was spun off, I believe, in the transcript, but I don't think anyone would hold to it because we have not really looked into it until the council takes action and that reflects final action rather than a review committee recommendation.

MR. MILLIKEN: Well, based on the same concept of the one we just deleted, it is my motion that we accept the committee recommendation and terminate this program.

[The motion was made.]

MRS. SILSBEE: Is there a second?

SPEAKER: Second.

[The motion was seconded.]

MRS. SILSBEE: The motion has been made and

seconded that Nassau-Suffolk Regional Medical Program be terminated. While no dollars are recommended, it is understood that staff will negotiate a figure that will allow for an orderly phase-out.

Is there any further discussion?

DR. HABER: Yes, I'd like --

MRS. SILSBEE: Dr. Haber.

DR. HABER: Will someone give me a reply to the question, if the RMP has not complied with the RAG grantee policy, in what respect has it not complied?

MRS. SILSBEE: Dr. Haber, the board of the grantee organization has -- it is on the regional advisory group in toto and we have been concerned about the dominance of that board.

Now, they have been sending in various changes in this and it is my understanding at the present time that the numbers of the board that are now on the RAG are somewhat fewer. There is a jurisdictional dispute between the grants management branch and the eastern operations branch as to whether they have completely complied.

Since that was just one issue in this whole application, I didn't think that it was a major thing at this point.

We have had the motion made and seconded to terminate the program with the full knowledge that money will

come forth for orderly phase-out.

All in favor?

[There was a chorus of ayes.]

Opposed.

[There was no opposition and the motion was carried unanimously.]

The motion is carried.

We do New York Metro next, Dr. Schreiner.

REPORT OF DR. GEORGE E. SCHREINER

NEW YORK METRO

DR. SCHREINER: Yes, this is a large --

MRS. SILSBEE: Oh, let the record show that Dr. Watkins will be out of the room.

DR. SCHREINER: I won't say anything until he leaves.

There were two reviewers, one who was in on the site visit and one working from the application. I reviewed the transcript and also the grant request here.

This was rated by the review committee as average. The projects were given a grade in the 40 percent range. I think this is a situation that is perhaps -- brings to mind something Mr. Rovell said yesterday and that is, we have to be careful not to be prejudiced too much by past performance.

New York, as you heard in the speech yesterday, is a very complex place with 10 million people, the medical

schools, 200 hospitals and there have been a number of conflicting wheels within wheels in terms of internal politics.

I think it is a remarkable achievement, actually, that in the past two years or so there has been a semblance of coordination and there has been some rallying around the new grantee and the new director and the RAG has been much more representative, as far as I can see.

Taking one program alone, which I happen to know very intimately and that is the transplant situation, there were 12 transplant units working in the city. I think there were, at one point, nine typing labs, three of whom were using totally different semantic systems. It was a real Tower of Babel and there still is a considerable competition in this area, even the Better Business Bureau got in the act to try to settle things with regard to transplants, I was told some time ago by one of the directors.

Now, the one that looks like it is going to survive, to me, is the one that is being sponsored by the Regional Medical Program associated with the Blood Bank.

Very recently it has come to my attention that there is still another competitor in the field trying to turn the Medicare Social Security reimbursement into a commercial enterprise so I think it is very important that we not let this little game go down the drain because there are a lot of hawks waiting on the fence, waiting to rush in if this is

not supported.

So I think that the committee request is -- I would normally consider -- I mean the review committee's request for \$2.5 million -- I would normally consider quite a fair and adequate allocation in relationship to the outlining of the projects but the two things that have happened recently, one is, Dr. Koontz arriving from California, who is one of the country's outstanding transplant surgeons, which really mobilized a good core of people around him and a very expanded program.

The other is that I suspect that they will probably be asked to pick up about \$96,000 in ongoing stuff from Nassau-Suffolk in the organ donor procurement programs that ties in, that they will be asked to pick up some of this, so I would, unless the staff has some strong objections, I would like to move that we up this to approximately \$2.9 million or even \$3 million. I would make a motion for \$3 million, for this area and believe that it will be well-spent and some of it will be allocated, it should be emphasized, to try to strengthen this transplant program, which looks like it is about ready to fly.

They did 250 transplants last year in the metropolitan area there so they would do 500 to 1,000 if it were adequately banked.

[The motion was made.]

MRS. SILSBEE: Mr. Milliken.

MR. MILLIKEN: I agree, concur.

[The motion was seconded.]

DR. JANEWAY: Is Koontz [inaudible.]

DR. SCHREINER: Yes. They had done -- just as an example, they had done no transplants -- well, they had done two transplants in four years before he came and he did 30 the first six months.

MR. MILLIKEN: I second the motion for \$3 million.

MR. PETERSON: I think there are a couple of things that ought to be, perhaps, laid on the table for the benefit of the others. Many of the projects in this request were for two years. Thus the request was a \$6 million-plus one but it reflected in large part sort of a two years of activity and I think the review committee's recommendation has to be seen in that light.

The second thing was, as Dr. Schreiner, I am sure is aware, and if you have glanced at the transcript -- the review committee, in making its particular recommendation, in effect said -- and I don't remember the exact words, but that given what had happened in the way or turnaround or the kind of health care jungle that New York City is, that certainly, looking at the July application or the council if additional funds proved to be available, that this was a region that they might well view more generously. I think that -- those are

I am sure Dr. Bauer of Mississippi was one of them, but I don't recall the other two.

MR. ZIZLAVSKY: [Inaudible.]

MRS. SILSBEE: We can't hear you up at this end.

MR. ZIZLAVSKY: All three of the kidney consultants ad hoc technical reviews were completed from out of state, provided the Nebraska RMP with negative comments. They allowed \$10,000 or \$15,000 flexibility.

MR. POSTA: Dr. Schreiner, consultation from staff here to the coordinator, we had recommended that he contact Dr. Flanigan in Arkansas to get three certified reviewers that had been approved by DRMP in the past. Dr. Bauer was one but I don't recall the other two.

DR. SCHREINER: Yes. The reason I am not really totally prepared to accept their evaluation because one of these individuals was very vocal and so evangelistic about home dialysis that he never approves anything that involves satellite dialysis anywhere in the country and in this kind of a situation where you have long distances involved between places and no real back-up, I am not really sure that everybody can be put on home dialysis and this was probably the basis for his comments.

The -- part of these areas have depended on Minnesota for back-up in their satellite dialysis and I sort of view this project as a beginning attempt to try to go it on

their own and get units in various areas that are quite rural and with quite a low population density. Therefore, I am going to move that it be approved in the \$950,000 level, putting back some of the -- the only project they criticized was that particular project and I'm putting back some of them.

[The motion was made.]

MRS. SILSBEE: The secondary reviewer on Nebraska was Mrs. Klein.

MRS. KLEIN: [Inaudible.]

MRS. SILSBEE: Could you speak into the microphone, please?

MRS. KLEIN: I couldn't find anything that I disagreed with in the committee's report and so I would concur.

MRS. SILSBEE: Would you second Dr. Schreiner's motion?

MRS. KLEIN: Yes.

[The motion was seconded.]

MRS. SILSBEE: Okay, then, the motion has been made and seconded that Nebraska's RMP application be funded at \$950,000.

Is there any further discussion?

[No discussion.]

All in favor.

[There was a chorus of ayes.]

Opposed.

[The motion was carried unanimously.]

The motion is carried.

REPORT BY DR. GEORGE E. SCHREINER

NORTH DAKOTA

DR. SCREINER: The next one is North Dakota, which was rated average and below average and given a rate of 75 percent.

The projects are interesting. I think that from a critics point of view, one could question some of the priorities which they have established but, nevertheless, they have established them and they are their priorities and they are going to do them, I am sure, well, and I think the people out there have impressed everybody with their general honesty and integrity so I think the committee's recommendation on this -- which was somewhat of a reduction in the requested amount of \$774 -- the committee reduced it to \$582 and I redid from the project and came up a couple of thousand dollars away on the basis of this report and I think that the committee's recommendation is just about on target here so I would approve the recommendation of the committee.

[The motion was made.]

MRS. SILSBEE: Mrs. Gordon.

MRS. GORDON: Second.

[The motion was seconded.]

MRS. SILSBEE: The motion has been made and

seconded that the North Dakota application be approved at the level of \$582,517.

Is there further discussion?

[No discussion.]

All in favor?

[There was a chorus of ayes.]

Opposed.

[The motion was carried unanimously.]

The motion is carried.

Susquehanna Valley?

REPORT BY DR. GEORGE E. SCHREINER

SUSQUEHANNA VALLEY

DR. SCHREINER: Susquehanna Valley is a real problem, although it wasn't on your problem list.

[Laughter.]

All of the programs -- the request or the recommendation for \$400,000 or suggestions [inaudible owing to side conversation in mikes] -- that I gather -- as I add up the program, the most you could get out of the programs would be \$96,000, so we -- the taxpayers are being asked to spend \$600,000 in order to administer \$96,000 program. I personally think this is immoral.

MRS. SILSBEE: Dr. Schreiner, did you see the memorandum that --

DR. SCHREINER: Yes.

MRS. SILSBEE: -- the July application.

DR. SCHREINER: It didn't impress me.

MRS. SILSBEE: Well, I didn't expect it to impress you, but I do think, in terms of the way in -- I think the background of this region is, it is a cautious region and the fact that they could very well have just taken off a lot of their projects that they were all ready to go with a year ago and sent them in in this application so that you would see more activity per staff -- but they chose to go back through the whole process again and reevaluate them and for that reason we don't see the program part of this region.

DR. SCHREINER: Well, everybody knows the RMP has a short prospective life and it seems to me that they are so unrealistic that they don't realize that one of the reasons RMP has been in trouble is the amount of money spent for staff in relationship to programs and to start all over again to build a great big staff without any programs at all, it seems to me that the normal direction would have been to go out and scratch for some low-budget programs.

If you can twist my arm a little bit, I might be willing to give them \$200,000 but there is a lot of sentiment on the council. I personally think we ought to seriously consider discontinuing it.

MRS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I would like to inquire if historically

this particular program had utilized staff effort heavily or whether they founded independent outside agencies, institutions, et cetera?

MRS. SILSBEE: Jerry.

MR. SHOLOV: Yes. I believe -- you were asking whether they were using the money for force studies? There is only one force study in the application in front of us for a unified health plan in this application.

SPEAKER: He didn't understand.

MRS. FLOOD: Well, yes, there are many programs, RMP's, that use heavy staff to actually carry on programs or projects throughout the state, rather than -- and carry them as core staff functions to provide full projects in the core staff base and I just needed to know if this is their traditional format? Otherwise, I would have to agree with the doctor that this is a heavy investment in staff just to monitor some projects that they hope to, you know, send to us in the July review.

MR. SHOLOV: May I just comment that the only investment that they have in the current staffing project is funding a B agency directly and, again, they only asked for \$50,000 for one unified planning staff and this application is what you see in front of you.

MRS. SILSBEE: But, Mrs. Flood, traditionally, it is a mixture of staff and project activities. The 14 people

now on board have just come on board. They had three up until recently.

DR. SCHREINER: Yes, the total project, outside of program staff on the yellow sheet only add up to about \$6,000. The July projects that we know about are such things as the Fulton County Public Health Nursing Service, the Huntington County Home Service, the Center County Home Service, the North Penn Home Health Agency. It sounds to me pretty much like county health-type projects.

There is one for consumer health education program and there is a dental program which is \$81,000 with the \$16,00 in direct costs.

It just sounds like an enormous build-up of staff for a very, very thin program and I am not very enthusiastic about it.

MRS. SILSBEE: Do you have a motion that you wanted to make?

DR. SCHREINER: Well, I'd like to -- I would either move for \$200,000 or move for zero and a phase-out and I was trying to see if there was any strong sentiment on the council or staff for phasing out.

MRS. SILSBEE: Dr. Wammock.

DR. WAMMOCK: I read this several times and I can't solve the problem and I concur in the fact that the budget here for staff was extremely large and that sort of turned me off, I am sorry to say, right then, although I did

leaf through it. If you want to take into consideration the location of the Susquehanna Valley and what their medical needs are, they are not available to them like they are in some of the other areas.

Now, I think that, certainly, some consideration must be given to whether -- what will stimulate them to activity and I would say this would be a token, whatever we do with \$200,000 or \$300,000 will stimulate them to what they could do for that particular area and perhaps that is what we might do here but, in essence, it is really a poor program and I have one of two choices -- to give them something or just wipe it out. I would be more inclined to show a little bit more compassion by giving them some stimulus under the circumstances.

DR. SCHREINER: In that case, I'll move for \$200,000.

[The motion was made.]

MRS. SILSBEE: Is there a second?

DR. WAMMOCK: I'll second it.

[The motion was seconded.]

MRS. SILSBEE: Mr. Stolov.

MR. STOLOV: Mrs. Silsbee referred to a memo given to Dr. Schreiner on the reading of the Susquehanna grantee RAG chairman and coordinator we had with us. My only point, did everyone at council hear this? It was brought up in this

meeting that the committee's concern was exactly that of council's and that is why they did meet with us. We did discuss this with them and that is in the memo. My only addition to the factual on this is that they do have 14 people on board now and they came on-board as a recruitment by the newly-appointed coordinator and some of these people are already experienced in RMP and the \$200,000 recommendation made was for a reduction of staff at this point and that is my only point right now.

MRS. SILSBEE: The motion has been made and seconded that this region be -- its application be funded at \$200,000.

Is there further discussion?

MR. CHAMBLISS: I would simply, in an effort to make sure that the council is aware that this region has been advised about the level of staffing. I would simply want to reendorse what Mr. Strolov has said. We have had a very recent conference with the leadership of that program and I share with him the view that if the level of funding as is now before us -- is now on the floor -- that level is accepted, that it would probably cut into the existing staff that that region has.

I do feel that part of this was taken into account by the review committee when it reviewed the application.

MRS. MARS: Are you saying, Mr. Chambliss, that

if this is cut to \$200,000 that, really, there won't be enough staff left to stimulate any type of program?

MR. CHAMBLISS: I do, because we did admonish that region early on that they were too low of staff. We have a specific letter in the files saying, build up the staff. That was right after phase-out.

And they built it up and I must admit, with you, that they have gone beyond that, but I think what I see the council is considering now may get them back actually to where they were when we advised them early on that they should increase the staff.

Now, I do this only -- only so that council may have before it as many facts as we have here on staff.

DR. SCHREINER: Now, I appreciate what you are saying. I think this would be a real concern, for example, if we were looking ahead to three years of project development, but I think you have to ask the question, build up staff for what? I mean, there has got to be a program that goes along with that build-up and in this case I can't find the program.

MRS. SILSBEE: Well, that is because the program is going to be primarily contained in the July application.

Dr. Janeway.

DR. SCHREINER: It is not that impressive in the July -- I've seen the July projects and they don't require 14 people, you know, for a county nursing service, a home

health nursing service to sponsor does not require all that staff monitor strength.

MRS. SILSBEE: Dr. Janeway.

MR. CHAMBLISS: I am very sorry, and I apologize for interrupting. If I may just further illuminate this council, in a letter we sent to that region, we even suggested that they go out and get former RMP staff members and bring them on to augment the staff and we further suggested that it might be worthwhile to bring on three to four part-time physicians.

Now, that was a region that was operated without M.D. staff -- M.D. on staff. So I can report to you that they did go out and employ three part-time physicians as we had recommended and they are now on staff and I believe that what you are now considering may wipe out the staff that they already have on duty.

MRS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I feel strongly that this particular region has been victim to what we frequently on a site visit call the "yo-yo effect," and quite markedly. Apparently they took quite seriously their phase-out instructions and then were reticent to tool back up because of what you have described as a conservatism of the region and now are following what they interpret as a directive from DRMP. But if we can have some insight as to what their core personnel budget is today, with the existing staff that they have on board now.

Can Mr. Stolov shed any light on this?

MRS. SILSBEE: I just did a calculation the other day, in terms of even the committee recommendations. It is, in salaries alone, about \$189,000 on an annual basis. That doesn't allow anything for projects, rent, telephone, travel for the council -- the regional advisory group or any of the committees.

MRS. FLOOD: Then I would have to add my voice to the expressions of concern of Mr. Chambliss and Mr. Stolov now before us, that with a \$200,000 funding level, we would, indeed, then, be better off telling them to close up shop because, in essence, we are doing that. We are criticizing them for lack of programs that is broad in scope and has sufficient projects in it and then on the other hand, we will turn around and cause to discharge recently-acquired personnel and the first to go will be the high-priced part-time docs and they will not gain any, you know, impact on developing programs.

MRS. SILSBEE: Dr. Wammock.

DR. WAMMOCK: They have a total of 26 staff and 11 vacancies here that need to be filled.

MRS. SILSBEE: The \$189 was of the staff that is now on duty.

DR. WAMMOCK: Yes. Now, the other thing is this. I read this thing through very carefully and I said that the

original budget of \$700,000 when the staff is \$322,000 was too far and the statement was made, a description of the project that it is perhaps the most outstanding achievement of the SVRP over the last few years has been its grassroots involvement and that is where it is, it is grassroots level.

Apparently they have made some progress in primary care units. They have provided a neighborhood health center for some 1,200 blacks -- 12,000 blacks, according to this report in here.

Apparently, they have not made an adequate survey of their needs in their particular area and also as related to the total program of the State of Pennsylvania. Their endeavor to develop manpower for the primary health care in and rural areas, provision of information on existing services in rural areas, consumer education and use of services and et cetera.

Their endeavor to increase manpower availability for the primary health care in underserved urban areas, accessibility and so on.

They put some emphasis on heart disease and nothing that I can see is related to stroke, renal disease or cancer. This program, it seems, is not well-designed. That is the substance of it here. But if you pull it down to \$200,000, that will completely wipe it out, I believe. That is nothing for a group of people in that area there. I don't know,

somewhere I have the population of that area. Here it is here -

MR. STOLOV: 2.3 million, 27,000.

DR. WAMMOCK: How many?

SPEAKER: 5.23 million.

DR. SCHREINER: I think you have made some good points. I would be inclined to change my motion to \$300,000, which I think will give them a warning that their job is not to build staff. I'm afraid they have been told to build staff and not to build programs and -- or at least they have not heard the admonition to build programs.

I think if we do this, they can come back in in July with projects and we can look at them fresh and at least it will be enough to keep the thing alive, so I'll amend my motion and change it to \$300,000.

[The motion was amended.]

MRS. SILSBEE: Will the seconder, Dr. Wammock --

DR. WAMMOCK: I'll second that motion.

[The motion was seconded.]

MRS. SILSBEE: The motion has been made and seconded that the Susquehanna Valley RMP be funded at \$300,000, that the application be approved at that level.

Is there further discussion?

MRS. MARS: Could we put an amendment on that that not all the \$300,000 be used just for staff, but that programming be included?

SPEAKER: That won't be necessary.

MRS. SILSBEE: I think that will be taken care of in terms of the advice.

Is there further discussion?

SPEAKER: I call for the question.

MRS. SILSBEE: All in favor?

[There was a chorus of ayes.]

Opposed.

MRS. FLOOD: Nay.

[The motion was carried.]

MRS. SILSBEE: One opposed. The motion is carried.

Now, I have an announcement for the staff. There are going to be sandwiches brought in for the council members and if any of the staff wants to get their order in, Mrs. Handle is right over there and it has to be done right away.

Do you want to take a --

SEVERAL VOICES: Yes.

[Laughter.]

MRS. SILSBEE: All right, ten minutes.

[Brief recess.]

MRS. SILSBEE: Dr. Haber has two I would like to have discussed before he has to leave. Memphis.

REPORT OF DR. PAUL A. HABER

MEMPHIS

DR. HABER: The reason for wanting discussion of Memphis was that I'd like some elaboration of this problem of the escrow funds. In general, I heartily concur with the ad hoc committee's recommendations. I think that the project is well-conceived. The staff is vigorous. The comment was made that this group did not consider the future bleak and I guess one of the consultants said they seemed to be suffering from unfounded euphoria. Maybe that is another word for failure.

[Laughter.]

But I think that the individual projects looked very impressive to me and I was pleased with the relationship with the CAP and with the establishment of their regional advisory group, well-staffed, competent people, highly interested. I will have a couple of words to say about some of the individual projects but one of the disturbing things that came out in the ad hoc committee's review was the disclosure that some \$800,000 is being held in escrow in two projects, I believe -- one of \$300,000, one of \$500,000 for an umbrella trusteeship which is euphemism for something.

[Laughter.]

I don't know what. Would somebody enlighten me on that?

DR. WAMMOCK: What's that word you used?

DR. HABER: Huh?

DR. WAMMOCK: What's that word you used, euphemism?

DR. HABER: Yes, it's a euphemism something. I don't know. Maybe it's that hole in the mattress they talk about.

MR. VAN WINKLE: No, I don't think so. This is another example of what you discussed yesterday on a couple of projects. It really isn't any different. They have set forth these thrusts that they wanted to carry out. They don't have them -- the individual activities before you at this time. They will have at a later date. They will be coming in with those. If these funds are allowed and the review committee had decided that at that point in time they could look at them. They didn't have sufficient information to consider them and that was the basis for their reduction.

DR. HABER: I think that is fair. Let me comment on some of these. There is one project, C008 for analysis hypertension which I think is good. A couple of activities smack of public health concerns. One of them on the trends for registering of vital statistics. That seems to me to be kind of not entirely new and innovative and clearly a function of the public health officer or commission.

MR. VAN WINKLE: Is that 13?

DR. HABER: Yes. And I would say the same thing is

on 33, improving the quality of the death statistics without, I think, going through the business of this, apparently they said it would be a single individual's project.

On the other hand, some of these activities are, I think, very exciting, health services education activities, the 021, the high-risk for infants with the special intensive care unit for the infants. I think that is really great. Some of that stuff gets funded at NICHD but as a planning activity, I think that is great. And the post graduate intensive care and the hypertension control I would certainly agree with.

One thing that bothers me is that 052 , multiphasic screening evaluation -- it seems to me that has been done and redone and reredone and there ought to be some general rules that are known by this time where we don't have to keep plowing that ground over and over again.

The project 056 for the neighborhood health counselors, expanding the nursing role I think was good and 057, the Yalobusha Grenada Leflore chronic disease detection center sounds very good to me.

So I would move concurrence with the committee's recommendation for funding at that level described by them.

[The motion was made.]

MRS. SILSBEE: The motion has been made and seconded that the Memphis RHP application be approved at

\$2,600,000. Is there any further discussion?

[No discussion.]

All in favor say aye.

[There was a chorus of ayes.]

Opposed?

[There was no opposition and the motion was carried unanimously.]

The motion is carried.

All right, West Virginia.

REPORT BY DR. PAUL A. HABER

WEST VIRGINIA

DR. HABER: West Virginia was a delight to review because everybody was universally approving of it. One can only envy them their relative paucity of resources, I suppose because in total darkness, a candle looks awful bright, but apparently this group has been very highly motivated, has worked very well, has brought additional interest and money into the state. There seems to be, as the reviewer, great concurrence of the effort on all levels of the state, the medical school, the governor's office, the local boards, RAG. Out VA director of the VA Hospital Board is a member of the regional advisory group and everybody is very complimentary of them and I do not dissent from that.

I would move that they be approved at the present amount of \$663,132.

MRS. SILSBEE: Dr. Janeway.

DR. JANEWAY: I will recommend approval but I would just mention in passing -- thought I'll second the motion -- that the distribution on the program basis between staff cost to program cost is quite similar to the situation that existed in the Susquehanna Valley. But I find nothing wrong with this.

I second the motion.

[The motion was seconded.]

MRS. SILSBEE: The motion has been made and seconded that the West Virginia application be approved at the requested level of \$663,132.

Is there further discussion?

DR. WAMNOCK: You are talking about the salary here. The request was for \$3,085,000. Has it been recommended?

SEVERAL VOICES: No, you're in the wrong state.

MRS. SILSBEE: We are in West Virginia now.

Is there further discussion?

[No further discussion.]

All in favor, say aye.

[There was a chorus of ayes.]

Opposed?

[There was no opposition and the motion was carried unanimously.]

The motion is carried.

We'll go back -- pardon?

MRS. MORGAN: We never did get to Texas.

MRS. SILSBEE: Okay, we'll go back to our problem areas. Or at least, we'll relook at the committee recommendations and let the record show that Mrs. Flood is out of the room for the Texas application.

Mrs. Morgan.

REPORT OF MR. MICHAEL POSTA

TEXAS

MRS. MORGAN: Mike is going to give it.

MRS. SILSBEE: Mike, do you want to give an introduction to Texas?

MR. POSTA: Well, I have a real long one here, but I'll try to keep it short. Let me just proceed as quickly as possible.

Texas did submit a unique request of \$2,333,551 but the real problem, as the reviewer saw it, was that approximately \$1.4 million of the request calls for a series of open-ended contracts which would concentrate in the implementation of five programmatic areas, RFP's, and that is, request for proposals for future contracts were submitted to the various consumer provider organizations throughout the state.

On the day of the ad hoc panel review, those

reviewers were notified by telegram that 62 applications responded to -- responding to those RFP's had been received by the Texas Regional Medical Program. The total amount of the responses totaled \$6.2 million.

In the same telegram to the regional advisory group, they requested the review committee to approve the Texas program in the sum of approximately \$1.4 for the implementation of the contracts to be reviewed by the June 28th regional advisory group.

Considerable debate took place during the ad hoc group and they decided that they, in all due conscience, could not approve open-ended application of this sort without seeing the specific 15's and 16's on each.

Now, we have been notified just this morning in two of the programmatic areas that the RAG has been meeting this week and, for instance in the area of the manpower thrust, 18 contracts had been received. The consultant RAG members and staff have selected eight of those, of which five to six will be funded and they range in the neighborhood of close to \$400,000.

The access committee, which was another programmatic thrust, received 14 contracts and it had selected seven and together those seven people about \$520,000.

I think that the question before the council as recommended by the review committee is to allow the review

committee that meets on July 17th and 18th to take a look specifically at the contracts and the forms sent in with budgets so that they, in turn, could approve them in order for the contracts to start as quickly as possible.

If you did not approve that, this council, meeting in August, would have to approve them and it would probably be September at least before these contracts could be initiated. Their track record in the past, through evaluation, is that the longer the contract has been funded, the better the staff is in carrying out the particular program.

MRS. SILSBEE: Mrs. Morgan.

MRS. MORGAN: I site-visited Texas on, oh, 18 months ago, something like that. At that time, Dr. McCall was the coordinator. Very ambitious, exciting person to know, really.

Dave Ferguson, who is now the present coordinator, was his deputy and had been his deputy for some time.

Texas has many problems. In the first place, it is a huge area. In the phase-out, it closed down many of its subregional areas. As a matter of fact, Maria Flood was the subregional director of the El Paso area.

In doing this, I think they centralized their area into Austin, which makes it just about impossible to cover the entire state from Austin, right now.

They have had many problems since RMP started in Texas. It started in the Houston area, where it was

concentrated with about seven, eight medical schools right in that area and I believe now Texas has something like 10 medical schools to work with.

There has been a problem with the RAG. In fact, they did not have minorities on it, et cetera. They have attempted to correct this all along. It has been questionable as to how much went into their attempt to correct it, but they have tried.

I believe at the present time the RAG is very active. Dr. Eastman is still the RAG chairman. He is enthusiastic about the RMP and does do a fine job. I believe, in fact, that they have not the minorities we'd like on it and whatnot, is immaterial at the present time with only a year to work on it. They could put all the minorities on it in the world and it is not going to change the fact that they have only got a year to work on it.

The biggest problem I see is in their request for proposals and all their work in Texas is really done by contracts. We do have a record here. The current status is, well, they received all contract proposals, I believe, according to this, which means they have got plenty of people who are willing to do it under contract proposal. The whole thing is, we do not have their proposal.

I recommend that committee's recommendation of \$1,100,000 be approved at this time with the idea that these

contracts can be approved at the review cycle and let at that time, prior to the August council.

MRS. SILSBEE: Would you like to reword that in terms of the maximum that you would approve and then the balance of the pending review committee approval?

MRS. MORGAN: And then \$1.3 million for the sake of argument could be approved if all of these contracts are approved at the present time. It is \$1,298,599 were what they were asking for contracts and there would not be -- there was not -- if we had approved the \$2,333,551, there would not have been an application in July for any more funding at all.

MRS. SILSBEE: So, is your motion approved at the \$2,33,551 level with delegating to the review committee the approval of \$1,298,599 for contracts once the specifics are available?

MRS. MORGAN: Right. They are 15's and 16's.

[The motion was made.]

MRS. SILSBEE: Dr. Schreiner was the secondary reviewer here. Does anyone on the -- this motion has been made. Is there a second?

SPEAKER: Second.

MRS. SILSBEE: Any discussion? Mrs. Martinez.

MRS. MARTINEZ: Yes. I'd like to suggest that no matter how short the year is and no matter what the level of funding is, that we make a successful effort to [inaudible] RAC

because, especially in Texas, I don't think there is any excuse for that.

SPEAKER: Say that again?

DR. JANEWAY: I don't want to be obstreperous, but I think that that motion subverts the intent of the review committee. Their major complaint was that it was open-ended. Now, it seems to me that one either gives the authority to the RMP to grant these without further review or if grants at the level that is recommended by the review committee and forces them to bring a flushed-out plan in contract proposals to the council for review committee consideration and then cancels consideration in August and does it in two steps, or that you just say, okay, regardless of what the review committee said, we know you are a good outfit, even though it rated average to below average and we said, go ahead and we'll review them after the fact, after you have already obligated the funds.

Now, maybe there is a technical way to do it or an administrative way to do it, and if so, I'd like to be enlightened.

MR. POSTA: My only retort. I don't think I'll zero in specifically on your comment, is that the review committee considered this region to be a good one, triennial status, developmental component in the past, good, capable staff. The grantee was changed in December, 1972 to a private, nonprofit organization and the regional advisory group at that

time advised the regional staff to pursue the contract route and that is what they have done for the last year and a half and the whole purpose, I think, here is to get these contracts going as soon as possible.

I don't think the review committee had any intentions to usurp the council that meets again and I am not, again, saying that I am specifically answering your concern.

I would say this and I might be out of order and the chair can rule me out. I do think that several other applications that you have reviewed today did have, in essence, openended contracts but they were not in -- not nearly the size of this Texas application and that is why the reviewers put their foot down and said no on this particular issue.

MRS. SILSBEE: Dr. Janeway, it seems to me that Mrs. Morgan's motion doesn't take away the review committee's responsibilities, in essence. It would be approval at the requested level with that \$1,298,000 conditional -- not to be released until the review committee looked at the 15's and 16's that made up that balance, specific information.

DR. JANEWAY: Well, if that is the intent of the motion, I am less unhappy with it.

MR. POSTA: Well, let me say my understanding --

DR. JANEWAY: I wasn't worried about anybody usurping the council. I'm worried about the council going in

there and saying to a review committee, we are going to fund them 100 percent anyway and you have got to look at it --

MRS. MORGAN: No, no --

if

MR. PAHL: I think that/the motion, perhaps, was made in such a way that the council recommended \$2,333,551 with the delegation of authority to the review committee to exercise its discretion within that ceiling funding level following the receipt of information, I think this would accomplish what you want and save the Texas program a few weeks time, if you feel you wish to delegate that authority to them within that funding level.

MRS. SILSBEE: Mr. Peterson.

MR. PETERSON: Am I reading something wrong, or is it perhaps misphrased, I thought, from looking at the green sheet several times, the figure 1298 has been evoked. That is additional money they would be coming in for, is it not?

MRS. MORGAN: No, sir, it is not.

MRS. SILSBEE: Texas had opted to come in with one application in this time and that \$1 million represents the difference between the 1.1 and the requested amount.

MR. PETERSON: I see.

MRS. SILSBEE: Okay, let me restate the motion now so we know what we are talking about.

The council moves to approve the Texas application up to the amount of \$2,333,551 delegating to the committee the

approval of the balance for the contracts with 15's to 16's to come in in July.

Is that clear?

Is there further discussion?

MRS. MORGAN: Just a note. There is a letter from Dave Ferguson that they will have all their 15's and 16's available July 10th.

MRS. SILSBEE: Further discussion?

[No further discussion.]

All in favor.

[There was a chorus of ayes.]

Opposed.

[There are three nays.]

MRS. SILSBEE: Maybe we had better raise hands.

All in favor.

[There is a show of hands.]

Opposed.

[There is a small show of hands. The motion is carried.]

Three opposed. The ayes have it. The motion is carried.

Now, Wisconsin is next. Mr. Van Winkle, did you want to give a brief overview here?

MR. VAN WINKLE: Very brief.

REPORT OF MR. VAN WINKLE.

WISCONSIN

MR. VAN WINKLE: The reviewers felt that this region had had a very illustrious past history but they certainly felt that they are in a crisis of leadership at the present time. Their current coordinator was the-- was previously the evaluator on this program.

The reviewers found little evidence that the RAG had accomplished much during the past year, although their past performance has been quite good. Their CHP relationships, as in the past, are still good. Their overall objectives and priorities are extremely vague.

Both staff and committee felt that this proposal was a series of poorly conceived, fragmented project activities some very researchy in nature, others, such as the major push in mental health, not in keeping with the usual DRMP goals. Or, I would say, with Wisconsin's goals and we weren't too sure that this was appropriate for funding and except for the evidence of past performance, there is little evaluation of what is currently going on in the region.

In looking at the large variety of new activities that they came in with, if you have the application, you will note that they are basically centered around the University of Wisconsin and Marquette University. They don't seem to get outside of Madison and Milwaukee and they just seem to be

pulled together, put in a book and sent forward.

MRS. SILSBEE: Mr. Hiroto.

MR. HIROTO: It is apparent that this RMPS is having difficulty realigning themselves with their new leadership and the RAG is somewhat weak in creating the leadership necessary to create the proper point of view and attitude for it. It seems to me that the committee's recommendation is really a stab at a number hopefully coming up with something that is reasonable for what has been going on and to provide them with that support and, hopefully, that they will be able to come up with a clearer program in the next cycle. I just got that out of a conversation.

MRS. SILSBEE: Reading transcripts?

MR. HIROTO: Yes.

MRS. SILSBEE: Mr. Milliken, did you have any comments about Wisconsin?

MR. MILLIKEN: Only that I agree with the committee's recommendation.

MRS. SILSBEE: Is there a motion?

MR. HIROTO: I move that the recommendation of \$2 million be accepted by the council.

MR. MILLIKEN: Second.

[The motion was made and seconded.]

MRS. SILSBEE: The motion has been made and

seconded that the Wisconsin RMP application be funded at the \$2 million level. Is there further discussion?

[No discussion.]

All in favor?

[There was a chorus of ayes.]

Opposed?

[There was no opposition and the motion was carried unanimously.]

DR. JANEWAY: Madame Chairperson, could I ask a question off the record?

MRS. SILSBEE: Yes.

[Brief off the record.]

MRS. SILSBEE: All right, we have got Dr. Janeway all cleared up now.

There is one region that was site-visited and I wondered if Maria Elena, if you didn't feel you wanted to hold as many of the committee here to hear your recommendation?

MRS. FLOOD: If it would be feasible.

MRS. SILSBEE: So I didn't have it listed in this memorandum, but because there was a site visit, it was obvious they did have concerns and the site visit was on Monday and Tuesday and Dr. William Thurman, Dr. James Musser and Mrs. Maria Elena Flood were the site visitors, along with Mr. Stolov and Mr. Nash.

Now, we have copies of the hastily-prepared site

visit report and Mes. Leventhal will distribute them to the council.

REPORT OF MRS. MARIA ELENA FLOOD

TRI-STATE

MRS. FLOOD: Yes, I think it would be of help to the members of the council to have copies of the site visit report.

I might comment that the committee has some problems with this application, as you can see by the recommended funding level that they suggested to us and their concerns were deep-seated enough that not only were they concerned about the funding level, but they were concerned that there was perhaps inability to truly interpret what Tri-State was attempting to address in their applications and, therefore, there was a reservation made for a site visit if it could be launched prior to council meeting.

With that relative short notice to both putting together a site visit team and the burden it placed on staff and also, I suppose, the burden that it probably placed on Tri-State, this visit was undertaken on Monday and Tuesday of this week.

As Mrs. Sislbee pointed out, the visit team was chaired by Dr. William Thurman and Dr. Mark J. Musser and myself comprised the other two members. We were also accompanied by Mr. Nash and Mr. Stolov and a representative

from the regional office in Boston, Daniel DeMates.

There was outstanding attendance at the session of the site visit and listed on the site visit report you will see the people that appeared.

In the report, I would like to cover the Tri-State region in a two-part approach and I might make a note that there is no New Hampshire component, either in our review nor in the present application before us for consideration. The New Hampshire component, along with other applications for project proposals, will be submitted for the next review cycle.

The Rhode Island segment of the site visit was primarily to evaluate two very expensive projects and both of these caused concern at committee level and not all questions were answered by the documents before them so we addressed ourselves primarily to these two high-cost projects.

One is called the RIHSEC and that is a term given to the Rhode Island Health Science Education Center and this is [inaudible] type of a project.

The request in the program's proposal is for funding to include monies for Fiscal '76 and this raised some flak.

There had been intention also that there was a large amount of unexpended funds available to this particular project at the close of Fiscal '74 but upon request, we obtained information regarding their present unexpended funds

for RIHSEC project and where information had reached the RMP that there might be in the neighborhood of \$300,000 available to RIHSEC unexpended at the completion of the second year of their funding -- they were originally funded, I might point out, for close to \$600,000, \$598,000 -- we have received reports, documented, that they only have an unexpended balance of \$14,953.

Now, we try to ascertain why there seems to be this large a discrepancy and we feel strongly that it was a lack of reporting mechanism from RIHSEC to Tri-State and the information received at DRMP was from the Tri-State Regional Office and there had been some recent encounters, as our site visit report says, from questionably effective -- or I think I could use the word, mediocre -- studies in the last 90 days and they were \$39,000 to the Rhode Island Health Services Research, Incorporated and \$9,000 to the Rhode Island Medical Association for a component part of the consumer education program.

DR. WAMMOCK: Huh?

MRS. FLOOD: Yes, sir. The area health education activity in Rhode Island had entered into a contract with the Rhode Island Medical Society in the amount of \$9,000.

DR. WAMMOCK: For what?

MRS. FLOOD: For a continuing education segment.

DR. WAMMOCK: [Inaudible.]

MRS. FLOOD: I might say that one of the problems with the RIHSEC development had, in the leadership of RIHSEC, there was, at its head, a particular person who, because also of what we term the "yo-yo effect" of stability of funding, had been ineffective in gaining the stability for RIHSEC's development that had been expected of him. Frankly, little was done in the first two years of this operation and the responsibility rested with the board of directors of RIHSEC and they still had not fully addressed this.

Rather than discharge a weak director when they became aware that they were way behind, sponsors of this particular project, they relegated him to a secondary role and he is still on board. The on-site visit report and, hopefully, the advice letter to them will recommend that some remedial action be taken very quickly.

The decision to replace the director of RIHSEC was made in November of '73 and only in May of '74 did they find a replacement for him but they did, as I say, keep him on in a secondary role.

The new director of RIHSEC is a very capable individual with knowledgeability of both regional medical program activities and the concepts of an area health education center. He seems to have rapport with the leadership in the State of Rhode Island. He is recognized and respected in all of the different associated with the hospital

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association. We had representation of the medical association. All of them hang all their hopes on the individual, Robert Laughton, who is not an unknown name to the RFPA or RMPA and had been at one time the deputy coordinator of Tri-State RMP.

In the very short time that he has been there, it is evident that he does not intend to reflect the same pattern of inactivity of the RIHSEC project as had been the history for the past 21 months before his arrival.

Now, the site visitors had to take this Tri-State visit in two segments and to address myself to the RIHSEC segment of their proposal, the visitors felt that they should be approved for the continuation funding of RIHSEC for Fiscal '75 at their previously agreed-upon budget level, but approved at a level of only -- let's see -- \$100,000. Is that correct, Mr. Stolov?

MR. STOLOV: Yes, \$100,000.

MRS. FLOOD: For the fourth year of funding for RIHSEC, Fiscal '76. This would force the RIHSEC Board of Trustees to face the realisms that they must become a self-supporting entity and that the participating institutions and agencies would also support the same positions.

We did also state that we would require that the progress report of the RIHSEC activities be submitted at the end of the six months' period -- December 30th of '74.

There seems to be a great deal of hope in Rhode

Island that with the new leadership, that this project will indeed reach the goal that it had been charged to reach.

Therefore, we were in support of its continuation funding but with the limitation for the fourth year.

Now, the next project for Rhode Island's segment of Tri-State was a rather interesting one and I think I used the word yesterday -- and there is no way to express it except to call it blatantly political.

This project was based -- and the project proposer --

MR. PAHL: Maria Elena, perhaps before you go on, we have been handed a table, a budget table on RIHSEC and so forth and it has a question and if you would just make that a part of your presentation?

MRS. FLOOD: All right. Is the form that I have the same one that you received?

MR. PAHL: Oh, I guess we were just given our copy of what has been handed to you.

MRS. FLOOD: Well, they gave us a print-out of this Rhode Island and then we found a mathematical error.

[Laughter.]

MRS. FLOOD: In addition. So, apparently, then, he mailed the corrected copies in to the RMP.

MR. PAHL: Okay, thank you.

MR. FLOOD: Now, if I may go on to the next one,

the title of this particular project is called, "Planning for Health Services in a Time of Economic Transition" and the applicant is the Governor of Rhode Island, the Honorable Phillip Noel.

Now, this was a relatively interesting approach and we pressed very hard for the rationale behind having this project based in the Governor's office and there are some particularly interesting aspects to Rhode Island at this time with the closing of the naval facilities at Quonset Point and Newport -- I think. There has been a tremendous economic impact on the community.

The application is actually a little behind times in its request because it proposes to do an analysis of what impact these shut-downs will have on the health delivery system in one segment, and that is after the fact because those particular facilities have closed down and the impact is already there.

But the second segment of the proposal was to address the impact that the Governor's drive and his whole Bureau of Economic Development, or whatever you want to call it, has undertaken to bring new industry into the Quonset area and develop the entire area into an industrial complex and anticipating already having gotten some obligations from some industry and also major insurance companies to move its major offices there, they will have an impact, they estimate,

of about 50,000 employment -- or rather, families coming in from the employment, 50,000 persons as the result of the families employed in these two new attracted industries to this area.

This does, indeed, present some problems for the health care delivery system of Rhode Island. We question severely that the planning for this project proposal in Rhode Island had been done by the Governor for the people of Rhode Island and not with the people of Rhode Island and there shows obvious lack of understanding by representatives from the Governor's office as to the realisms of the health delivery system, the capability of the health professional associations and societies to participate in meaningful planning endeavor of this type and analysis of the needs.

The Tri-State RMP has been urged to carefully monitor this particular project to assure that these component parts are included in the Governor's office.

It gave a feeling that the Governor was really just trying to develop a staff capability in his office for future economic planning and analysis and using health care as one of the keys for it.

Nonetheless, we again approved the concept of funding this at the discretionary level that the Tri-State RMP placed on the application and I might point out that even though it is at a \$250,000 price tag at this time, the

the original application to Tri-State was \$472,000 and the Rhode Island RAG -- they have sub-RAGs for each state -- cut the project funding to that level.

There is a desperate need in Rhode Island for this type of activity. The question arose as to why hasn't a comprehensive health planning agency perhaps addressed this long ago were easily answered by a totally ineffective comprehensive health planning agency. There is only the A agency for this state. There are no B agencies either seated in the state health department and the Governor's proposal showed a stark lack of knowledge as to available data and statistical information.

The state health department, indeed, has excellent information and could be utilized if their original proposal was going to generate all of this information. They wanted to do impacts on heart disease because of the stress and strain and ulcers of having no jobs or being insecure about one's job which, of course, there was some information already and by staff of DRMP here -- Mr. Stolov and Mr. Nash's able assistance in garnering documentations and I believe Mr. Stolov contacted in the short time from committee to site visit something like 17 different departments and agencies to gather data and information that could have been utilized for the preliminary stages of such an analysis. He got stuff from the Navy Department, Department of Labor, of many,

many segments of HRA and this bibliography was provided to Mr. Kevin McKenna, a very angry young man who is an administrative assistant to the Governor in charge of this particular proposal.

Still, there was a rallying of support for the need of this by the community leadership of Rhode Island and the Rhode Island Regional Advisory Group had given this project its approval at the reduced funding level and we will [be] in concurrence to continue the funds and potential for this project.

Now, if there are no questions about the Rhode Island segment, I will transfer to the --

DR. WAMMOCK: Now, this is the Governor's idea, is that right, because of the phasing out of a project there, of closing up and bringing in new industry and he thinks they are going to have some 50,000 people and he doesn't know what they are going to do as far as their pulse and respiration are concerned?

[Laughter.]

MRS. FLOOD: That is correct, Dr. Wammock. Let me explain that Rhode Island has a specifically interesting problem in that its entire economy, practically, was based on the services ancillary to and the employment potential of the naval bases and they are gone.

DR. JANEWAY: It sounds like it is based on

RMP, now.

SPEAKER: That's right.

MRS. FLOOD: They are now gone and besides being gone and their effect on small business on the island of Newport, they have had a close-down of 93 small businesses in the past six months. Also, these people that were employed, Civil Service employment, have not found positions and we have a large segment of retired naval personnel in that part of the country that utilized the naval health resources and now do not have easy accessibility to the health care and are [?] relying now on their champus coverage into the private sector.

MR. CHAMBLISS: I would raise the question, and I think it is rather fundamental. I have looked over this project and I really would like to ask you, would this not, in fact, an economic development type of activity as opposed to a health activity.

I throw that out simply to get more discussion from council so that we can be fully aware of your views regarding this problem.

MR. HIROTO: I might refer the Governor to the Chamber of Commerce.

DR. WANMOCK: I think it is unfortunate to drag the Governor into the situation because we had this situation yesterday afternoon with another project which was continued upon approval of this by the Governor for ethical funds and

we debated this for an hour yesterday afternoon and here we come along with another state with the governor involved in this and this looks like it is an economic problem and not originating in the regional medical program.

The Tri-State situation here, you've got -- what is it, three states involved in here?

MRS. FLOOD: Yes, sir.

DR. WAMMOCK: We had headaches yesterday with problems. We have got some more this afternoon coming up and it is difficult for me -- and guess I got a single trolley-car line or whatever it is, to absorb all of these things that are put into this and it disturbs me very greatly that when you come to a Tri-State or a multi-state program involved and so on, and yet you have the Governor coming in here --

MR. HIROTO: From one of the three.

DR. WAMMOCK: Huh?

MR. HIROTO: From one of the three states.

DR. WAMMOCK: From one of the three states and it makes it difficult to sort it out. If we were dealing with it state by state, it would be simpler to do, Madame Chairman.

MRS. SILSBEE: Well, it is a Tri-State RMP and in terms of the charges that the committee made to site visitors; you went and got the information and you are coming up with your recommendations and it is up to the council to either

accept or reject or modify the recommendations.

MRS. FLOOD: Do you want to go on to the next state?

DR. HABER: I would just like to attest to the economic deprivation and its effect on health care in that part of the country. We operate a small outpatient clinic there and have often wondered whether it should be continued or not and felt, after visiting it, that there was -- that to remove this small clinic would have been symbolic of a disinterest on the part of the Federal Government and in the health care activities.

It is certainly theoretically possible to divorce that from any other consideration, yet one must remember that this area has been a depressed area and it has been becoming more so. Prior to the loss of the naval operations there had been continued loss in manufacturing industries in that part of the country in New England, Rhode Island particularly, and I think that the people there are very, very sensitive to the removal of any operations.

So I would endorse what Mrs. Flood is saying.

MRS. FLOOD: Before I go on to Massachusetts, I might add one point that your comment that this is really an economic development proposal might be valid in one comment but the true point of the medical assistance program to try to assist in accessibility and availability of health care does play an important part -- did play an important part in

our considerations and definitely this analysis is needed there. Under whose aegis, council may reach a decision on later, but they have no valid information put together in a coherent manner at this time to address an availability and accessibility problem that they will be facing the major impact of in the very next few months.

Now, if I may go on to Massachusetts, we have also two component parts of the Massachusetts segment that presented some problems.

One was a proposal offered by the Institute for Governmental Services of the University of Massachusetts. Again, at preliminary review by review committee, it also appeared to be a politically-oriented type of a proposal but as we saw one of the most refreshing sights that I have observed in site visits or in deliberations of projects proposed, seated around a table, a warm fellowship -- that is the best I can describe it -- of CHP's out of the Governor's office, human development resources is where the CHP is seated there -- the University of Massachusetts, Brown University -- no, not Brown --

SPEAKER: Harvard.

MRS. FLOOD: Harvard School of Medicine and the other one -- it begins with B --

SPEAKER: Boston University.

MRS. FLOOD: Oh, Boston University. I knew it was

a B -- Boston University -- working in close liason in response to a desperate need for the utilization of tremendous resources available in academia in that state to make legislation addressing health care institutes relevant to the realistic needs of that state. It was a fascinating process to watch.

I personally, and other members of the site visit I think would concur we'll have to give the entire credit to this blending of the different phases of that state, the political, private education, public education and physician community to the coordinators, Bob Murphy is responsible for stimulating this first agreement to agree to the political entities utilizing the private education system, Harvard School of Medicine's research center for Information, tied with Boston University's Reticular Institute with the University of Massachusetts' blending of skills to provide the necessary information for a judgment reaching on long-range planning by comprehensive health planning and the legislators' needs to understand the health care needs in order to develop responsive legislation.

We were very impressed by this project and we urge that it be considered not to be withheld in their total funding.

DR. HABER: I would just like to add a comment to that because if Mrs. Flood's observations are true, they are

all the more remarkable because several of those institutions have just completed a very blood internecine battle, the net result of which, two of those medical schools were unceremoniously kicked out of the Boston City Hospital group and they had a cannibalistic orgy and if they can be said to have cooperated in this endeavor, I would think anything we can do in the way of pouring on some healing balm we ought to do.

MRS. FLOOD: I'd like to comment, one added aspect that I think means that the pressure here -- as review committee looked at this application and saw it coming from a state university, an institute for governmental services, they thought, here we go, another rip-off and -- but when we got there and saw that, in essence, this application was solicited by the regional medical program, Tri-State, of this agency to be the seat of this unifying endeavor, it changed the entire complexity of the situation.

MRS. SILSBEE: Dr. Janeway.

DR. JANEWAY: It is my recollection, Mrs. Flood, that at the time of the planning for the new medical school in Worcester that the Governor had an office of health policy. Is that a -- do I misrecollect about the Mass government? He had considerable help from the MIT-Sloane School of Management and the MIT_Harvard program at that time as far as their legislative liason and date of production.

Perhaps I am incorrect on that, but I --

MRS. FLOOD: That was not brought to light during the site visit.

MR. STOLOV: It might just have been formed at the request of the Governor for that particular formation of the medical school. The best we can determine from the health resources agency which was there was the agency was given this responsibility but he did have strong legislative -- both the Senator in charge of the health committee and the House's representative person [inaudible.]

So I felt that there was a need and we could check this out but to my knowledge, it did not surface at the meeting.

DR. JANEWAY: I present that as a recollection, as best as I can recall at this point in time.

MRS. FLOOD: The recommendation for this project was unqualified approval, although, in executive session, the site visit team did call attention to what we felt might be an excessive budget to the coordinator of Tri-State RMP and this budget was in the process of negotiation and could be markedly altered.

Now, there was concern in review committee that the programmatic concerns of Tri-State might not have been addressed and that their review process might be lacking. This, we did not find. We found careful description of their

goals and objectives and an adequate review process and, certainly, broad participation in the review and, in fact, we found strong review by the Rhode Island components as they chopped back at the governor's project, for example, and then it got strong review processing at Tri-State.

MR. HIROTO: I noticed a discrepancy between your committee's or your site visit of \$1,676-some-odd-thousand as opposed to the committee recommendation of \$800,000. Was that recommended primarily by the governor's program and the rehash, or whatever it is called?

MRS. FLOOD: Primarily, it falls into those categories, that's correct. Well, actually, it is three and I am going to cover a one-fourth segment here.

MRS. SILSBEE: I wonder if we could hold for a minute? She has to change a tape.

[Brief off the record.]

MRS. FLOOD: I might respond, on record, if you wish, to Mr. Hiroto's question.

The regional request for \$1,886,000 in essence, resulted by our reviewing only a cut back of \$100,000 for the phase out of monitoring and \$100,000 on the bureau funding for the RIHSEC.

Now, the last component that has raised some concern at review committee was an item that we have already discussed at council and that is the idea of having a contract let for continuation monitoring of ongoing projects beyond

Fiscal '75 and since the policies have been clarified that this is indeed appropriate, the Tri-State RMP had proposed a request of \$275,000 to have a contract given to the Harvard Medical School to monitor the operating projects of Fiscal '76.

Our recommendation was that it should be approved, if legal, which is now unnecessary, but for a budget of approximately \$100,000.

MRS. SILSBEE: Could you clarify? Did the RIHSEC approve it for the two years?

MRS. FLOOD: Yes, but with a lesser funding level than they requested for the continuation beyond the regional support, a marked reduction.

MRS. SILSBEE: Mr. Hiroto.

MR. HIROTO: Yes, I have one other question, indication for the July/August review listed it as \$800,000, and you indicated an increase to \$1,800,000.

MRS. FLOOD: Yes, I might offer some explanation. When we reached Tri-State, it was our understanding that the application for the next review cycle would be in the vicinity of \$800,000. Mr. Murphy, the coordinator, informed us on our last day of visit, that there are projects flooding in that have merit and are in the review process and that at this point in time, it looked as if they may come in for \$1.8 in the next cycle.

MR. STOLOV: Mr. Hiroto, there was also \$3 million

worth of grants processed --

MRS. FLOOD: That's right.

MR. STOLOV: -- by Tri-State for this next cycle that is coming up.

MRS. FLOOD: They have over \$3 million in requests.

MRS. SILSBEE: Dr. Janeway.

DR. JANEWAY: May I ask you one question? Was Dr. Weiss at Harvard enthusiastic and supportive and is he going to be actively involved in this health policy?

MRS. FLOOD: He was effusive.

DR. JANEWAY: He is solidly behind it.

MRS. FLOOD: He was in attendance, solidly behind it, effusive and told us in no uncertain terms that even if this fails in putting together sufficient information to be of value, it was strong in its merit of being the first segment in which these multiple aspects of Massachusetts community were going to work together and perhaps his testimony, above others, swayed us to cast full support for --

DR. JANEWAY: It would sway me, too.

MRS. SILSBEE: Mrs. Flood, would you like to summarize the recommendations of the site visit team?

MRS. FLOOD: The site visit team was, in the Tri-State Regional Medical Program, feels that the Tri-State has a strong staff, broad knowledge and especially commends Mr. Murphy for his efforts in tying together many problem

areas in that region.

It has a good regional advisory group, a strong board and advisory subcommittees.

The commitment of Tri-State to the entire concept of blending the private community with the public sector was obvious.

We would recommend strongly to the Tri-State Regional Medical Program that they function more strongly in monitoring roles, especially in Congress in the State of Rhode Island, but recommend to this council that funding be approved at a level of \$1,686,907 --

MRS. MORGAN: 86 or 7?

MRS. FLOOD: I'm sorry. Jerry, I'll have to --

MR. STOLOV: I have 1676.

MRS. FLOOD: Okay, \$1,676,907.

MRS. MORGAN: Is that a motion?

MRS. FLOOD: Yes, that is a motion.

MRS. MORGAN: I second it.

[The motion was made and seconded.]

MRS. SILSBEE: The motion has been made and seconded that the council accept the site visitors' recommendations and approve the Tri-State application at the level of \$1,676,907. Is there further discussion?

Dr. Janeway.

DR. JANEWAY: I feel compelled to make what may be

a gratuitous comment. If the Massachusetts State Government is going to have a study of health policies, I would hope that they would involve more than the medical schools and that the Mass. Medical Society has some input and I don't see anybody from the Medical Society on --

DR. WAMMOCK: Nope, I didn't either.

DR. JANEWAY: And I think that is a serious error, if they are not going to have effective representation on that.

MRS. FLOOD: That point was mentioned, Dr. Janeway, and I can't recall -- it has been several days now -- what the response was.

DR. JANEWAY: Well, it is really none of our business. As I say, it is a gratuitous comment.

MRS. SILSBEE: It is good advice, Dr. Janeway and we certainly will convey that to the region.

MR. HIROTO: I am still uncomfortable with this project 52. What happened to the overall Tri-State RMP -- what would happen, if your recommendation were to be reduced by the amount reflected here?

MRS. SILSBEE: Is 52 the Governor's Rhode Island study?

MR. HIROTO: Yes.

MRS. FLOOD: [Inaudible.]

MRS. SILSBEE: Dr. Wammock.

DR. WAMMOCK: I didn't get your comment. He asked about what would happen if this 52 was struck out. Is that what you were talking about?

MRS. SILSBEE: I didn't comment. I was going to let Mrs. Flood or Mr. Stolov comment on that.

MRS. FLOOD: Well, besides a probable very violent temper tantrum on the part of one angry young man in the Governor's office, I am not sure that there would be others who would address this, with the expediencies that the potential is available here.

Now, I might broaden the statement. We questioned that they were trying to build staff and we offered some counsel and statements about possibly utilizing consultant groups to answer this in a more massive impact way rather than garner staff and strengthen the Governor's office.

This was well-received and I don't know if there would be anyone else that would take this up and address it and it is a necessary component of some future planning for Rhode Island.

DR. WAMMOCK: I'd like to call your attention to the fact that I read this as, program staff is \$654,000,000 and the budget you have got up here is \$1 million.

MR. PAHL: We appreciate the budget increase, Dr. Wammock. That is \$654,000.

DR. WAMMOCK: That is a lot of money.

MR. PAHL: It is, indeed.

DR. WAMMOCK: And the other thing is, that item 52, here, health service time of economic transition. That may not be the only state that is going through economic transition. Maybe the other states are going through economic transition and I think we have to take this into consideration from the standpoint of what role will the RMP play in this when we are trying to provide health care services.

MR. PAHL: Well, I am glad you made your remark before mine, because I want to merely say from the point of view of the program staff that I believe page 2 of the site visit report points out the weaknesses and the strengths and from what I listened to the discussion of the site visit, if we can divorce ourselves from the Governor's office for a moment, I think that a good bit of discussion has centered around an appropriate role for RMP, perhaps in this area and I think you could make your decision, not on the basis of whether this happens to be the Governor's office or not, but there has never been a consideration in councils prior to this one. This has been an unusual council in that twice now we happen to have situations which involve the Governor's office and this puts a different complexion on the RMP program than we have ever had in the history of the program.

In this case, I think the site visit team has done

an exemplary job in trying to weigh very accurately real strengths and real weaknesses and I think this council should decide whether it is in the interest of the RMP program to approve or not approve this project.

You have heard all of the discussion and I think now comes the decision on the basis of what you believe to be the merits of the funds in this area.

I would feel that we could support your recommendation whichever way it happens to be. I frankly have a personal feeling about this but I think it is the council's job to take whatever action appears appropriate.

I do not see where a Tri-State RMP or Rhode Island RAG has to do one thing or another and I don't think you have to do one thing or another, either. I think you should decide on the basis of the merit of the situation.

MRS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I'd like to comment on the high staff costs. They are all very well-paid people, but of outstanding capability and their numbers are not extraordinarily high for the area they serve, but they are still the most capable people with well-paid positions and that does account for high staff budget.

MRS. SILSBEE: Looking at the print-out on just the program staff line, Dr. Wamrock, in and of-itself does not tell you much because, particularly their contract costs

and so forth that have built into staff activities, so we have to look at the --

DR. WAMMOCK: I recognize that part of the situation, but I mean, it doesn't trim the astronomical part of the total. Plus the fact that this is a Tri-State situation and I come back to the question as to what Dr. Pahl said, that this is the second time that we have been confronted with this, a governor participating in a program.

MRS. SILSBEE: Is there further discussion on this point?

MR. STOLOV: May I ask just one question? I am unclear about what Dr. Pahl says and that is in terms of, does the council feel that they are holding an economic project? Because Dean Thurman, I think, and the site visit team were able to get the full-blown project and review it and the majority felt the project was dealing with the health aspects only of a thrust out of the Governor's office, using every agency at the Governor's disposal to deal with it because of the eight percent [inaudible] Dr. Haber mentioned, these people no longer have health benefits and we checked that area about what is Medicaid doing in the state and they said, everybody who is now employed gets divorced and the families are separated and we can then take care of them on Medicaid but in essence, the proposals, the majority of the proposals in Tri-State are for people who are not directly

dealing with the health care delivery system but using the method the Hill-Burton Program the health department -- the state health department currently sitting in the Governor's office, the definition of how they plan to go about it through subcontracts and one of the subcontracts was with the local group in Newport, \$50,000.

Again, all of this has to be negotiated, but to pull together the Medical Society, the hospital community and give them \$50,000 to plan their health needs in the community, well, I hope by the title in the computer print-out you are not misled by the economics of it because Dean Thurman, I must say, focused in on that quite well.

MRS. SILSBEE: Mrs. Flood, did you have something further?

MRS. FLOOD: Well, no, my response to the comments of Dr. Wammock was the true personnel costs at this time are really closer to \$300,000 than the rest of the, you know, contracts for staff costs.

MRS. SILSBEE: Well, the motion has been made and seconded that the Tri-State application be approved at the level of \$1,676,907. Is there further discussion?

[There was no discussion.]

All in favor, say aye.

[There was a chorus of ayes.]

Opposed.

DR. WAMMOCK: No.

[The motion was carried.]

MRS. SILSBEE: The motion has been carried.

Now, the sandwiches are here. Are you hungry?

Would you like to take a break?

[General consensus.]

[Whereupon, at 12:00 o'clock noon, a recess was taken for luncheon.]

AFTERNOON SESSION

(12:25 p.m.)

MS. SILSBEE: We would like to get started again.

There are a couple of announcements I wanted to make.

For the record, Dr. Merrill was not present during the Tri-State review; he is not here today.

And with regard to the Arizona application, after we got all through with discussing it, we noticed that the Arizona RMP did have an arthritis application, so we are interpreting the sense of your review that that does not apply to that earmarked activity, in the program applications.

Now we will do Illinois.

Lee, did you want to give any real brief remark?

Dr. Janeway, you did a review.

MR. VAN WINKLE: I would just as soon he lead off and if he wants me to respond to any question, I would be glad to.

DR. JANEWAY: If I can find it in my book.

DR. WAMMOCK: It comes right after "Hawaii."

DR. JANEWAY: In order to get the topic on the floor, I move approval of the recommended level by the committee of \$2,816,935, which is 100 percent of the request presented to the Ad Hoc Review Committee.

MRS. MORGAN: I second it.

MS. SILSBEE: Dr. Wammock, secondary reviewer, do

you want to say anything?

DR. WAMMOCK: I came across this business of public awareness of venereal disease that sort of worried me a little bit. And really, there is not much about it; I thought it was a well prepared situation and there is no point in nit picking, anything of that sort, so I would second it.

DR. JANEWAY: In brief comment on the topic, I think that in the general guidelines for following it, it is a superior program. I think that one bit of potential difficulty that ought to be made available to the Council is the fact that Dr. Creditor and Mrs. Creditor are both leaving the program. And since that represents the coordinator and the grants manager, the Illinois RMP, I think it is a difficult task to replace them.

Dr. Creditor has a reputation for strong leadership and advanced planning and has a very interesting monograph on the subject.

From the standpoint of proposals, I would make only one comment, in my review, which I noticed was covered in the transcripts also, is that the hypertension control program that they visualize themselves to me rather ambiguous considering the amount of time that is available in order to carry out the project, but it is worth while and well designed.

I am not sure they can attract the staff and get the computer base and all of the mechanics necessary to complete

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the project as they see it. But I nonetheless recommend approval as the committee recommended.

MILLS MARTINEZ: (Inaudible)

DR. JANEWAY: He is going full time at the University of Illinois, Medical Branch. The Dean there is a reliable person. If he said it is going to be a generous 25 percent, it will be, and I have known him for sometime; he is quite interested in the RMP program. I am sure that will happen.

DR. WAMMOCK: I would like to ask one question here if I could find the page.

It is an amount of \$128,000 for POMR medical care evaluation. This is a demonstration of the usefulness of the model system in other settings at Michael Reese Hospital, and assessment for adaptability to do ambulatory care settings.

MRS. MORGAN: What number is that?

DR. WAMMOCK: Page 90, page 90.

It is 33 is what it is, project 33.

Development test and feedback method for the system evaluation or first year of the project and promotion use for system at the institution. It is going to be done in one hospital, \$128,000. That is a good size "chickenfeed."

DR. JANEWAY: They have bit into the plate on the system on the computer, capital P, capital H.

DR. WAMMOCK: Yes.

DR. JANEWAY: And I think they have been using the POMR throughout Illinois for inpatient and medical audit purposes.

The extension into ambulatory care is a necessary one in my opinion, but considerably more difficult in its implementation than inpatient.

DR. WAMMOCK: Yes, that is what worries me, implementation on the outpatient basis.

DR. JANEWAY: That is where it is going to be at, though, to use an old Western Pennsylvania phrase.

DR. WAMMOCK: "Where it's at."

MRS. FLOOD: This particular project will be seated in one facility as a test?

DR. WAMMOCK: Yes.

MRS. FLOOD: May I ask an additional question. Let me clarify, Dr. Mort Creditor will now be, 25 percent of his time will be coordinator of IRMP -- period? Or--

DR. JANEWAY: My understanding of the proposal is that this will extend through December of 1974 and it is not a 25 percent spread; it is 25 percent generously, but it will presume to terminate at a year or so. It is more time actually.

Is that your understanding?

MR. VAN WINKLE: Yes, yes, it is.

MRS. FLOOD: I have some real --

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MR. VAN WINKLE: They do have a search team at the present time.

MRS. FLOOD: They do have a search group formed?

MR. VAN WINKLE: Yes.

MRS. FLOOD: Definitely this has been the power behind the successes of IRMP, and if they don't address the -- sufficient transition time, you know, to replace the coordinator, they would face a lag I think in putting all these pieces together and perhaps a crucial time when they must enter wind up.

MS. SILSBEE: Dr. Wammock.

DR. WAMMOCK: Another project on page 107, that project 41, PSRO evaluation of technique in Chicago. Quality of disease information of Cook County physicians.

It bugs me a little bit, it is a form I am sure of continued education in some one form or another, but it costs \$135,000.

MRS. MORGAN: There are a lot of physicians here, though.

DR. WAMMOCK: I recognize that, but if you analyzed how many attended out of the total--

DR. JANEWAY: I think the number is going to go up.

DR. WAMMOCK: You think it will go up? You mean just for political reasons?

DR. JANEWAY: No, no. Reality.

MR. HIROTO: If they want to stay licensed.

DR. WAMMOCK: That is all I have.

MRS. MORGAN: Question.

MS. SILSBEE: Motion has been made and seconded that the Illinois application be approved at the requested amount of \$2,816,935.

Is there any further discussion?

All in favor say "aye."

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Next one is Ohio Valley.

DR. JANEWAY: Madam Chairperson, the Delegation from Ohio Valley --

(Laughter)

DR. WOMMACK: Want to get the Council on this?

DR. JANEWAY: In order to place the topic on the floor, I move approval of the committee recommendation of \$2,205,636, plus \$100,000 for project 27-D.

MS. SILSBEE: Hold it just a minute until Mr. Milliken gets out of the room.

(At this point Mr. Milliken withdrew from the room.)

MS. SILSBEE: All right. Excuse me.

He is out.

DR. JANEWAY: Thank you.

I move approval of the committee recommendation for the Ohio ValleyRMP in the amount of \$2,205,636 plus \$100,000 for project 27-D. to fund Toledo, Lima, Dayton Region.

MS. SILSBEE: Is there a second?

MRS. MARS: Second.

DR. JANEWAY: I am a little bit less enthusiastic about this proposal than I was about the Illinois proposal.

I think that leadership in my opinion remains to be demonstrated, both in the coordinator of the program and in the RAG.

I think that with the phasing out of other programs in Ohio, that they face severe political difficulties in bringing other regions, other parts of the state into the funding mechanism, because it appears to me that the great majority of their programs are divided a third, a third, and a third; then the participating medical schools.

There is no fault in the direction of the great majority of their proposals, but I do think they underestimate the difficulties that they may face as they get more vocal from the regions that have not been in.

I am not quite sure how this is going to be resolved within the framework of the proposal they presented.

Although the overall program is presented in a

well printed form, it is difficult to follow exactly what the accomplishments of the region have been to date. And I think there is going to have to be a lot of salting out in this region before they accomplish what they say they are going to do.

Inherently I think in a program that crosses state boundaries is this type of problem and they have just, in mitigation of what I said earlier, done quite well in handling the fact that it does involve three states.

MS. SILSBEE: I should explain to the Council that Toledo-Lima-Dayton part of the application, because last year when we were phasing out, two of the programs that formerly covered Ohio, Ohio State program and the Northeast Ohio, were phased out.

At the time that these applications were being prepared, Ohio forces began to wake up to the fact that there was money to do some things that they wanted to do and under the terms of the court order, the money has to go through the 53 existing regional medical programs, so we suggested to various people in Ohio to go either to Ohio Valley, which covered the part around Cincinnati, and Kentucky and part of Indiana, or to go to Western Pennsylvania or to Michigan, and so in this particular round of applications, Ohio Valley, RAG agreed to take this on. And Western Pennsylvania application you will be looking at later was to try to do portions of

activities in Ohio without taking on the whole state.

Lee, did you have anything to add?

MR. VAN WINKLE: I would explain in the recommendation that the 100,000 was explicit for this expansion into Ohio, and I understand since the committee met that these people have applied and this will be forthcoming, which would eventually probably raise this level to \$2.3.

DR. JANEWAY: My only problem with that is \$100,000 is just for starters. I don't think we are going to have any difficulty with that. It is when that area gets organized, what are they going to do?

MS. SILSBEE: I think these are for specific priorities in the Ohio Valley program.

MR. VAN WINKLE: That is correct.

MS. SILSBEE: Health education services, that type of activity. And they have made it quite clear to Ohio they are not interested in a lot of different kinds of activities. So these are related to the goals of this particular regional medical program.

MR. VAN WINKLE: They have no intention of helping to form a new medical school.

MS. SILSBEE: Okay, the motion has been made and seconded that the Ohio Valley application be approved at the level of \$2,205,636, plus another \$100,000 for the Toledo-Lima-Dayton, Ohio, area.

Is there further discussion?

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: The motion is carried.

Okay, Washington-Alaska.

DR. JANEWAY: Is there anybody here from Washington-Alaska?

MS. SILSBEE: No, but we should get Mr. Milliken back.

Okay.

DR. JANEWAY: I thought you wanted to wait for Mr. Milliken.

MR. VAN WINKLE: He may be difficult to find.

(Laughter)

MS. SILSBEE: Let's just keep going.

DR. JANEWAY: Okay.

(At this point Mr. Milliken returned to the room.)

DR. JANEWAY: I move approval of the committee recommendation on the Washington-Alaska RMP in the amount of \$2,077,311.

MRS. MORGAN: Second.

DR. JANEWAY: The program always has been superior in my opinion with very forward thinking leadership and a

great deal of cooperation with the University of Washington.

And Dr. Van Sitters, who is the dean there, has since he has been dean been quite supportive of the RMP program.

There has perhaps been some criticism at the very close relationship of the university -- the medical school with the RMP program. But I think on balance, it has been to the betterment of the program and that there is no conflict of interest inherent in it.

The constitution of the Regional Advisory Group does have some preponderance of providers of medical care and particularly people who are related to the medical school environment. Once again, I think that both Dr. Sparkman, whom we have seen, and the people who are on the RAG are able to associate themselves and wear different hats at appropriate times.

I am a little bit concerned that although the comprehensive health planning relationship with RMP has been very good, there is considerable difference in some of the proposals that were presented this time, which strikes me as a little bit unusual since the RMP and CHP in Washington look a great deal like an interlocking directorate to me. They have advanced planned to the point of prediction almost, it would seem.

It is nothing explicit, but it is implicit in the

request.

I am also not sure of the integration of Alaska into the program, but I think that is not surprising.

They made good strides in their minority outreach programs and are getting representation on the RAG in minority areas and I think most of the things I would have to say about it are good.

MS. SILSBEE: Mrs. Russell, did you have anything to add?

MR. RUSSELL: No, I have not one thing to add.

MRS. MARS: Why did the CHP agency complain about this position extender placement program?

I would think in Alaska that would be one of the greatest boons that there could be.

MR. RUSSELL: Mrs. Mars, I am sorry, I cannot answer that specifically.

I don't have copies of those letters with me.

But since the comments have come in to the Washington-Alaska Medical Program, the Executive Committee sat down and addressed each comment specifically and have responded, so those issues have been cleared up locally. I am sorry that I cannot answer.

MRS. MARS: You don't know what the basis for--

MR. RUSSELL: No, I do not.

(Discussion off the record.)

MS. SILSBEE: The motion has been made and seconded that the Washington-Alaska application be approved at the requested level, \$2,077,311.

Is there further discussion?

All in favor of the motion say "aye."

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Okay, now we are going back to our original plan, we are going back to our alphabetical.

Colorado/Wyoming would be the application under consideration.

The record should show that Dr. Gramlich is not here.

MISS MARTINEZ: I thought this was an extremely well put together program, very well written. Very well coordinated with other agencies, and they had a very good EEO statement, which was unusual on the EEO proposals that I reviewed.

About that subject, I am sure it is much too late, but I did forget to make one comment last time when I was reviewing Central New York; that is, their minority representation is extremely poor. They have one black person on the RAG and that is it. And I would sort of recommend that they do something about that.

And also just one more aside, in looking at the form itself, that is used for the statement, I would suggest that it be modified to eliminate possible double counting of minority females.

I don't know if that is a problem here, but I know it was in our states, so we had to change the system.

Now, I am going to go just very quickly, I am pretty much in agreement with the review committee's funding level, I just want to make very quick note of a couple of proposals I object to.

One is C002, which is primarily for a conference; C009, the need for that really wasn't developed in the proposal, it wasn't backed up; C010 is a small allocation, but primarily for a series of slides, audiovisual; C013 is interesting because I knew this was going to come up again, it is \$104,000 primarily as an insurance policy for extension of trouble the way I read it. I may be wrong about that. And there are a few others, such as O41 which the reviewers mentioned also, bone pathology center cancer diagnosis. I don't know if that is appropriate. I should think the American Cancer Society or some other group would do that. It is setting up a continuing laboratory for analysis.

And O48 is continuation of a program the funding of which was dropped by NIH. I don't know if that is particularly appropriate either.

In any case, when I finished subtracting, I came up with \$1,573,592, which isn't too far off. And I wouldn't mind stick to the committee's recommendation if the extra few thousand dollars wasn't used on those small programs that are going to just produce audiovisual materials and a conference.

MS. SILSBEE: Dr. Wammock.

DR. WAMMOCK: O41, bone pathologist center, for the benefit of Dr. Janeway in Boston, Dr. --

MS. SILSBEE: Would you speak into the mike, please?

DR. WAMMOCK: Many years ago a bone pathology register, used to collect slides and send them all around over the country. There is a great need for emphasis on this situation.

The fact these are common to us, yet they are rare, but they are difficult for diagnosis, I imagine it would be quite a problem.

I would like to address myself to support this number 41.

MISS MARTINEZ: Could I ask, is this a pilot project?

There was no mention of its being taken up by--

DR. WAMMOCK: It would make no difference to me whether it is pilot or not. I think it is a place where pathologists, not only pathologists but orthopedics and other individuals, even pediatricians, ought to be cognizant of the fact of the problem of bone tumor we are faced with.

I am sure if they have started this, they are going to continue on this. This is my impression in Colorado. I am not sure who is on this program, whether George Moffitt has anything to do with it or not.

MISS MARTINEZ: Would they be seeking funds from other sources and that wasn't brought out?

MS. SILSBEE: Miss Martinez, in terms of the change-- you are willing to go along with the committee recommendation, we can give advice to the region in general terms, particularly the audiovisual and the conference, and so forth.

MISS MARTINEZ: It is only something like \$6,000.

MS. SILSBEE: But I don't think we should be in the position of saying yes on this one, no on this one, unless it is a policy issue.

MISS MARTINEZ: No.

MR. CHAMBLISS: I think I should respond to Miss Martinez's question.

I saw it as being appropriate, as far as RMP funded, the answer to that is yes, it is quite appropriate for RMP support, that being one of the basic categorical cares the program started out with.

MISS MARTINEZ: It wasn't so much the project as lack of other support.

MS. SILSBEE: Would you make a motion?

MISS MARTINEZ: Yes. I move it be funded at

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\$1,587,644.

MS. SILSBEE: Is there a second?

DR. WAMMOCK: I will second it.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: May I raise a question as to whether or not Intermountain, Mountain States, Colorado/Wyoming's total applications have indeed gone before their tri-regional coordinators conference and ironed out their problems of overlap?

I can't seem to locate it. There is such a counseling genetic component in Colorado/Wyoming, as I recall it was either Intermountain or Mountain States addressing the same particular concept of need for that region of the country.

MS. SILSBEE: I think they are all related to the one in Denver. It is outreach part of it.

MRS. FLOOD: But they have, all three-- now we hashed the Intermountain status of going through--

MS. SILSBEE: All three applications went before the Interregional Council.

We have a letter indicating that certain of the ones that were identified for overlap areas are now going through the process of being cleared by respective agents.

MRS. FLOOD: Thank you.

MS. SILSBEE: Motion has been made and seconded that the Colorado/Wyoming application be approved at the level of

\$1,587,644.

Is there further discussion?

MRS. MORGAN: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Next region is Florida; Mrs. Gordon is the reviewer.

MRS. GORDON: Florida has ranked a superior region, and one of their great strengths seem to be their record of attracting outside funds for their projects and for the continuation of their projects. Their funding agency is an independent corporation. They deal in large numbers, both in people and in money.

They will ask for one and one-tenth million in July, at least that was the forecast, one and a-half million this says.

They do have some new programs which are quite expensive, but the reviewers seem to feel that in light of their past record, forgetting continuation funds from other sources, that they would continue this good record and therefore they would be willing to go along with the chance of putting this much money in to start, although they did not recommend full funding, but very close to it, about \$300,000 off.

So in light of their past track record, I would move that we accept the committee's recommendation of \$2,700,000.

MRS. MARS: I second it.

MS. SILSBEE: Mrs. Mars, as secondary reviewer, do you want to comment?

MRS. MARS: I think you might point out they have an exceptional kidney transplant program. This was begun before there were any special federal funds given, allocated to it, for this purpose. And they developed a statewide plan which described a network per organ, harvesting, covering major centers for dialysis facilities, and required supporting services.

So that Florida is I suppose one of the best covered states actually as far as kidney transplant system, as far as I know.

MR. VAN WINKLE: They are very much looking at quality of care right now in that area.

MRS. MARS: Yes. So I think they do have some really outstanding programs.

There was a Southeastern Interregional Symposium on quality care evaluation. So other than that, except to say they do have some exceptionally fine programs, I have nothing to add.

MS. SILSBEE: Motion has been made and seconded the Florida application be approved at \$2,700,000.

Is there further discussion?

MR. MILLIKEN: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Next region is Greater Delaware Valley.

DR. WATKINS: According to the reviewer, above average program.

I recall this program was organized around a region-- I remember it myself, around five Philadelphia medical schools.

Also there was a succession, if I recall, of first state, Delaware, but there seems to be a metamorphosis of this region.

We find today that it is controlled or run by a new coordinator who is really one of the old members, and that they have involved communities, especially the inner city, in several programs. Their biggest drawback was an inordinate astuteness in financial recommendations, being they apparently were subsidizing professionals of the medical schools, and it still seems to remain a slim question which I believe we will investigate because I don't think over three years the same thing should exist, so I am sure you are going to investigate that further.

But in general, the program has improved, the program

is following the guidelines, it has strong leadership shows direction. Proposals were reviewed by CHP and the history in general looks good for this program, so I would propose that the \$2.3 million recommended by the committee be given to this program.

MS. SILSBEE: Is there a second?

DR. JANEWAY: Second.

MS. SILSBEE: Dr. Janeway, did you have anything further to add?

DR. JANEWAY: No comment.

MS. SILSBEE: I have one thing to add to the record, because at the Review Committee, there came a letter from one of the CHP agencies with a negative comment. This was one that had not yet been to the Regional Advisory Group. They sent it directly in here. So we called to ask what the procedure was as far as the region in terms of looking at this, and they said they would-- because of the particular project, they would work with the CHP agency before they intended to move into that area. And if indeed the (b) agency decided they did not want them, they would not go.

So it seems to me the region was responding to the comments.

Motion has been made and seconded that the Greater Delaware Valley program be funded at \$2,300,000.

Is there further discussion?

MR. MILLIKEN: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Next region is Hawaii.

Mr. Hiroto.

MR. HIROTO: Madam Chairman, I recommend that the Review Committee's recommendation that Hawaii RMP be funded for reduced amount of \$1,100,000 with \$305,107 of that amount earmarked for the Pacific Basin, be approved.

Comments I would make is I was a member of a review site visit team in January and in April of this year. A new coordinator was named and in the two short months that he has taken over, he is apparently moving towards meeting the many problems that Hawaii RMP had.

As far as the reviewers are concerned, he is obviously moving Hawaii RMP in a proper area.

There is only one I think still remaining concern, which had to do with the kidney tissue typing, and we would, I guess, suggest that they solve their problems.

MR. RUSSELL: I was at the RAG meeting when that was discussed and the Regional Advisory Group chose to put the progress right back where this belongs, on the two institutions

involved, making them guarantee that either two separate programs were needed or coming up with a joint plan.

MRS. MARS: Has the RAG been changed? Is it being--

MR. HIROTO: There is a new chairman of the RAG. I should have mentioned.

MRS. MARS: What about composition of it?

MR. HIROTO: As a result of that, they are moving forward, are they not?

MR. RUSSELL: Yes, the by-laws have been revised.

The Regional Advisory Group has been revamped, bringing on board consumers, more different types of individuals; the medical school, school of public health, Hawaiian Medical Society are delighted with the change in directors and the new direction the program is taking.

It is a completely different program.

MRS. MARS: I should hope so, because it was just about ready to be closed down.

MR. RUSSELL: No doubt about it. We were very encouraged by the last few months.

MS. SILSBEE: Mrs. Klein, did you want to comment?

MRS. KLEIN: I don't have any comment.

MRS. FLOOD: I would second Mr. Hiroto's motion.

MS. SILSBEE: The motion has been made and seconded that the Hawaii program be funded at the level of \$1,100,000, with \$305,107 of those dollars earmarked for the Pacific

Basin program.

Is there further discussion?

Dr. Janeway.

DR. JANEWAY: Could I ask a question?

MS. SILSBEE: Sure.

DR. JANEWAY: Did I beat the call?

MR. MILLIKEN: Right.

DR. JANEWAY: Just for education, how did Hawaii get around to -- let me ask it this way, is it because of the Pacific Basin that Hawaii has no CHP (b) agencies?

MR. RUSSELL: No.

MR. HIROTO: Hawaii is such a small area.

DR. JANEWAY: So is Rhode Island. This is just for my own education; has nothing to do with the proposal.

MR. HIROTO: You can answer better than I.

DR. JANEWAY: If they didn't have the Pacific Basin in their proposal, could they have a single RMP and (a) agency, no (b) agency?

MR. RUSSELL: Yes.

What you have in this program is you have a Pacific Basin, separate program from that program conducted in Hawaii.

As Mr. Hiroto said, the very size of Hawaii and with the population center being in Honolulu, where the (a) agency is operating, and it itself is not very strong in terms of being able to move things forward, it has a very

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small staff.

At one time there was an attempt to set up some not necessarily areawide agencies, but sort of subcommittees out on the outer islands. And that thrust-- I really don't know how far it has gone.

MS. SILSBEE: To answer your question, yes, I think in the District of Columbia that situation was true, there was an (a) agency, because that was it, and no (b) agency.

We have a motion and it has been seconded.

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Just for the record, that is the shortest discussion we have had on Hawaii in four years.

MRS. MARS: That's true, very true.

(Laughter)

MS. SILSBEE: Indiana.

Mrs. Klein.

MRS. KLEIN: Indiana was rated by the committee as average or below average. You can see by your green slips.

The comments, in the comments the committee talked a good deal about the broad general nature of the report itself, and the fact there were not very many specifics in it. And I

had to concur with this when I read it.

As a matter of fact, being a novice, I decided that I would read the comments of the committee first and see if I agreed with them, and attempt to find points of disagreement, as a matter of training myself sort of.

The report showed a good working relationship with CHP, but it didn't specify in what manner these working relationships were carried out.

Many of the programs -- and they did have many programs -- were a little difficult to assess because they weren't specific in terms of what they were actually doing.

They were conducting some sort of study to determine health deficits they called it, and they were developing programs in quite a wide variety of areas, including continuing education, legislation for statewide emergency services, neighborhood health centers, state stroke therapy, and hypertension and coronary care units, and quite a number of others too.

Most of their requested appropriation was for allocation of funds, I guess I should say, was devoted to staff. And although I think the Ad Hoc Committee was sort of in the mood to cut them, a good deal because of the inadequacies of the report, they decided that since most of it was for staff and they had so many programs, as I interpreted it anyway, that they were doing something, and that they should be permitted to continue the principal part of the program.

They did, however, cut the recommended funds by \$100,000, and I have a little difficulty determining on what basis they did. But there were several items they particularly questioned.

One of them was sort of a teleanswer series in medical education, sort of dial-a-disease program that the committee apparently wasn't very enthusiastic about.

Also they were studying-- wanted to study the prevention of organ rejection, and the committee felt that that was a basic science study which could just as well be funded by some other method.

And they also questioned the continuation of the emergency medical service program.

In any event, the committee decided to cut them only \$100,000 and considering the wide variety of programs that they were conducting, I felt this probably in my uninformed manner, that this was sufficient cut, and that is the reason that I have moved that we adopt the committee's recommendation of \$1,121,159.

MR. MILLIKEN: Second.

MS. SILSBEE: Do you have anything, Miss Martinez?

Dr. Janeway.

DR. JANEWAY: Perhaps it is in the transcripts.

It doesn't show in the yellow sheets.

Steve Beering is now the Dean at Indiana. Have they

changed, got a new director, coordinator?

MR. VAN WINKLE: For sometime Steve has been the coordinator on a part-time basis. Even prior to the time he took over the deanship. But they do have a full-time program director. I guess you get into semantics -- director versus coordinator. But Steve still is maintaining a very active role in the direction of this program.

DR. JANEWAY: Good.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: The Review Committee apparently raised some questions about the EMS activities. It was also an area for staff concern.

But I see no assurances that this was an inappropriate EMS activity in light of the MS action.

Was this particular--

MR. VAN WINKLE: We flag all EMS, not necessarily because of concern but for reviewers' consideration.

We saw no problem with the EM activity they are engaged in.

They have been instrumental already in obtaining legislation establishing a State Commission on EMS, and have very small appropriation to fund that Commission.

But what you see the funding here was strictly staff work for RMP themselves.

MS. SILSBEE: I think the committee was concerned

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about that, maybe trying to get an idea.

MRS. FLOOD: Yes. The green sheet reflects the committee believes the support of EMS activity was below private -- or at least open to question. But they classify that with- based on the information presented.

I haven't looked at the whole application, but I would guess it was low priority at this point in the EMS, development in that area.

MR. VAN WINKLE: As I recall the discussion, they were raising whether this EM activity was appropriate for funding in view of the EMS legislation.

They were raising the same question.

MR. JEWELL: That is true.

MRS. FLOOD: But they really didn't cut funds.

MR. JEWELL: Yes, ma'am, I think that is the reflection; as I read it, Mrs. Flood, that is the reflection. Because the EMS proposal is \$100,000.

There is nothing new in this application. All continuation.

MR. VAN WINKLE: All continuation.

MR. JEWELL: That is reflected in the committee's recommendation, I believe.

MS. SILSBEE: The motion has been made and seconded Indiana program application be funded at the level of \$1,121,159.

MRS. MARS: Question.

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MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

The next region to be reviewed is Iowa.

And Dr. Wammock is the reviewer.

DR. WAMMOCK: Well, some people speak from experience and some people from experience won't speak.

MS. SILSBEE: Will you speak into the microphone, please.

(Laughter)

DR. WAMMOCK: Just once only. I can't do it again.

Well, I caught a slippage here; after I reviewed this, I find an epistle right back of the green sheet. But the epistle-- this is in all due respect to the reviewers, understand, has no reflection on any characters, living or dead, past or future; in the first place, this project, the program was very well put together, very well documented. And as far as review, was rather easy to do.

And a request was made for \$1,061,349, was so approved by the committee.

And I will make reference to the review by members of the staff at a later moment here as I go through this.

This program was well organized. A few comments I

wish to make, very comprehensive, put together very well in very orderly fashion. Most of the activities originate under the aegis of the University of Iowa.

I point this out, it seems to be controlled in that direction.

Of course, I take into consideration what goes on in the State of Ohio. I think that would be perfectly legitimate a thing under the circumstances.

Family nurse practitioners for use in rural area, I don't know whether you classify this as assistant, physician's assistant. But you may need to.

Primary family care planning program, this is to design two statistical models, one to explain and predict; the other to identify-- (inaudible)

The other institute, talking about primary care planning, \$24,000, number two is to collect and use available demographic health geographic data in testing the model in applying it to past and present circumstances, or pertinent to Iowa subregions.

Maybe somebody would want to explain all of that to me. I don't quite understand what it is all about. But I will pass it up if somebody wishes to refer to it all right.

The other plan is a homemaker, home health, a training project.

This program has been used in other areas and one

area I am particularly familiar with, we found this to be very beneficial to people who cannot be contained in a hospital over a long period of time, but do need the systems at home.

We found this a very good program. We put it in operation many years ago. Politicians in our local area failed to take it up and carry it on, because they thought it would cost too much money to do a program. They would rather keep them in a hospital than worry about that.

The other point is the remarks about the uniform record system for quality care improvement. I think I have no particular qualms about that.

Hospital cost study, this I wonder about whether this is a part of the Regional Medical Program.

This is one of their projects.

I say that is about all I have to say about this, except for the fact to come over to page 234, maybe the reviewer would want to comment on this, paragraph here, we received on the twentieth of May coordinators-- this is about the CH (b) agencies.

Maybe staff would like to comment on that.

MS. SILSBEE: What page was that?

DR. WAMMOCK: Page 234.

That has to do with the breakdown of machinery.

MR. POSTA: I would like to have Mr. Zizlausky talk to this point. He has gotten additional information

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from CHP.

I would like to say this if I might, sir, I would say Iowa is considered a superior region.

DR. WAMMOCK: I apologize. It was above to superior. I enjoyed reading it, real pleasure to read it, because -- some of them, you know --

MS. SILSBEE: It pulled together well.

DR. WAMMOCK: Pulled together? Trash can.

I am talking about the way that the project that was being applied for -- it was presented to the RMP here.

MR. POSTA: Mr. Zizlausky.

MR. ZIZLAUSKY: That is project 60 you are saying, primary medical services?

MS. SILSBEE: Page 234.

DR. WAMMOCK: Page 234 on your transcript.

Got the transcript? Or shall I read it for you?

MR. ZIZLAUSKY: I don't have it with me.

What is the area of concern about?

DR. WAMMOCK: It is about the CHP, the relationship with the RMP.

MR. ZIZLAUSKY: Fine.

What had happened is when they submitted their May 1st application, they were caught in a lot of the project development -- last time in this. We approved a three-day extension here for an application coming in May 3rd. They had

not had all the CHP review and comments in, all the proposals were out to CHP (b) agencies.

Subsequently we received, and we are still getting in comments from the CH (b) agencies on these project activities, and so far none have been negative.

DR. WAMMOCK: I have three here which are a part of the project request here. Dated May 23rd. And none of these have been negative.

MS. SILSBEE: The additional ones that have come in?

MR. ZIZLAUSKY: Now, we have additional health planning councils who have submitted additional letters for review and comment, and the program staff is negotiating the differences.

There aren't any major differences. We explained what this one project, project number 6 -- I thought you were talking about project number 6, family services in Iowa, was recommended for disapproval. This was one of the Northeast Iowa Health Planning Council recommendations.

They have ironed their problem out and this is on the yellow sheet. It is the only negative comment, but that negative comment has been resolved.

DR. WAMMOCK: That has been resolved?

MR. ZIZLAUSKY: Yes, sir.

DR. WAMMOCK: Fine.

MS. SILSBEE: Mrs. Morgan.

MRS. MORGAN: I think it has been more discussed than I can.

MS. SILSBEE: Okay. Do you want to make a motion?

DR. WAMMOCK: I make a motion it be approved for the sum of --

MS. SILSBEE: \$1,061,349?

DR. WAMMOCK: -- \$1,061,349.

Again, I apologize for not recognizing the preparation and review of this by the staff and calling my attention to this above average to superior. I appreciate those-- that gives me, you know, a springboard.

MS. SILSBEE: Is there a second to that?

MRS. GORDON: I second it.

MS. SILSBEE: Motion has been made and seconded that the Iowa application be approved at the level of \$1,061,349.

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Next region is Kansas, and Mrs. Gordon, the record should show, will be out of the room.

(At this point Mrs. Gordon withdrew from the room.)

MS. SILSBEE: Mrs. Morgan.

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MRS. MORGAN: The Kansas RMP was reviewed as being above average to average.

Dr. Brown has been coordinator since 1966 and has done very well in coordinating with the Kansas factors.

The Review Committee really only showed two concerns, one was what they felt was an overambitious project, regionalization of perinatal care, project number 91.

The committee also showed concern over lack of documentation that the continuation of these activities after 1973, we have since -- this was reviewed by committee -- receives from Kansas various letters showing that these are being continued.

The Berkeley project being continued by a lung cancer -- Mary? And Dr. Brown is very enthusiastic the perinatal project will be continued by the state.

They did, during phase out, lose an outstanding black professional from their staff. They do have female professionals on their staff. Minorities aren't as well represented as we would like to see, but this occurred during phase out when I think minorities were the first to leave the staff when they were afraid of it being phased out.

The Review Committee did decrease their request by \$100,000, this being to alert them to take a more careful look at the project 91 perinatal care.

I move that we accept the committee's recommendation

of \$1,633,380 to the Kansas RMP.

MR. HIROTO: I second that.

I have this one question, I would like to know what this community health education program number 51 entails?

MS. SILSBEE: Miss Murphy, project 51.

MISS MURPHY: That is one of the H/SEA's in Wichita. They are expanding considerably.

It is an H/SEA project in Wichita; they are expanding it considerably.

MR. HIROTO: Okay, thank you.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: Mrs. Silsbee, may I inquire, you said you had received communications from Kansas, possibly from Dr. Brown, about continuation funding of the perinatal program from the state.

Can we know what segment of the state?

MISS MURPHY: I have the whole proposal, the cover letter.

I haven't gone into it in that detail.

Specifically, I think she meant the other, the new projects. Dr. Brown felt this perinatal care project, different components of it would be carried on by different phases within the state.

MRS. MORGAN: Not the state legislature, just the State of Kansas.

DR. JANEWAY: That is a fairly common thing for states to support, premature nursing programs.

MRS. FLOOD: My concern is, we have gotten some fairly strong assurances of continuation funding for those projects that had some concern to the committee.

Why are we cutting them \$100,000 for an above average area? What was the criteria for the \$100,000 cut recommended?

MRS. MORGAN: I don't think the committee felt they could utilize that amount in a year's time.

MRS. FLOOD: Thank you.

MS. SILSBEE: The motion has been made and seconded that the Kansas application be approved at the level of \$1,633,380.

Is there further discussion?

MRS. MARS: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

And would someone bring Mrs. Gordon back in.

(At this point Mrs. Gordon returned to the room.)

MS. SILSBEE: Next application to be reviewed is Maine.

Mr. Hiroto.

MR. HIROTO: I move that the review committee's recommendation of funding level of \$1,760,000 be approved.

The only comments I have are that the Main RMP is considered superior in all respects and they meet all the criteria and they meet the review requirements, and they have obviously been doing a very superior job.

MS. SILSBEE: Mrs. Morgan.

MRS. MORGAN: It may be noted that Maine was one of the few, probably the only RMP that when during phase out had appropriation from their state legislation to continue that program.

I think this speaks well of how high the Maine program is regarded within the state and I second the motion.

MS. SILSBEE: Motion has been made and seconded that the Maine application be approved at the level of \$1,760,000.

Is there further discussion?

All in favor say "aye."

(Chorus of "aye.")

MS. SILSBEE: Dr. Janeway?

DR. JANEWAY: Perhaps I didn't hear it. I may have been sleeping. But did the staff have any explanation, why did they cut it \$300,000 if it is all that great?

MS. SILSBEE: Mr. Peterson.

MR. PETERSON: One of the running threads in panel B, which considered Maine, was looking at not only the amount

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requested, but also such factors as what are they funded at presently and to population, and it was pointed out that Maine was a state of about half a million people, that this level of funding would give them one of the highest per capita.

Whether that is a valid point or not is for this Council to consider. But it was on that basis, and indeed Maine was one of three regions which in the sort of wrap-up session went back and looked at all 25. They decided, well, we will up this 10 percent.

We dealt perhaps a little too harshly with it. But that certainly, as I understood it, was the rationale for cutting Maine somewhat.

DR. JANEWAY: Does the staff have an opinion as to whether that will limit their capability for fulfilling these superior programs?

MR. PETERSON: I can't speak to that because I was acting in a chairman function.

I really -- in the sense of not that conversant with Maine's overall program, I think it is--

MS. SILSBEE: I can't really speak for Mr. Nash, who is not here, but at the present time this region is adequately funded.

I don't think it is going to be-- it cut back some of their activities, but I don't think it will hurt them.

DR. JANEWAY: They don't fall peril to the fact the

state government was too forthcoming?

(Laughter)

MR. PETERSON: It wasn't that forthcoming.

MS. SILSBEE: Ms. Resnick.

MS. RESNICK: Correction on the population; it is over a million.

MR. PETERSON: I am sorry, it is over a million.

MS. SILSBEE: Well, the motion has been made and seconded that the Maine program be funded at \$1,760,000.

MRS. FLOOD: I feel like Janeway, probably this is one we are really pointing with pride to and lauding and applauding, and then we cut them.

And although we may feel it doesn't hurt them, perhaps our primary reviewer could tell us a little bit about the program strength as it relates to, you know, goals and objectives.

If it is all there, all put together, then why do we buy at this point a particular philosophy that apparently permeated one review committee, and we know has in the past been sometimes brought into play; is the capitation dollar spent in a state, which isn't valid in my feeling as a way to measure the amount to be spent in a region.

MR. HIROTO: I think there are probably three regions that have a superior -- and I may be wrong -- rating, and Maine and Florida, and there was one other, and they all tend

to be reduced somewhat if I am not mistaken.

MRS. MARS: Feeling of compulsion.

MR. HIROTO: I just went along with the reviewers' concepts.

MS. SILSBEE: Well, do you want to reach all of this by a voting on this motion?

The motion is to approve it at the recommended level the committee gave, \$1,760,000.

All in favor say "aye."

(Chorus of "ayes.")

MS. SILSBEE: Could we have your hands on that?

I think it is weak.

DR. WAMMOCK: I am sorry, I was out of the room.

MR. HIROTO: May I suggest we go back to these particular ones and review them.

DR. JANEWAY: I didn't mean to open up a hornet's nest.

I thought the staff had more comments than they get on whatever color the sheet is -- it is blue or something like that -- only when it is sitting on top of yellow.

I thought it was green.

You know, that there would be a comment that there was some padding on the part of the budget, or something?

MR. HIROTO: Doesn't say that.

MS. SILSBEE: The staff member familiar with this

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region is not here today. That is why I find it difficult.

DR. JANEWAY: It is altogether probable they had full and sufficient reasons for doing it. I just don't see anything--

MS. SILSBEE: You are right. They originally had approved it at a higher level and went back and it was--

MR. PETERSON: No, they had approved it at a somewhat smaller level and added an additional 10 percent on.

MRS. FLOOD: Felt guilty and came back.

MRS. MORGAN: Dr. Thurman was on that.

MRS. FLOOD: No, not really, it doesn't.

I have a thing about capitation calculations.

I don't think that the dollar spent in sparsely populated diverse climates and terrains can be measured against a dollar spent in a high impact, highly professional setting, with a lot of availability of services.

It bothers me a little, the thought there might have been this thought taken into consideration when the funding level was recommended.

MS. SILSBEE: We have a motion that was half-way voted and for \$1,760,000, and the "ayes" were about to put their hands up so we could count them.

(Show of hands)

MS. SILSBEE: Four.

All right, the nays?

(Show of hands)

MS. SILSBEE: All right, we need another motion.

MRS. MARS: I would like to make a motion that we fund the program to its full request of \$2,020,875.

MISS MARTINEZ: Second.

MS. SILSBEE: Motion has been made and seconded that the Maine application be approved at \$2,020,875.

All those in favor say "aye."

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: The motion is carried.

The next region to be considered will be Metropolitan Washington, and the record should show Dr. Schreiner is not here.

Mr. Hiroto, you are it again.

MR. HIROTO: I am? Oh, my gosh. I have to remember what I read.

The committee recommends, and I move their recommendation be approved, that there be reduced funding of \$1,100,000 for the Metro Washington, D.C., RMP.

They are rated average to above average. And their estimated request for May of 1974 is assumed to be \$450,000.

There are continuation projects requested and four new.

Several of these relate to kidney disease.

Dr. Schreiner isn't here, unfortunately,

MRS. MORGAN He wouldn't have been here anyway.

MS. SILSBEE: He wouldn't be allowed to speak to that.

MR. HIROTO: No, he wouldn't.

But conversation by the reviewers in regard to the kidney disease programs tends to make it seem extremely -- looked at with good favor.

I don't know why the reduction, the \$172,385 reduction.

MS. SILSBEE: Mr. Stolov, is he here?

Mr. Peterson?

MR. PETERSON: I can't really -- I haven't refreshed my memory on this one by looking over the transcript again.

Some of the discussion certainly about this region was related to the fact that it had been a poor performer, an under performer up until very recently. It seems to have some heartening change in that regard, and it may be part of a general equation that it wasn't all that good. But, you know, I don't recall on Washington Metro D.C. there was a particular rationale.

Here was a group of activities that they had questions about, not the kind of consideration that went into the Maine decision. I don't recall anything from the panel discussion.

MR. HIROTO: There was a question raised about the \$132,000 that was going to be expended for the comprehensive health planning, but apparently that was okay.

That is all that comes to me out of that review.

MS. SILSBEE: All right. Mrs. Klein, did you have anything to add?

MRS. KLEIN: No, I don't really.

I will second the motion.

MS. SILSBEE: Do you move?

MR. HIROTO: Yes.

MRS. KLEIN: I think the motion was made. I will second it.

MS. SILSBEE: All right. Motion has been made and seconded that the Metropolitan Washington application be approved at \$1,100,000.

Is there further discussion?

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

The next region is Michigan, and Mr. Milliken is the reviewer.

MR. MILLIKEN: I would like to have a rundown by staff on this.

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MRS. MARS: Can't hear you.

MR. MILLIKEN: I would like to have staff give some backdrop on this before we get into it.

The program has evidently slipped considerably lately and my question is, alternative of funding them in a reduced amount or, on the other hand, questioning their future?

MS. SILSBEE: Questioning their what?

MR. MILLIKEN: Their future completely.

MS. SILSBEE: Mr. Van Winkle.

MR. VAN WINKLE: Well, it was considered by the reviewers to be an average or below average region, and if you look at it retrospectively, this region started off with Dr. Hustis as a coordinator who is quite an able one, and after he retired, the program slipped badly.

Then Dr. Tupper came aboard and brought it back up to an A region.

At the time of the threatened phaseout, Dr. Tupper accepted another position at Grand Rapids, Michigan, donating a portion of his time on a continuing basis to this program.

Judging from the application, we would kind of feel that it has slipped under the new leadership also, Sewall.

We have some concerns about what we see in the package the same as the reviewers did.

The RAG is still intact.

Again, we had some concerns about the process,

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looking at some of the program activities that are included in this particular proposal.

I did raise the concern yesterday about the automated territory, peritoneal dialysis, with Dr. Schreiner, a nephrologist. He didn't see any serious problem with this. He says it is probably not of high priority in the nephrology field. He sees nothing wrong with it, but he didn't seem to think it held very high priority.

The main concern I think that the reviewers had was the EMS activity that during the previous four-month period or six-month period, I am not sure, had been funded at a level about \$37,000 and, as you can see in this application, it jumped to \$750,000. And they doubted seriously, after looking at it quite carefully, that they could even begin to carry out what they had laid out for them to do, even in this one proposal, in a one-year timeframe.

MR. MILLIKEN: I gather from the committee's recommendation, it was felt that there was a potential of at least effectively using that much under the present circumstances?

MR. VAN WINKLE: Yes.

MR. MILLIKEN: I would then move the committee recommendation be funded at \$2,500,000.

MS. SILSBEE: Is there a second?

MRS. MORGAN: Second.

MS. SILSBEE: Dr. Wamrock, did you want to comment?

48 DR. WAMMOCK: I came to about the same conclusion here that has been already pointed out by Mr. Milliken and Mr. Van Winkle, about the project being average or below average.

Twenty-four-hour statewide emergency drug analysis feasibility study, I don't know about that.

Neighborhood pharmacies and hypertension control, I don't know about that.

And EMS, as was pointed out already, \$36,000 a year previously jumped to \$750,000.

These were things I picked out actually before I got this review here, trying to figure out which way we were going.

The vocational educational center to plan to develop systems for continuation, regional health calls. Renal disease, radio and television spot announcements. And then educational program for automated renal dialysis, renal failure, raised some doubts in my mind, and there are 41 projects here. And it looks like it will take a lot of sweeping to cover all those projects.

MS. SILSBEE: Do you think that the reduced funding level will alleviate some of the concerns that you mentioned?

DR. WAMMOCK: I think it would have to reduce it to some level or other, I would think it would.

I am sure that the reviewers have gone over this in great depth much more so than we have had the opportunity to do,

to analyze this thing and review it. But with Milliken's observation here, I think that we are all thinking about in the same direction that there has been overheating of the stove here, you know, and that something has to be done to cut it back.

I think the recommendation here--

MR. VAN WINKLE: They cut roughly \$1.3 million.

DR. WAMMOCK: -- \$1.3 million -- has got to cut something out. They can't carry no 141 projects. No way they can do it.

Did you get a second to it?

MS. SILSBEE: Yes, we did get a second.

Mrs. Morgan was very helpful to second it.

DR. WAMMOCK: Thank you.

MRS. FLOOD: My only concern would be the advice letter notifying them of possibly reduced funding, if we vote this particular way, would be that they be advised that the EMS component would more appropriately be under the new legislative actions rather than from this source.

I would hesitate to encourage them to even use a portion of their now reduced funding to continue this kind of a massive EMS expansion under their responsibility.

DR. JANEWAY: Except there are certain things in RMP, specifically say you ought to get into EMS area, directed activity.

MS. SILSBEE: But not \$73,000 level from \$750,000.

Now, the motion has been made and seconded that the Michigan application be approved at \$2.5 million.

Is there further discussion?

DR. WAMMOCK: Yes.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

The next application to be considered is Missouri.
And Mrs. Morgan is the reviewer.

MRS. MORGAN: In the comments here, reviewing committee, Dr. McPhedrin, who used to be on this Council, was primary reviewer.

You can read it and practically feel he is in the room again.

(Laughter)

He goes on to say he had received additional material since receiving the Missouri application, but he hasn't changed his mind a whole lot.

It amounts to really coming down that Missouri has had a tendency to go along with what the needs were with the current legislation. It has done very well at this.

When it was computer bioengineering type output, they

were very, very heavy on this. And it was extremely difficult over the years to get them to turn off of it. They would far have preferred to stay that way.

Finally, it has, in this proposal, be turned off.

There is one question, and this is among their numerous -- I believe it is 11 proposals of EMS, totaling about \$600,000, and they appear to be rather fragmented proposals, none of them are into a statewide unit.

I think that the recommended funding was lower than what they had requested of about \$600,000, approximately the amount of their EMS proposal.

They were rated average by the reviewers, later when they compared it to other RMP,S they rated it superior as far as this goes.

MS. SILSBEE: That means there were two reviewers, one rated average and the other rated it superior.

MR. POSTA: And the superior was based on grantsmanship.

(Laughter)

MRS. MORGAN: And they have done very well over the years.

I agree with the Review Committee in that these many EMS proposals are quite a bit of money for a lot of little proposals that are not very well coordinated into a state EMS statewide organization. And if they used their money made

52 available to them, they should be -- or we should be assured that they are working towards a statewide comprehensive program.

I go along with committee recommendation of \$2,364,333.

MS. SILSBEE: That is a motion?

MRS. MORGAN: Yes.

MRS. MARS: Second.

DR. JANEWAY: Right on target.

MS. SILSBEE: Does staff have any comments?

MR. POSTA: I would like to bring up just one -- and, Leah, feel free to add anything to the Regional Office as far as comments.

Again, back to the EMS review group, it met on Monday and Tuesday of this week. There were two planning grants approved, about \$45,000 each, one to the (b) agency in Columbia right in the center of the state, and one at Kansas City.

Now, EMS has been considered a number one priority of the Missouri RMP. They have put in an awful lot of money. It was a concern of the panel review group on Monday and also from the HEW regional office who submitted their comments to us, that before any further EMS activity is funded by the RMP, that the Governor's council should be consulted to be absolutely assured of what types of activities would be funded throughout the state in this area.

Leah, would you like to make any other comments?

MS. RESNICK: Except to emphasize that EMS project proposals are really stemming from their state law -- they did not feel that -- the new legislation would give them enough time to develop a total plan. And so they wanted to go ahead and try to help the communities meet their requirements as best they could within the coming year.

State law is an emergency medical services standardization law requiring certain equipment and training of attendants on vehicles.

MRS. MORGAN: Is it funded by the state?

MRS. RESNICK: State law is just a regular authority for them to go ahead. So far they do not have money; they are hoping to get it through legislation.

MS. SILSBEE: Motion has been made and seconded.

Dr. Jeneway.

DR. JANEWAY: We may be into it again -- I wonder if the primary reviewer or staff had comments?

I hate to ask about proposals -- C042, pilot model, new health legislation?

MRS. FLOOD: Yes.

(Laughter)

MRS. MORGAN: Go ahead. I don't have that.

MS. RESNICK: The reviewers observed that and made a strong pitch against supporting not only C042, which is a

central program operation, but the liaison district offices which are part of this total plan, and plan pending new legislation.

DR. JANEWAY: That will be in the recommendation?

MS. RESNICK: Definitely.

MS. SILSBEE: All right, motion has been made and seconded the Missouri application be approved at the level \$2,364,333.

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion carried.

I also should say that is one of the shortest reviews of Missouri on the case.

Next is Mountain States.

Let the record show Mrs. Klein is out of the room and Dr. Gramlich was not present during the review of this application.

(At this point, Mrs. Klein withdrew from the room.)

MS. SILSBEE: Now, Dr. Wammock.

DR. WAMMOCK: Four states: Idaho, Montana, Nevada, and Wyoming. I appreciate this compliment.

The overall request was \$2,409,356. Committee recommended \$2,500,000. This was above average.

I am sure the reviewers would like to discuss this program and then I will make some comments along here if I have them-- if I haven't lost them. Yes, there they are, right here.

MS. SILSBEE: Do you want the staff to say something?

DR. WAMMOCK: I think it would be appropriate here, because there is a situation, not an epistle here to this situation, so we are going to take a--

MS. SILSBEE: Okay, Mr. Russell, do you want to do it? Or Miss Flythe?

MR. RUSSELL: Miss Flythe and I just spent an entire week in Intermountain program reviewing, review process.

We were extremely impressed with not only the review process, but the management of the program where one has the regional office, which serves four states, each of those states having their own office and staff. One just couldn't help but wonder what type of management problems might be encountered.

We were very, very impressed with the communications among the staff, involvement of the program directors, involvement of the Regional Advisory Group; as we told the RMP, we felt there must be something wrong and we kept looking hard and harder -- just couldn't find it.

It was a very rewarding visit.

We also got a much deeper appreciation of traveling, in that type of geography, in a rural area.

MRS. GORDON: In April.

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MR. RUSSELL: It is quite an experience. They do have a travel and communication problem which I think they have overcome very well.

I would like to ask Mr. Mercker, who was there at the same time, looking at their management review, their management process, so broad, just fill us in very briefly on the capability of the Mountain States as management.

MR. MERCKER: The very first of April we conducted the routine administrative review of the management of the Mountain States Regional Medical Program. We found their management to be complex, but very, very effective and very well carried out.

It starts with the Regional Advisory Group, which is extremely active, all members participating on site visits, all members serving on committees.

The work of the Regional Advisory Group is tied together-- that is the city work by the Regional Advisory Group itself.

In the same manner and paralleling it, the program staff related very, very well to the Regional Advisory Group; there were four states as you know, each one having a state office, program staff. And the work of the four state offices is similarly pulled together by a regional office in Boise, Idaho, the central program staff.

The grantee has good sound management practices

which were well implemented by the appropriate staff, some years ago. They had direct control of the program, both the administration, finance, and also the program itself.

This has changed and they have assigned functions to the program staff, which now carry out the administration of the program.

Again, it is complex, the structure would seem to be one that would be difficult to operate, but it operates extremely well and they have a high level of interest in management and they communicate things very effectively.

MS. SILSBEE: Thank you.

Dr. Wammock, do you have anything further?

DR. WAMMOCK: I think it's a little difficult to belabor some of these programs here. There are over 32 here, and the recommendation from \$2,409,356 down to \$2,150,000 would probably take care of some of these little things that I have jotted down here. Probably correct themselves without any difficulty. And I don't believe it would be worthwhile to take up anybody's time to discuss.

It has been reviewed; as I say, it is a four state mechanism and it has been reviewed, given "above average."

There are a few other things here and there.

MS. SILSBEE: Louder, please.

DR. WAMMOCK: Such as activities of the physical assessments skills for nurses, and so on. Then the other

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thing was a serious question is raised as to the validity of Regional Medical Programs financing supporting the basic curriculum of nursing schools.

Another one was shared service projects, shared cost of materials at the Nevada Hospital Association.

Here is one, mechanism of development of activities, community child health abuse, I understand that is a pretty serious problem.

Another one related to PSRO.

I would move that this program be approved for \$2,150,000.

MRS. FLOOD: I will second the motion.

MRS. GORDON: Two hundred or one hundred?

MRS. FLOOD: \$2,150,000. Although this region always seems to come up with pluses and not to lessen the glow that all of you had on your recent assessment visits, and indeed their process gives impeccable, if possible -- I think it also leads to an additional problem that is sometimes not viewed by a survey visit, such as you have just accomplished. And that is, from the applicant level or the consumer level, if I will, and they find that this very, very precise process that began with WICHE at the time that it was really controlling the program, and Hank is in still today, it is a very difficult process to wade through to get a project funded, and they find the system less than responsive. And most of the

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proposers of projects in that region find by the time it gets through that process, they would have preferred to have sought help from one of the overlapping RMP's and oftentimes do. Which in some cases aggravates the turf problem.

I would urge, I am in accord they have got a good record and the funding level is probably most appropriate, but I would urge that staff work with this fantastic administrative and review process to hussle the process through, which I think in the long run will help overcome some of the turf problems.

MR. RUSSELL: I think this point is well taken, but I would have to-- having watched the process and the type of programs that are developing, and I will use as an example what has happened in the area EMS. Recognizing that is a popular program, very much needed one in all three of the states, we witnessed in Nevada, Idaho, and in Montana how the approach of the Mountain States Regional Medical Program, through its core staff working with the communities, bringing them in; starting out in Nevada \$17,000 CHP, in a very short period of time this covered the state and involved a number of the consumers.

The Mountain States approach is one of a programmatic regional approach which I think they have done a very nice job among those lines.

Now, you are absolutely right, the process involved--

and this is where the turf problem has created an awful lot of problems, here is where we saw CHP's playing one RMP against the other.

MRS. FLOOD: Yes, sir.

MR. RUSSELL: This is where we recognized the Interregional Council. It is referred to as the Inter-tribal Council.

(Laughter)

But it has not been effective. And we felt it was that council's job to get their own RMP in shape to eliminate this type of turf problem.

MS. SILSBEE: But, Dick, what I hear Mrs. Flood saying, and I think this message should get back to the Regional Medical Program, that their very fine structure should be looked at in terms of its responsiveness, in that it is so long for an IV to get through the process. I think they should be made aware this concern was expressed.

MR. RUSSELL: We did feed this back at the end of our review process.

MS. SILSBEE: I think we need to do that again.

MR. RUSSELL: Fine.

MRS. FLOOD: I will add one further comment. It all falls up there in this turf situation and the Tri-regional Coordinator's Council.

I see that reviewers questioned a portion of the

Wyoming EMS project and again that is right back in the Tri-region -- you know, Coordinator's meeting. And it will never be fully resolved.

But is there any serious concern that this component section is a complete overlap of services?

MR. RUSSELL: I don't think there is really, because we found the relationships between the Mountain States program and the Colorado program to be very, very good.

MRS. FLOOD: Thank you. Those were my questions.

MS. SILSBEE: Okay, motion has been made and seconded that the Mountain States application be approved at the level of \$2,150,000.

MR. MILLIKEN: question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Will someone call Mrs. Klein in.

(At this point, Mrs. Klein returned to the room.)

MS. SILSBEE: Next application is New Jersey.

Dr. Watkins.

DR. WATKINS: Finds itself superior in all respects, according to reviewers.

Original request was \$3,970,024, and the recommendation

is \$3,190,000, and sometimes you start to be concerned when I say superior in all respects. The committee concurred this was superior, a superior program, well utilizes funds made available to it. Almost \$800,000 was reduced. It shows there is involvement in quality of care, in excess, shows there is inner city where attention setting quality for standards, and so forth, shows an involvement with the CHP groups, except one CH (b) sent a letter which was later refuted, so that that is the main question here, why it was reduced.

Maybe one of the reviewers can tell me.

MS. SILSBEE: Mr. Peterson?

MR. PETERSON: One of the chairmen; I think the principal rationale here had two components to it, going up to the nearly \$4 million level requested. There was some question whether they could hope to mount that level that quickly and they also saw them coming in at least with an anticipated \$600--I think it is \$600,000, roughly.

They certainly did not, as they did in some other things, say here are a number of activities which we think are questionable.

It was more along that rationale. Whether it was valid or not is something else again, but there was some real concern about jumping up to almost a \$4 million level; although the staff has hung together fairly well, it has been reduced and that was the principal thing as I recall it, from

refreshing my memory with the transcript.

DR. WATKINS: With that explanation, I would therefore move \$3,190,000 be given to this program.

MS. SILSBEE: Is there a second?

MR. MILLIKEN: Second.

MS. SILSBEE: Miss Martinez.

MISS MARTINEZ: I only have one comment. I thought the proposal was very good. My only comment is in New Jersey which had such a heavy Spanish speaking population, absolutely none, no Spanish speaking persons on the RAG in New Jersey.

MS. SILSBEE: The record should show there is a PSRO proposal in there to the tune of about \$225,000, and I have been trying to reach a man, he calls me when I am out of the office and I call him when he is out of the office, with the PSRO staff, and that will have to be resolved before New Jersey can put any money into that portion. But we will handle that from a staff end.

Dr. Janeway.

DR. JANEWAY: How can an RMP organize a PSRO?

MS. SILSBEE: That is the question; we can't.

DR. JANEWAY: It is agin the law, isn't it?

MS. SILSBEE: Right. It is just a matter of clarification of what that-- and it looks, from talking with the coordinator, that is exactly what they are about to do. And we will just not allow it, because it is against policy.

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MR. HIROTO: We have had several related PSRO's.

MS. SILSBEE: That will be generally looked at.

MR. HIROTO: Okay.

MS. SILSBEE: Motion has been made and seconded that the New Jersey application be approved at the level of \$3,190,000.

Is there further discussion?

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion carried.

The next application to be considered is New Mexico, and let the record show that Mrs. Morgan is out of the room.

(At this point, Mrs. Morgan withdrew from the room.)

MS. SILSBEE: Mrs. Gordon.

MRS. GORDON: New Mexico was supposed to have a new director as of May 1st. I assume that transpired?

MR. POSTA: Yes.

MRS. GORDON: And sometime ago they expanded their RAG to 120 members. I understand this was in response to criticism.

MRS. MARS: How many?

MRS. GORDON: 120. Which I found to be just--fantastic.

DR. JANEWAY: Arkansas has 100. Everybody in the whole state.

MRS. GORDON: I don't see how they can have a meaningful group of that size functioning. Somebody wants to fill me in on that a little bit? I would be happy to have them.

MS. SILSBEE: Do you want that discussed right now?

Mr. Zizlauskay.

MR. ZIZLAUSKY: Dr. Gay came aboard 1971. His criticism was a small group had been making decisions.

(Laughter)

So he decided to increase it and make it more representative of all interests. And he has brought it up to 120.

We were kind of watching to see where he was going, and he brought it down to 73 people now, in the application.

One part of the application it states 120; in the other place, there are 73.

MRS. GORDON: I sort of gathered attrition made it 73.

MR. ZIZLAUSKY: They actually sent out pink slips to unattending RAG members.

MRS. GORDON: So they are weeding out the nonparticipants.

MRS. FLOOD: If I may add a point of information, New Mexico is our immediate neighbor and I am a little familiar

with what they did on that RAG and it was phenomenal. But they did regional concepts in a sense. The state is very diverse in both climate, terrain, attitudes, and service capabilities, and so Dr. Gay's concept was a development of a sort of subregional RAG concept. They were all RAG members, all invited to the total RAG meeting, but there were also some specific assignments of responsibility to be spokesman for the southeastern section or northeastern section.

and it did, I believe, become a little unwieldy, because occasionally, believe it or not, they darn near pushed a hundred something at some meetings.

MRS. GORDON: Then do they have LAGS in addition to all of these RAG members?

MS. SILSBEE: No, I think she is saying they serve in the local advisory capacity, have functions.

MRS. GORDON: Same people then?

MS. SILSBEE: Same people.

MRS. GORDON: That makes it a little better.

The reviewers seem to feel that most of the projects were actually -- or as I interpreted it, program staff projects. But as I understand it, as Dr. Wammock said, the epistle -- the DRMP staff did not agree with this assessment.

Is that correct?

MR. ZILZUSKY: Several of their project activities were people with the university. This was a problem two years

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ago. We asked them to identify these people as project directors, provide a project number and make sure it had three-year funding, not come under the arms of the university once the project ceases.

There are a few project activities here which are program staff people, but they are not all project staff people directed to this project.

MRS. GORDON: Says something about being physically in the same building, but not--

MR. ZIZLUSKY: Program director's program staff are physically located on the University of New Mexico campus, and some are in the same building.

MRS. GORDON: The Executive Committee of RAG met twelve times last year, so I assume from that that the executive committee had major responsibilities. And, of course, I think with a RAG of 120 or 73, or whatever is in between, that you would almost have to have that.

They were rated average, with recommended funding of \$1,644,754.

I gather primarily because they were rather ambitious. Some of their programs, such as the neonatal infant transportation, in New Mexico -- I would question that activity in just about any place except New Mexico, or some other terrain such as that.

Then they talk about project 25, "should have technical

review, site visit, by out-of-state consultants who are familiar with the RMP project."

Could you comment on that?

MR. ZIZLAUSKY: Yes.

MS. SILSBEE: Would you speak up a little.

MR. ZIZLAUSKY: This project was originally, oh, about two years ago, originally requested about \$400,000.

The site visit team recommended approximately a \$100,000 level.

The phase-in and phase-out, now increased their request again, reviewers thought they would perhaps -- were quite ambitious for their request for their activity, and they suggested since everybody -- well, discussion from the Review Committee was since everybody is involved with this type of activity, maybe they need some out-of-state reviewers to come in and take a good, hard look at it.

MRS. GORDON: This is health education and as I read the project, it seemed to be they were going to produce or had hoped to produce audiovisuals and this sort of thing on their own.

MR. ZIZLAUSKY: Yes, that is correct, they submitted seven or eight audiovisual films, HEW clearance.

MRS. GORDON: Because of the particular nature of their population.

MR. CHAMBLISS: I think the Council should know that

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we had a demonstration of health education to the public from New Mexico, right in this room. And we were less than impressed with the entire approach.

We felt that a good bit had been made of it, but little was coming from it.

I simply throw that out, just for your information.

MRS. GORDON: As you can see, the committee recommendation is quite cut, and I assume that this particular project 25 would be--

MS. SILSBEE: EMS project proposal is for \$911,000 alone.

MRS. FLOOD: If we took their funding from January through December 31st, annualized it, what would be their current funding?

MS. SILSBEE: It is approximately \$1.1 million.

MRS. FLOOD: Thank you.

MRS. GORDON: So in view of these considerations, I would recommend, I move the adoption of the committee recommendation of \$1,644,754.

MRS. KLEIN: I think I am going to second that, but I would like to ask a question first, if I may.

I notice that these reductions--

MS. SILSBEE: We can't hear you.

MRS. KLEIN: I am sorry.

As was pointed out, the reduction is substantial in

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comparison with the amount of money requested, and it says that the project objectives could not be accomplished within one year. And then on the estimated request of May 1974, they haven't requested anything.

I was wondering particularly in these emergency medical services in a state like New Mexico with a variety of topography and problems of transportation, similar to what we have in Idaho I think, if they were not able to attain project objectives within a year, consequently the funds were not-- the total requested were not granted for that particular project number 18? Would they have an opportunity to come in and ask for additional money if they haven't made this request as of May 1974?

In other words, the funds for that particular project would be cut off at the end of the year, to which this grant applies?

MS. SILSBEE: That's true.

MRS. KLEIN: And they won't have anything to go beyond that?

MS. SILSBEE: That's right.

MRS. KLEIN: Even though they haven't accomplished all their project objectives.

I wonder if that is a good idea?

MS. SILSBEE: Well that is sort of the basis on which most of these programs have requested their funds.

As a matter of fact, New Mexico has not requested anything beyond June 30th, have they?

MR. POSTA: No.

MRS. FLOOD: At least the printout doesn't show it.

MRS. KLEIN: Maybe they failed to request it on the basis of having requested this more than adequate funding, in this one.

MS. SILSBEE: I think some background on the EMS proposal is in order.

Frank, could you give an idea how long that has been supported?

MR. ZIZLAUSKY: This project activity started July 1, 1972, so we are going into the third year.

Essentially the project director put a third and fourth year request into a one-year request. That is why the money has ballooned, you know, quite substantially. That is basically it.

MS. SILSBEE: Would you speak up, please, Frank?

We just can't hear you down here.

MR. ZIZLAUSKY: This is in its third year of funding, and they started July 1, 1972. And they essentially put a third and a fourth year request together and this is what causes the huge expansion of the project in the request.

MRS. FLOOD: Could I ask, Dave, Frank is familiar

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with what the status is of the Governor's Division of Highway and Traffic Safety, and their purchase of radio communications equipment.

At one time the Governor was going to allow some funds availability for radio communications linkages from vehicles to land bases, hospitals, and perhaps even make available equipment to link into the mass helicopter potential that is based in Fort Bliss, at El Paso, Texas, which really serves a greater region in El Paso than it does Texas. And if the Governor's office does indeed fulfill this equipment part of it, what do they want almost a million dollars for; that sounds like equipment money? For one year.

MR. ZIZLAUSKY: I am not familiar with what they are doing in southeast New Mexico part of the EMS proposal.

They have had a very close linkage with the Department of Communications, as well as their own Department of Transportation.

All these people around the Governor's Blue Ribbon Committee, when the state receives their Department of Transportation funds, the project director for New Mexico RMP sits down side by side and they select the sites. The same thing goes for the communication equipment; they have just received-- Robert Woods Johnson grant for EMS, for communication equipment. I haven't seen a copy of that grant and I don't know where that equipment is intended to be, the

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site selection.

MS. SILSBEE: Frank, am I not correct that they were trying to put in this application those things that they might need if the Robert Woods Johnson money didn't come through and if some of the EMS money did not come through?

MR. ZIZLUSKY: Right. We have learned that the Navejo health authority has also received money, but a third of it spills over into the corner of New Mexico. Robert Woods Johnson has come through for them.

Possibly we have to check it out, but possibly Presbyterian Medical Services also in New Mexico has received a Robert Woods Johnson Foundation grant.

If they received the grant, you know, I am pretty sure it is safe to say there won't be any duplication.

They may have a little excess.

MRS. KLEIN: Madam Chairman, I will second the motion.

MS. SILSBEE: All right, motion has been made and seconded New Mexico application be approved at the level of \$1,644,754.

Is there any further discussion?

MR. MILLIKEN: question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: The motion is carried.

The next application to be reviewed -- would someone have Mrs. Morgan come in -- which is Northern New England, which is really the one.

(At this point, Mrs. Morgan returned to the room.)

MS. SILSBEE: Northern New England, Mrs. Morgan.

(Discussion off the record.)

MS. SILSBEE: Northern New England, Mrs. Morgan.

MRS. MORGAN: I never did quite get this through here, what all is included in Northern New England.

MS. SILSBEE: It is really Vermont.

MRS. MORGAN: It is really Vermont? Okay.

The Review Committee on Northern New England did recommend quite a cut in what they had requested, even though the region is rated above average to superior.

Their feeling is that the program as requested, as proposed, was all a continuation of projects with quite an increase in funding.

Program staff was \$430,800, almost 47 percent of the total amount requested.

Because these were on-going projects, the Review Committee felt that this was a little high, particularly in program staff portion.

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The committee recommended that the application be reduced to the level of \$700,000 with a stipulation that high priority be given to this region for increased level with the July application seeing what the new programs were going to be, were going to consist of when they come in with the July application.

In going through this, it does appear to be a very good program.

The coordinator has been there approximately a year. They do have a good review system. I feel they just did not have the time to put in for new programs, which will probably be coming in in July.

Therefore, I will go along with the committee recommendation of the reduced level of funding of \$700,000, which will certainly keep them in operation, ready to do many of their programs, and with the fact that this region be considered for high priority, depending upon the committee's review for the July application.

MS. SILSBEE: Do you move?

MRS. FLOOD: I will second Mrs. Morgan's motion and for my information, the present grantee is a nonprofit corporation?

MS. SILSBEE: The present-- Mr. Gardell, I will need your help.

The present grantee as of this moment is still the

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university, is it not?

MR. GARDELL: (Inaudible)

MRS. FLOOD: As of July 1 it becomes--

MS. SILSBEE: That has been an action under way for sometime and has to do with the concern of the Regional Advisory Group at the high indirect cost rate the university poses, so this doesn't have anything to do with the new look or anything. This is outcome of that concern.

MRS. FLOOD: My question was pointed towards that because I recall the high indirect rate from Northern New England program and wondered how long this endeavor had been undergone in the process of development, because some of the vacant positions that they reflect in their personnel, core personnel, accountant, comptroller, and I wondered why these positions weren't filled if the transition had been accomplished sometime ago. And these were the services that had always been questioned as being high priced from the university.

But again, it is one of those gold stars type of areas that did a lot for the region and I can do nothing but confirm the recommendations in light of the high staff costs to await the quality of review for the secondary application. And offer advice for strong consideration at that time.

MS. SILSBEE: The motion has been made and seconded that the Northern New England application be approved at the

level of \$700,000.

DR. WAMMOCK: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Yes, sir.

DR. JANEWAY: Now, sometimes I feel compelled to come to the defense of what is termed more or less perjoratively indirect cost. And I wished that someone would come up with a name that is better than "indirect cost" or "overhead," or whatever you want to call it. Because if you are an honest grantee, grant recipient, the calculation of indirect cost, to use that term, is additional costs caused by reception of the grant. And pursuant to it. And is demonstrable as a very well accounted item.

I understand how everybody feels about it. I just felt compelled to make that comment.

(Laughter)

Because it bothers department chairmen too.

MS. SILSBEE: Well, in this particular instance, you would be interested to know that your fellow dean, Dr. Lukenfield, is one of the leading proponents of getting this out of the university and into a nonprofit organization.

DR. JANEWAY: He and I share many common ideas, but --

MS. SILSBEE: You are right, you can't just make a blanket statement.

But in this particular instance, they felt they weren't getting the services sometimes.

MRS. FLOOD: That was my only wish to add also -- no one is unhappy to accept the high perhaps percentage of indirect cost rating by an institution when it is a grantee if indeed the program gets the support it needs. But we do find regions who have full accounting staffs, full personnel departments, full evaluation -- even planned separate computer systems while their grantee gets this high percentage of indirect costs for supposed services offered.

DR. JANEWAY: That is not right.

MS. SILSBEE: All right, having resolved the indirect cost issue --

(Laughter)

-- we will go to Northlands Regional Medical Program. And the reviewer there is Dr. Watkins.

DR. WATKINS: We come to Northlands and find that the reviewers regarded overall as below average or average. And, of course, it would seem that that was based on the fact that it is low staffing, lack of activity, and primary care, and possibly funding of PSRO.

However, this program has a history of excellence

in its performance so we are going to say that denotation is not the best, I guess, for this program.

However, it does show that there are 11 EMS and 4 QMP -- 11 emergency medical services programs and 4 PSRO, or what have you. And run the gamut through the nonspecific programs from clinical pastoral ministry to the Mayo Clinical based health education.

Even with all this and with the fact it seems to lack some imagination, I would ask that the \$1,700,000 as opposed to requested \$1,889,395, \$1,700,000 be given to this program.

MS. SILSBEE: Is there a second?

MRS. MORGAN: I will second it.

MS. SILSBEE: Do you have a comment, Mr. Van Winkle?

MR. VAN WINKLE: Yes, if I could, please.

The committee was concerned about one activity that they considered to be a PSRO activity.

Mr. Wilkins was on the phone only yesterday morning with us, and the foundation for health care evaluation, which was to be the recipient of these funds, has indeed been declared to be a PSRO in Minnesota, and Mr. Wilkins said that that particular contract will now be given to the State Hospital Association to carry out the intent of the contract, which would eliminate, as I understand it, the concern of the committee.

MS. SILSBEE: The motion has been made and seconded

that the Northlands application be approved at \$1,700,000.

Is there further discussion?

MR. MILLIKEN: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: The motion is carried.

The next application be reviewed is from
Okiahoma.

Mrs. Mars is the primary reviewer.

MRS. MARS: This program was rated average and below
average, which means there were two reviewers.

The latter was based on the review of the applica-
tion before they had a chance or he had a chance to study the
comprehensive statement, regarding their concept and objectives.

Actually I like their present concept as it seemed to
reach out to the grass roots and worked upwards.

Their program thrust and emphasis seems to be on the
under-served rural areas of Okiahoma, and certainly this
should be that way since Okiahoma is a very rural state.

The major thrust of the program have been successful.
All their original continuing education centers are functional.

They have a teleconference network which will soon
be expanded to include most of the state areas for programs

of health manpower development skills improvement and education.

The RAG composition includes Indians and blacks.

They have not neglected their minorities.

They have a well-balanced RAG with 54 members. This has retained really a remarkable continuity of membership, which has provided a very high level of understanding of both health needs and capacity and function of the RMP to meet those needs.

They have budgeted for staff increase of seven more additions, which doesn't really seem to be justified.

There is apparently no assistant director and certainly the director does in this case need an assistant.

Also there are some secretarial positions which are vacant at the moment, and which would be necessary even to help terminate the program if nothing else.

The four (b) agencies have been approved, the individual proposals and the (a) agency generally concurred.

On the whole, I think it is a fairly good program. And I would concur with the reviewers' recommendation for \$1,062,237, against their request of \$1,382,243.

MS. SILSBEE: And you so move?

MRS. MARS: I so move.

MS. SILSBEE: Is there a second?

MRS. MORGAN: I second it.

MS. SILSBEE: Our seconder will second it.

(Laughter)

Is there any discussion?

Okay, it has been moved and seconded the Oklahoma application be approved at \$1,062,237.

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

The next application to be reviewed is Oregon, and let the record show that Miss Martinez is out of the room. And the reviewer is Dr. Wammock.

Just wait until she gets out.

(At this point, Miss Martinez withdrew from the room.)

DR. WAMMOCK: This application is for \$1,201,357, and it is approved and it was assessed as being superior.

There is another epistle with this, and I would address this to the reviewer for his comments on this, because I think he has this much better than I do: Mr. Russell, do you have Oregon?

MR. RUSSELL: Yes, sir.

DR. WAMMOCK: If you would, please, then I will comment on it or come back to it.

MR. RUSSELL: I have nothing to add other than what is

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in the green sheet.

Historically this RMP has had an outstanding record.

DR. WAMMOCK: So the green sheet has really covered, in essence, what you have covered in your review?

MR. RUSSELL: With the Review Committee, yes, sir, the transcript.

DR. WAMMOCK: All right.

Oregon has continued to be an exemplary, well-managed program with strong leadership. The region has a viable Regional Advisory Board with a good review process.

The relationships with CHP's are good. These agencies are apparently involved in program planning. New staff has and is being recruited to fill existing vacancies. The ongoing and proposed activities are well developed and in line with program objectives.

I was rather interested in the statement here about how many of the new activities are going to be processed through or managed by the University of Oregon, because a great many of these are around the University of Oregon. And just the numbers, 1 out of 10 or 10 out of 10, or number of these projects will be managed through the university.

MR. RUSSELL: I am not quite sure what you are looking at or what the reviewer was looking at when those comments were made; but, of course, the University of Oregon is the grantee.

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Now, there are a number of program staff activities which the program staff monitor provides surveillance, so therefore as a subsidiary of the grantee, it shows up University of Washington -- University of Oregon is the sponsor.

DR. WAMMOCK: That is what, in essence, it boils down to.

MS. SILSBEE: That's right. It just so happens there are ten of them, staff. I just counted them.

DR. WAMMOCK: One individual pointed out here Oregon is trying to keep the people from coming into Oregon and also led the story in gas rationing.

This struck me very interesting in description of one of the projects, about family and self-help education programs, and I think it worth-while taking a moment to read this:

"Citizens frequently make poor decisions regarding common day-to-day health problems.

"Injudicious action often leads to inappropriate utilization of scarce health resources. This problem can be particularly acute in isolated rural communities or in other health scarcity areas.

"Major cause seems to be lack of practical guidelines for making health related decisions. As a result, people are prone to seek professional care when it is unnecessary, avoid expert care when it is necessary, impose-improper folk remedies and fail to employ simple useful and proven home care

areas. This not only applies to the rural areas, but applies to the urban areas."

I don't see anything -- I felt it was a well prepared document here, the Oregon program. It is easy to read, to go through, and table of contents, et cetera.

I come to this peer review quality assurance program again, that crops up, and also shared service program for hospitals and related agencies in the south coast of Oregon, the only two areas I looked at. But wouldn't make too much of a quibble about that.

So I would therefore move that the recommended sum of \$1,201,357 be approved for the Oregon program.

MS. SILSBEE: Is there a second?

MRS. MORGAN: I --

MRS. FLOOD: I second.

MS. SILSBEE: All right.

Mrs. Morgan, you were the secondary reviewer on that. Would you like to second?

MRS. MORGAN: No, just knowing Dr. Reinschmidt and being familiar with the program, you can rest assured it will be well spent.

MR. HIROTO: On this 028 group purchasing, is that institutional hospital group?

They really didn't have to do that. --It is covered under Medicare-Medicaid laws.

That is all.

MS. SILSBEE: Okay, we will make a note of that.

The motion has been made and seconded that the Oregon application be approved at \$1,201,357.

Any further discussion?

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

Dr. Janeway, thank you very much.

(Discussion off the record.)

MS. SILSBEE: Could someone call Miss Martinez back again.

(At this point Miss Martinez returned.)

MS. SILSBEE: The next application for review, you will be pleased to know we only have four more to go.

Let's have a slight break.

(Whereupon, a short recess was taken.)

MS. SILSBEE: Would the Council come to order.

The next application to be considered is the Rochester application, and the primary reviewer is Mrs. Klein.

MRS. KLEIN: As you can see by your I guess aqua colored sheet --

MRS. GORDON: Now she has got it.

MRS. KLEIN: -- the reviewers rated this program as superior, and recommended that all of the money they requested be allotted to them. And I certainly would go along with this.

I think the two reports that I reviewed show the difference between a bad report and a good report.

This one, even a person as uninformed as I am could be very well--very readily understood.

They set forth their programs with clarity. They even outlined their objectives and in great detail, and put a dollar value on each one of them. And gave a graphic history of the staff. And had a number of other informative graphs in this report that I thought were excellent.

It was a short report and very readily-- it seemed easy for me to understand anyway.

I enjoyed it.

MRS. GORDON: Is this Rochester? Is this Rochester, New York? Minnesota?

MS. SILSBEE: Yes, it is Rochester, New York.

We should be clear. That is the headquarters and it covers that tier of counties below Rochester.

MRS. KLEIN: As I say, it set forth its goals and its objectives very clearly and the funding and asked only for really a continuation of very small program and a small staff of I guess about ten people. And just gave them a

small increment in salary. And they had several well defined projects which were, as I say, outlined in great detail in the report. And I certainly would feel that they ought to be allowed this amount.

I noticed, too, that they are asking for about over a million dollars in new funds on the next application, probably to institute some new proposals with a good nucleus of a staff.

So I would move that the amount that the committee recommended, \$361,437, be allowed.

MS. SILSBEE: Second?

MR. MILLIKEN: Yes.

MS. SILSBEE: Mr. Milliken, as secondary reviewer, do you have some comments?

MR. MILLIKEN: No, I have been on a site visit there. It is very good.

MS. SILSBEE: The motion has been made and seconded, Rochester application be approved at \$361,437.

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried.

The next region to be reviewed is application from Tennessee Midsouth, that covers Nashville and the eastern

Tennessee and the area around Nashville.

The reviewer is Mrs. Mars.

MRS. MARS: The assessment of this program is that of being average. However, I think it is a fantastic program since September of 1973, they completely dissolved their RAG -- in fact, the RAG dissolved itself, and reorganized itself as an entirely new Regional Advisory Group.

This apparently was very necessary if the program was going to successfully continue.

The significant improvements included were in the bylaw revisions and grantee responsibilities were limited.

A definite limitation was placed on the size of the RAG, bringing it down to 36 members. The term of office for RAG members was limited, and there were adequate conflicts of interest provisions included.

So this has changed the whole more or less course of the program. And now they are beginning to move into an outreach program where the needs were so great, Tennessee, of course, being again a very rural state.

The new chairman is medical director of the University of Tennessee, and they also have a new coordinator. He was with the program from 1968, but he has now been acting and is coordinator as of September, I believe, of 1973, somewhere in that area. He hasn't been in that position--too long.

The former coordinator got fired and I think by the

grantee, and both the men, the one that was fired and the present one is a University of Tennessee man, so they all seem to get along all right.

The money that they have requested to the sum of \$2,133,972, seems to be in order. However, I would suggest that when they request another \$850,000 in July and August review, that it be looked into very carefully and examined, before it is granted.

They have a good past performance. They did carry out their priorities in the past. They funded 68 separate activities in the past two years, and the budget as now in the application 49 percent is budgeted for continuation activities and 37 percent is budgeted for new projects, 14 percent is budgeted for staff.

There are eight new projects. Six of these relate to rural application health districts, one concerns a disadvantaged area, and although some of these new activities are classified as continuation. Many of them have come about since November of 1973, since the reorganization of the RAG.

So that in a way, I suppose you can term them both new and continuing projects.

I therefore move that we do accept the recommendation of \$2,133,972.

MRS. MORGAN: I will second, to get it on the table, then I have a question.

MS. SILSBEE: All right.

MRS. MORGAN: I wonder, on their current staff, how one can be considered full-time professional and still be located as a full-time professional outside of the RMP office?

MS. SILSBEE: Lee?

MR. VAN WINKLE: Which one are you speaking of?

MRS. MORGAN: Under six full-time professionals, one of whom is located as full-time professional outside.

Is he full-time professional still in the RMP but outside?

MRS. MARS: His work, yes. Carries regional through the state.

MRS. MORGAN: All right, that is all I wanted to say.

MS. SILSBEE: Mrs. Flood.

MRS. FLOOD: I notice reviewers questioned the logic of a cancer program for the timeframe of potential funding. But yet the topic listed in the printout is that of lung cancer detection and in this particular region of the country, this is a particular problem.

Could someone expound as to was the project perhaps that of screening detection and planning for long-range care, or something of this nature, that it was not feasible within the timeframe?

MRS. MARS: Which program are you referring to?

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MRS. FLOOD: It is numbered 93, Mrs. Mars, and in the printout it is called lung plan, lung cancer detection.

MR. VAN WINKLE: Life adjustment, life adjustment to cancer.

MRS. FLOOD: That is, 92 is being questioned; 92 is being questioned?

MR. VAN WINKLE: Yes, ma'am.

MRS. FLOOD: Thank you.

MS. SILSBEE: The motion has been made and seconded Tennessee Midsouth application be approved at the level of \$2,133,972.

Is there further discussion?

DR. WAMMOCK: Question.

MS. SILSBEE: All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: The motion is carried.

Incidentally, Mrs. Mars, the rejuvenation of the RAG, and so forth, was not done without a good deal of prodding from staff here.

MRS. MARS: Staff here. It certainly needed it obviously.

MS. SILSBEE: That has been a problem for some years. The next application to be reviewed is from Virginia.

and let the record show Mrs. Mars is out of the room.

(At this point, Mrs. Mars withdrew from the room.)

DR. WATKINS: Virginia was reviewed and regarded as average. They are asking for only \$1,000,000.

It seems that Dean Perez is still doing the job that he has done before, that is allowing some of his staff to remain-- positions to remain vacant.

It shows a preponderance of similar projects reflecting some lack of imagination. However, he has followed the guidelines of RMP objectives and authorities.

He also, I saw this over there, he also has accommodated a number of disciplines, including RN's, and it shows dental hypertension project, pharmacist, and he does have these on his RAG's. I saw this when I was there. In fact, he does have even a dietician program. So I would like to recommend that he gets the \$1 million -- in fact, that is my proposal, he gets the \$1 million.

MS. SILSBEE: Miss Martinez.

MISS MARTINEZ: Second.

MS. SILSBEE: She seconded it.

The motion has been made and seconded that the Virginia application be approved at the level of \$1 million.

Any discussion?

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: The motion is carried.

But I would like to clarify the record, Dr. Watkins, their request was at \$1,290,000.

DR. WATKINS: Thank you.

MS. SILSBEE: Okay, could someone bring Mrs. Mars back in and we will do the last application, which is from Western Pennsylvania.

(At this point, Mrs. Mars returned to the room.)

MS. SILSBEE: Yes.

MISS MARTINEZ: Western Pennsylvania, rated as an average.

I agree with the rating of the committee.

I would like someone from the staff to clarify the concern that it had with the kidney project, or the Review Committee had with the review project.

MS. SILSBEE: The concern was primarily in the wording of the page 15, which made one of the reviewers think that they were developing transplant centers in more than one place.

This was not the case; they have got one center, and satellite hospitals that relate-- in other kinds of services.

So we feel that concern has been alleviated.

MISS MARTINEZ: Okay.

I do have two other shortcomings-- I hate to sound

like a broken record, but they have no Spanish speaking persons on their RAG, and secondly, I noticed something when I was looking at the staff, in administration, they have someone, a woman, called "administrative assistant," who receives a lower salary than "executive secretary."

Now, I think if she is a secretary or clerk, she should be so named. Because I have seen this happen so often, when people want to count a woman in professional administration, to give her a title which has nothing to do with her salary or duties or anything else.

That is a question I am addressing to whether that is the case or why the title if she is not an administrative assistant.

MS. SILSBEE: I really don't know the answer to that, but I will be most happy to ask the region that question.

As a matter of fact, Miss Kettle, who used to be with this staff, made a big point of that in site visit one time.

MISS MARTINEZ: Okay. In that case I would like to move that the committee recommend \$1,370,285 for the program, plus \$170,285 for the heart function be approved.

MS. SILSBEE: Is that plus or--

MISS MARTINEZ: Isn't it plus?

Oh, it includes? Sorry. Amend that to include, including the Mahoning-Shenango project.

MRS. MORGAN: Is this to make sure the Ohio project

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is good?

MS. SILSBEE: Yes.

MRS. MORGAN: I second, then I will get it on the table.

MS. SILSBEE: Let me explain a little bit about the Ohio project.

This is one of the activities that was supported in that special ear-mark a couple years ago, health services education activities.

At the time the Northeast Ohio Regional Medical Program was phased out, that program had been funded for a couple of years, money was provided there. It was moving along well. And so for a year we were able to fund it as a 910 activity. Because of the court order and the wording of it, we could not continue in that capacity, so we asked Western Pennsylvania if they would agree to fold this into its program and monitor the activity and they did agree.

So \$170,285 for that project represents the request of the project.

Mrs. Flood.

MRS. FLOOD: I am not familiar with this region, and I am not sure who the grantee institution is.

MS. SILSBEE: University of Pittsburgh.

MRS. FLOOD: University of Pittsburgh. So there would be no problem in continuation monitoring of projects 25

and 26 into fiscal 76, which their request does reflect funding for fiscal '76?

MS. SILSBEE: The action of the committee in cutting back on the funding was to -- they felt that those additional dollars should not be allowed at this time.

MRS. FLOOD: Fiscal '76 portion of the fund?

MS. SILSBEE: However, in terms of your initial question, the capability of the university to continue, I don't think there would be any problem along that line.

MRS. FLOOD: This was the rationale.

MS. SILSBEE: They didn't put any kind of restriction on that, but at the dollar level they were making that suggestion.

MRS. FLOOD: Thank you.

MS. SILSBEE: Mr. Hiroto.

MR. HIROTO: Yes. I am repeating myself, but there is something, \$31,000 in there, about quality assurance. Again, is that going to make certain--

MS. SILSBEE: Yes, we will make certain on that.

Let's see, you were the secondary reviewer. Did you have any further comments to make?

MR. HIROTO: No.

MS. SILSBEE: The motion has been made and seconded that the application from the Western Pennsylvania Regional Medical Program be approved at the level of \$1,370,285, which

3 includes \$170,285 for the Ohio health education project.

Is there further discussion?

All in favor?

(Chorus of "ayes.")

MS. SILSBEE: Opposed?

(No response.)

MS. SILSBEE: Motion is carried and that ends the review of the 53 applications.

(Applause)

DR. WAMMOCK: I have one other comment if I may.

DR. PAHL: Go ahead.

DR. WAMMOCK: Article about RMP. "As I knew him, the rise and fall of an idea," and it ends with a quote, "mourners are urged not to send flowers but money."

(Laughter)

MS. SILSBEE: That is from the New England Journal of Medicine.

Before closing, I thought the Council might be interested in the overall recommendations that have been made.

You have added funds to the committee's recommendations to the tune of about \$3.7 million. You added money to Central New York, Intermountain, Lakes Area, Maine, Nebraska, New York Metro, Texas, and Tri-State.

You took money away from Susquehanna-Valley.

The total difference in the amount of all of these

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actions was \$3,648,458. This means that the committee recommended the level of \$85,047,597.

MRS. MARS: What?

MS. SILSBEE: \$85,047,597.

The Council recommendations totaled \$88,696,055.

DR. PAHL: Thank you very much, Judy.

Dr. Watkins.

DR. WATKINS: Tell me brevity is the soul of wit, so I will be very brief.

This Council shows a mix of jocularly, mental agility, and mental alacrity, and I want to say I am happy to be back.

(Laughter)

DR. PAHL: Thank you.

MRS. MARS: Very happy to have you.

DR. PAHL: Before we adjourn, I have just one or two comments, particularly for the new members of Council.

It has been a baptism by fire and I am sure it seems like almost ages when I welcomed you yesterday morning to sit on the Council.

MRS. GORDON: "Sit" is the word.

(Laughter)

DR. PAHL: I am glad to see we have solved the long-standing problem of "indirect cost." I will pass that word on to the appropriate authorities in HEW and elsewhere.

It is particularly interesting also to see and listen to the humor, and I think I will remember about Czechoslovakia and sheriffs for sometime.

(Laughter)

Very seriously, again, I remind you that you have probably worked harder with greater workload than any Council I have been associated with in this program.

MRS. MARS: Except for the last one.

DR. PAHL: We were somewhat reduced in numbers.

MRS. MARS: Yes.

DR. PAHL: But you have also set a precedent today, and I have just been doing some calculating and I think the August Council meeting should run no longer than about two hours and eight minutes if you stick with the same kind of good activity.

But very seriously, you should know that the recommendations that you have made will, of course, be looked at and I am sure there will be great interest by the individuals who sat here yesterday morning, and indicated to you their interest in the direction of the program and charge you with various kinds of responsibilities at that time.

I feel very, very comfortable. I would like you to know, to represent both the Review Committee and the Council in its recommendations on each and every program, I feel that you faced up to some very difficult decisions.

There have been some good discussions on complex issues. The record is well documented. And I would want you to know that I am probably more comfortable at this time than any time in recent months in defending to our own Administration the quality of the review throughout this entire process.

It will be a pleasure to be able to sit with them and indicate just what recommendations have been and why we have reached those.

So without holding you further, I hope that we can see you and others back August 8 and 9, and we will be most happy to respond to questions and inquiries in the interval should you have any.

Sewa:11?

MR. MILLIKEN: Your remark about production, I don't think we could have done it without the unusual staff work that has been done, very well done.

MRS. MARS: We owe you a vote of thanks.

DR. WAMMOCK: It has been a great help and I am sure the constraint of time here has really been something.

DR. PAHL: Mrs. Silsbee may indulge in a predinner highball this evening, for a job well done to her and the staff. A lot has been done behind the scenes, as you all know.

Thank you very much.

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I declare the meeting adjourned.

(Whereupon, at 3:27 o'clock, p.m., the meeting
was concluded.)

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