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Federal funds cut off

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How medical plan has been crippled

By Richard Brooks

SEVERAL WEEKS ago on a Monday, Dr. Dexter Nelson kissed his children goodby, and began the 100-mile drive to Chicago from Princeton, Ill. He had made the trip many times before, and he was used to driving. His rural practice takes him from one distant hospital to the next.

But this day the drive was longer than usual. It would be the last trip to fulfill what Dr. Nelson had known as a real commitment to an idea that could work—the Illinois Regional Medical Program.

The program was designed to utilize a reservoir of professional medical expertise, not ruled by fiat from Washington, but by advisory councils of practitioners like Nelson who volunteered their time.

THE IRMP WAS perhaps the best plan of its kind in the country. It was a blueprint for making medicine accessible, a model for local and regional health systems. In the last seven years, apparently the Department of Health, Education, and Welfare agreed with its potential; more than $500 million was funneled into Regional Medical Program coffers nationwide.

But like RMP officials everywhere, Illinois planners received an abrupt telegram in February telling them to phase out all operations by June. Dr. Nelson had the unpleasant task of chairing his last regional advisory group meeting. He confirmed the fate of the IRMP with its director, Dr. Morton Creditor, who was charged with the task of winding down the program.

The tragedy that day several weeks ago was not just another casualty of the communications gap between Washington and the hustings. The IRMP was more than "just another program." It was a regionally organized effort, the excited response of practitioners to the simplest medical demand of all—that the world's best health technology be accessible to all citizens.

In seven years, comprehensive health care had moved from bureocratic jargon to a practical concept. Where experts from the federal government had failed, people like Nelson and Creditor made the leap from theory to practice.

With $2.3 million, a pittance by federal standards, the IRMP funded projects for health screening in industrial plants, community health information and referral services, more centralized and accessible kidney disease and hypertension control programs, prepaid comprehensive health care programs, health systems for doctorless communities, the Metropolitan Blood Council, and other projects.

STAFF SUPPORTED projects included work with the Brown County Health Center, a clinic for senior citizens, studies in physician distribution in the Chicago metropolitan area, and a push for use of problem-oriented medical records.

The IRMP also worked for assessment and evaluation of medical programs, training of more health personnel, and pressed for development of a health-education consortium.

Health care, IRMP officials believe, should begin as early as an individual recognizes what health is. Preventive medicine is the key. Rather than promote insurance that pays only when a cure is needed, the IRMP endorsed the concept of Health Maintenance Organizations—to make good health rather than poor health the primary concern.

By supporting the use of problem-oriented medical records, the IRMP wanted to help health personnel easily arrive at an accurate appraisal of a patient's condition.

As Dr. Nelson ironically noted, a week before the final regional advisory group meeting 5,000 orientation books on the use of problem-oriented records arrived at the IRMP office for distribution.

That untimely arrival characterized the dilemma of many HEW-funded programs, from OEO agencies to educational projects authorized under the Elementary and Secondary Education Act of 1965. Via the HEW shift in priorities, millions of dollars are being "recycled"—slowly, if at all.

In the case of the IRMP, the tragedy is double. The technology for health care exists, the spirit and the personnel who can deliver are willing, and the mechanisms of delivery are off the drawing boards. Cooperation long sought but rarely achieved had built up momentum.

But the momentum is now lost. Tho the carrot of revenue sharing is held out for almost all the HEW programs that are being phased out, prospects for a quick regeneration are dim. Some programs eventually may be picked up in piecemeal fashion, but the interim between June 30 and whenever states are motivated to move with their anticipated financial shares will mark a substantial waste in human and managerial terms.

What disturbs observers away from Washington is the cold shift of power with few, if any, provisions for the interim period until state resumption of funding.

For those progressives who were setting up Health Maintenance Organizations the cutoff means a postponement of a healthy idea. For the company health centers supported by the IRMP, the cutoff means a lessening of their ability to serve their clients.

FOR PATIENTS everywhere in Illinois, the cutoff probably means a postponement in the establishment of a medical record keeping system that might speed diagnosis and cure. For the Metropolitan Blood Council and its thousands of clients, the cutoff means a serious blow to expansion.

For the more than 250 health professionals who volunteered their time to serve on the regional advisory group and other IRMP committees, the cutoff means a swift devaluation of their thousands of hours of effort.

Finally, for Dr. Nelson the cutoff signals a few hundred fewer miles of driving per week and a disappointment that will be hard to conceal.

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