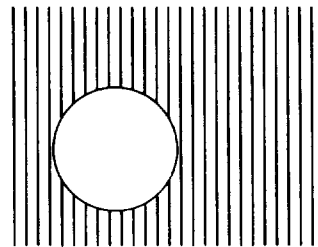




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regional medical programs



ALABAMA

The Alabama Regional Medical Program has defined three goals: to provide retraining and continuing education for health personnel by local demonstration of recent developments in medical care; to increase the supply of health care manpower and improve distribution and use; and to involve the entire community in the problems of modern health care and their solution.

A wide variety of activities have achieved significant success.

JOHN M. PACKARD, M.D.

Birmingham

The Alabama Regional Medical Program was organized in 1967 to improve patient care throughout Alabama, especially for patients with heart disease, stroke or cancer. A regional advisory group of 62 representatives from all areas of the state determines policies. Over half of its members are physicians, nurses, hospital administrators, and other health professionals; the remainder are laymen, including educators, students, businessmen, and government officials. Fiscal and administrative responsibilities are maintained by the University of Alabama in Birmingham, which includes the only schools of medicine, dentistry, optometry, and health

services administration located in the state.

The principal objectives of the Program are (1) to provide retraining and continuing education for the entire health service team by demonstrating recent developments in medical care as close as possible to the patient's home and the physician's practice, (2) to stimulate and support the creation of new health service manpower and to improve distribution and use throughout the Region, and (3) to increase and improve total community involvement in both the problems of modern health care and their solution. These three programs fit into the conceptual scheme for comprehensive health care systems proposed by Kissick.¹

Methods

The Alabama Regional Medical Program assists established groups to achieve a common goal. Thus staff members act as consultants in special fields, resource persons, writers of grant requests, conveners of meetings, facilitators of activities, and "brokers" to find other sources of assistance when Program activities are not applicable.

A problem-solving approach, applicable equally to care of the individual and of the population as a whole, has proved useful. This process of regionalization includes (1) involvement, (2) identifying problems, including conflicts and fragmentation as well as needs, (3) assessing resources, (4) defining objectives, (5) setting priorities, (6) implementing plans, and (7) evaluating results.

The staff has spent a great deal of time in the first three areas. Steps 4 and 5 have been expanded by establishing six subregional offices to develop areawide comprehensive health-planning councils and by adding health planners to established councils. The regional advisory group periodically revises or reaffirms Regional objectives and priorities, considering subregional needs.

The core staff has implemented step 6 by encouraging appropriate activities by other agencies or groups, supplemented by approved and funded projects. The success with projects has been poor, leaving gaps in proposed plans, and project development itself has been costly. Step 7 has evolved slowly as only four projects have been formally evaluated; however, methods to evaluate programs and the quality of medical care are now being developed.

Progress

A brief discussion of the three major program areas will illustrate the progress in improving health care in Alabama.

Education—There are now two courses for training coronary care nurses, one in a community hospital in Mobile, and the other sponsored by the Alabama Heart Association with clinical instruction provided by seven cooperating hospitals in Birmingham. To date, these courses have graduated 146 registered nurses, 98 licensed practical nurses, and 50 students.

Small hospitals that are installing monitoring equipment but cannot spare even one nurse for extended training in Birmingham or Mobile benefit from courses using ROCOM™ multimedia instructional units. Nine of these units, donated by the Liberty National Life Insurance Company, Birmingham, are rotated among the larger hospitals where qualified personnel instruct all nurses within commuting distance.

Another project, only partially funded, provides medical information for Alabama

health care providers by means of toll-free telephone lines to the Medical Center of the University of Alabama in Birmingham, where specially trained operators refer the calls to senior faculty. This service provides an immediate answer to problems in management, and often pertinent library material is sent to the caller. During the first 18 months of service, 4,441 calls were received and the faculty made 6,460 follow-up calls.

In addition, the Program has supported over 70 courses in continuing education provided by the University of Alabama in Birmingham during the past year by partially financing salaries, underwriting travel and seminar expenses, and publishing and distributing program announcements; staff members have served on program committees and appeared on programs. In-service education programs in community hospitals have benefited from core staff advice and loan of audiovisual materials. The Program has also cooperated with many volunteer and public agencies in their continuing education endeavors and is actively working toward a coordinated program for Alabama's allied health professionals.

A course in instructional strategy, under the direction of the Center for the Study of Medical Education, University of Illinois College of Medicine, Chicago (under a Regional Medical Programs contract), is available to all interested physicians, dentists, nurses, and allied health personnel. Hopefully, a project with the University of Alabama School of Medicine in Birmingham using community hospitals for training students in these professions will not only stimulate practitioners, but also will perhaps influence students to select less urban areas for practice.

Manpower—The health needs of Alabama are most evident in the severe shortage of all categories of health manpower, complicated by maldistribution and a constantly diminishing number of general practitioners. Recruitment is basic to the solution. The Program

has received approval and funding for two significant projects. One provides junior college training and remedial education for disadvantaged students in nursing or training as medical records librarians. The other project establishes a consortium of the 17 junior colleges to provide initial core curriculum for allied health personnel who will receive their clinical training at the Regional Technical Institute, a component of the Medical Center of the University of Alabama in Birmingham. These projects conserve the scarce supply of clinical faculty, and since the students return to their own junior college for graduation, encourage them to find employment in their home area.

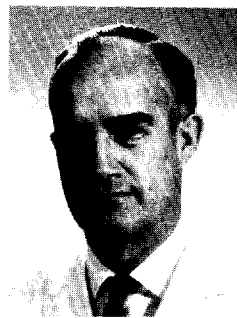
The staff of the Alabama Regional Medical Program has also aided in establishing the Division of Family Medicine and Ambulatory Care and in the proposed renovation of outpatient facilities at the Medical Center. In addition it has supported the administration of the University of Alabama Medical School, Birmingham, in a proposal to shorten the curriculum from four to three years and to double enrollment by 1973. The director of the Alabama Regional Medical Program serves as consultant to the medical education committee of the University of Alabama in Tuscaloosa, now studying the possible creation of a medical school on that campus.

The Program has played a role in establishing programs for surgeon and physician assistants and is active in efforts to educate physicians, nurses, and the general public in the role of these assistants and to obtain the necessary legislative changes. In addition, the associate director for education has served as consultant to state colleges and universities expanding their health programs. It is hoped that these activities, in cooperation with the Regional Technical Institute, will stimulate new careers such as enterostomal therapists and pharmacist assistants.

Medical services—The regional advisory group has placed a high priority on improv-

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ing emergency medical service, focusing on improved emergency care to the cardiac patient. The Program has cosponsored three statewide seminars for ambulance attendants, has supported the Regional Technical Institute in courses for ambulance attendants, and has worked with state and local organizations to prepare a bill for the state legislature to upgrade ambulance attendants to emergency medical technicians. A core staff member attends meetings of Birmingham's emergency medical service committee and has been involved in establishing a radio network among ambulances, hospitals, and fire and police departments.

In association with the Alabama Heart Association, the University of Alabama in Birmingham, and three community hospitals, the Program has formed a committee to improve prehospital coronary care, funded a feasibility study to equip ambulances with electrocardiographic telemetry, and is collecting base-line data on treatment of heart patients.

At the Medical Center, the Program director has chaired a combined committee from the University and Veterans Administration hospitals to standardize resuscitation equipment, establish cardiac arrest teams, provide a course in cardiopulmonary resuscitation for incoming house staff and a course for nurses, and equip a self-teaching room with audio-visual aids and a donated Arrhythmia Resuscitator. Program staff and cardiac fellows

have given the course in resuscitation to community hospital physicians and nurses; the course will be expanded by the Alabama Heart Association's closed-chest cardiopulmonary resuscitation program.

Program staff members have acted as consultants in planning coronary care units throughout the state and have arranged for transmission of electrocardiograms from the Appalachian Demonstration Area to the University of Alabama Hospitals and Clinics, Birmingham. Testing devices for coronary care unit equipment have also been secured. A coronary care unit training course for registered nurses and licensed practical nurses has been operational in Birmingham since April 1969 and will terminate its Program sponsorship in March 1971; a second course to include nursing students began in Mobile in April 1970; a third is proposed for Sylacauga, as is an extension of the Mobile program.

Other actions to improve health care delivery include promotion of the Weed problem-oriented medical records system, which has been officially adopted by the University of Alabama School of Medicine and the University of Alabama Hospitals and Clinics. Universal use of this system will do much to effect the continuity and comprehensiveness of health care and the computerization of records.

A major step in improving health care delivery and expanding cooperation among hospitals has been the appointment of an associate hospital director for Regional Medical Programs at the Birmingham Veterans Administration Hospital and of health program liaison specialists as local counterparts at the Veterans Administration hospitals in Tuscaloosa, Tuskegee and Montgomery. This regionalization program, initiated by the Veterans Administration, is vitally important to the Program and for the first time will weld together the total health care delivery system in Alabama.

Problems in delivering rural health care

are being approached through summer student programs, support of the physician assistant program, cooperation with the Appalachian Tri-County Health Planning Commission, and cooperation in a Model Cities project to improve the nutrition of residents in Tuskegee and the surrounding area. The Program works closely with the Council for Community Health Services of the University of Alabama in Birmingham. In addition, Program staff members serve on the Committee on Health Services for the Poor, which has a planning grant to develop a health care delivery system in a substandard area of Birmingham.

The Medical Association of the State of Alabama and the Medical Center of the University of Alabama in Birmingham have sought assistance from the Program in drafting a statewide plan to improve distribution and delivery of health care. This challenge represents a unique opportunity to fulfill the Program's goal and explore methods of evaluating the quality of medical care.

Summary

In its four years of existence, the Alabama Regional Medical Program has involved the state's health care professionals and the general public in discussing solutions for the many problems involved in providing the best available medical care for all persons in Alabama. The Program's main activities have been to coordinate and expand continuing education for physicians, nurses, and allied health professionals; to expand present training programs and form new ones; and to cooperate in long-range planning to improve delivery of health care, especially to the rural population and the urban poor.

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REFERENCE

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