E000622

Program Direction and Management Services

	1971 Estimate		1972 Estimate		Increase or Decrease	
	Pos.	Amount	Pos.	Amount	Pos.	Amount
Personnel compensation and benefits	67	$788,000	67	$871,000	--	+$83,000
Other expenses	--	710,000	--	666,000		- 44,000
Total	67	$1,498,000	67	$1,537,000	--	+ 39,000

The program direction activity provides for a central staff needed in planning, directing, and evaluating the broad scope of program activities in the RMPS; maintains effective communications and information links with the 55 local regional medical programs and the general public, and provides administrative management services.

February 10, 1971

Composition of Direct Operations, Technical Assistance and Disease Control and Program Direction and Management Services

	1972 Pres. Budget
Direct Operations	
Office of Director - Div. of Opera. & Devel.	16
Grants Review	22
Grants Management	11
Regional Development	19
Grants and Contract Policy	5
Organizational Liasion	7
Systems Management	11
Total	91
Technical Assistance & Disease Control	
Office of Director - Prof. & Tech. Devel.	6
Continuing Education & Training	14
Operations Research & Systems Analysis	8
Clinical Specialty Branch	22
Kidney	38
Smoking & Health	29
Total	117
Program Direction & Management Services	
Office of Director	8
Communications & Public Information	10
Administrative Management	29
Planning & Evaluation	20
Total	67
TOTAL	275

General Questions

1. Regarding the training of allied health personnel, we find a number of your programs are involved in such activities (Maternal and Child Health, Family Planning, Health Services Research and Development.) Isn't this duplication? Could you describe some of your activities in this area.

4. We have heard much about Health Maintenance Organizations and assume HSMHA will play the chief role in developing them. What are your plans to develop such organizations? What exactly will be the function of HSMHA in setting up HMO's?

5. To what extent have you decentralized HSMHA programs? Are decisions on grant awards now made in the regional offices?

Regional Medical Programs

11. We note that the 1972 grants obligation level for Regional Medical Programs is expected to be $75 million as compared with $70 million in 1971 and $78.2 in 1970. What do you think the impact will be on the 55 Regional Medical Programs?

12. How does RMP fit into the national effort of improving the delivery of health care services?

13. What is RMP's role in the training and continuing education of physicians?

14. What are your long-range plans for RMP in the area of kidney disease?

15. I note you are maintaining a level program in Smoking and Health Activities? What are your future plans? Will the termination of TV cigarette advertising have an effect on this program?

16. What is the status of the mobile coronary care units? What are the relative priorities of these versus the intensive care coronary care units?

General Questions

1. In 1971 approximately 39,000 allied and other health personnel will be trained through activities funded out of the RMP appropriation. In addition, over 25,000 emergency health personnel, i.e., firemen, ambulance drivers, and policemen, will receive training.

   A better description of the RMPS role might be given through an example. In Alabama, the RMP is sponsoring training programs for allied health technicians through the cooperative use of funds, manpower, and facilities already in existence at the junior college and vocational technical training schools level.

4. The Regional Medical Programs Service and the 55 Regional Medical Programs have a unique set of technical and organizational resources available for the development and support of Health Maintenance Organizations. The professional/technical aspect of the program has been implemented through the development of regional cooperative arrangements among providers of health care. The Regional Medical Programs incorporate a set of attitudes and values towards local autonomy and program flexibility which are in accord with the Administration philosophy of decentralization and pluralism.

   There are three major areas in which RMPS and the Regional Medical Programs can contribute to the development and support of Health Maintenance Organizations:

   1. Establishing and maintaining systems for measuring the quality of care.

   2. Improving the access to health services through better uses of health manpower.

   3. Supporting continuing education systems which will maintain and upgrade the quality of care in HMO's.

5. In conjunction with the findings and implementation of the FAST Task Force, steps are being taken to decentralize "Project review and funding responsibility directly to each Regional Medical Program."

   RMPS and the National Advisory Council will continue to have responsibility for the establishment of national priorities, the development of policy and program guidelines, long-range planning, design of performance evaluation techniques and the review and approval of new and continuation Program grants from a general program point of view.

In an effort to provide closer coordination with the DHEW Regional Office structure, one RMP staff person is being placed in each of the ten Regional Offices. In part, this meets a need for a greater flow of information and coordinated planning to ensure that the activities of the relevant Regional Medical Programs are consistent with and strengthen the overall health plans of the Regional Health Directors.

Regional Medical Programs

11. All the RMP's will feel the effects of the cutback in 1971 from $78.2 million to $70 million. Each will be reduced by around [illegible] percent in its operating level. While some redistribution of funds is anticipated in 1972, the overall level will remain constant at $70 million with an additional $5 million earmarked for construction of a cancer research facility in the Northwestern part of the United States.

    By holding obligations to $70 million in 1971, we can carry forward $34.5 million into 1972 making our request for new authority in 1972 much smaller than in 1971.

12. Regional Medical Programs Service supports grants and contracts which on a regional basis bring together in a common effort the local medical centers, hospitals, and other health care facilities, health care providers and other resources to systematically identify health problems and to undertake the solutions by conducting programs through voluntary commitment of regional resources. These programs will bring about an increased, effective use of medical knowledge, make more efficient use of physical and human medical care resources and help remove barriers which impede entry of patients into the health care system, while maintaining major focus on those diseases which are the greatest causes of morbidity, disability, and death in the United States.

13. First, it has been a strong force in stimulating a renewed interest in the need for continuing education. It has stimulated programs to solve every day needs of practioners and patients including programs which consider costs or access to care.

    A second activity is directed toward the solving of immediate problems and needs of the practioner. A program such as the M.I.S.T. program in Alabama, which allows the physicians removed from the medical center, to call the center and receive free high quality consultation on medical problems is one example. Other programs, such as the Stroke Project in Oregon have shown the physicians how to better utilize allied health personnel - thus reducing costs and improving manpower utilization.

14. The long-range plans of the Kidney Disease Control Program aim at the development of national capability to extend the life-saving therapies of hemodialysis and transplantation to the 8,000 - 10,000 new end-stage patients each year who are considered medically to be good candidates for these therapies. At present, we are meeting less than 20 percent of this need.

    Information and experience gained from contracts and grants supported over the past several years have provided us with a level of competence to mount a national program to provide capability for adequate kidney disease patient care. The program will focus on systems of care centered on selected transplantation centers buttressed by adequate home dialysis patient support, and coordinated with cadaver organ procurement facilities, training, and high capacity donor-recipient matching methods. Maximum reliance will be placed on utilization of existing facilities, and patient care organization.

15. Everything known about cigarette consumption suggests that the educational efforts of the voluntary agencies and the Federal Government should be greatly increased. Yet available free radio and television time has and will inevitably decline since cigarette advertising was taken off the air. So long as television time exists in any amount, the voluntary agencies and the Government must fill it with the best and most effective messages they can. But, at the same time, they must now broaden their programs in the other media. This is particularly necessary for the Government, whose program is vital to the total effort and whose materials in many cases are used by the voluntary agencies.

    This mass communications effort, however, is not sufficient by itself to solve the problem. In addition, the current program of the Clearinghouse must continue in the following areas:

    1. School and community programs to reach young people.

    2. Occupational and community programs to reach adults.

    3. An expanded program with the health professions.

    4. Continued efforts to encourage self-protection through less hazardous smoking among those who are unable to stop smoking.

16. Of the six mobile coronary care units currently supported, four are in their last year of funding while the other two (Iowa and Metro. New York) may be supported for one more year.

The National Advisory Council has advised RMP's to fund no new mobile units. It feels that the investment in the study of their value has been adequate and that funds should be diverted into the demonstration of more comprehensive and cost effective systems of coronary care.

4/16/71

MOBILE CORONARY CARE UNITS

Regional Medical Program	Project and Location	Latest Funding (Totals)
Washington-Alaska RMP	#27 - Feasibility Study Treatment - Emergency Myocardial Infarction - Seattle	$ 47,400
Oregon RMP	#13 - Mobile Emergency Cardiac, Providence Hospital - Portland	$ 8,700
Ohio State RMP	#6 - Sudden Death Mobile Coronary Care Unit - Columbus	$120,500
Metro New York RMP	#1 - Mobile Coronary Care Unit - St. Vincent Hospital Medical Center - New York City	$ 81,600
Metro Washington, D.C. RMP	#12 - Mobile Coronary Care Unit - Montgomery County, Maryland	$ 90,000
Iowa RMP	#13 - Mobile Intensive Coronary Care Unit - Mason City	$ 62,000

REGIONAL MEDICAL PROGRAMS

I. Key Issues

A. The cutback in Budget Authority in 1972.

B. The way the reductions will be made.

C. The move away from categorical emphasis.

II. Budget Summary

(Dollars in thousands)

Activity or Subactivity	1970 Estimate		1971 Estimate		1972 Estimate	
	Pos.	Amount	Pos.	Amount	Pos.	Amount
Regional Medical Programs						
Grants................	55 1/	78,202	56 1/	70,298	56 1/	75,000
Direct operations.....	98	1,301	91	1,799	91	1,851
Technical assistance & disease control						
Regionalization activities.........	27	1,526	50	2,543	50	2,576
Smoking and health....	29	2,239	29	2,172	29	2,189
Kidney disease........	38	4,401	38	4,096	38	4,118
Program direction & management services...	88	2,833	67	1,498	67	1,537
Total.........	280	90,502	275	82,406	275	87,271

III. Program Summary

The Regional Medical Programs Service provides the instruments required to enhance the capacity of the health care system to furnish services of satisfactory quality to all Americans.

Regional Medical Programs Service: (1) supports grants and contracts which on a regional basis bring together in a common effort the local medical centers, hospitals, and other health care facilities, health care providers and other resources to systematically identify health problems, commitments, and undertake the solutions; (2) furnishes professional and technical assistance and advice to the Regional Medical Programs, States, local communities and other relevant health agencies; (3) conducts programs through voluntary commitment of regional resources to bring about an increased, effective use of medical knowledge, make more efficient use of physical and human medical care resources and help remove barriers which impede entry of patients into the health care system, maintaining major

1/ Number of regions. South Dakota included in 1971 and 1972.

focus on those diseases which are the greatest causes of morbidity, disability, and death in the United States; (4) facilitates and provides professional guidance at the regional level to other governmental and private efforts aimed at improving the organization and delivery of health care; (5) administers specialized pilot or educational or monitoring programs in the field of kidney disease and smoking and health, which have significant importance in improving personal health care and in contributing toward the accomplishments of Regional Medical Program goals.

IV. Program Goals

In order to insure maximum benefits from the funds available in 1972, there will be a re-examination of all 55 Regional Medical Programs with a view to reducing and redirecting funds from areas which appear less than clearly related to goals and objectives of Regional Medical Programs Service. It is expected that such activities will include improved and expanded service by existing physicians, nurses and other allied health personnel; increased utilization of new types of allied health personnel; new and specific mechanisms that provide quality control and improved standards and decreased costs of care in hospitals; provide early detection of disease; implement the most efficient use of all phases of health care technology; and play the necessary catalytic role to help initiate necessary consolidation or reorganization of health care activities to achieve maximum efficiency.

V. Program Operations

The Regional Medical Programs Service provides support of 55 Regional Medical Programs with operational grants as follows:

	Net Operational Grants Awarded to Date	Funds Available Current Program Period (Level as of 12/31/70)
Total	$254.2	$95.0
Program Direction - Project Development, Planning	$ 91.5	$39.8
Operational Projects	$162.7	$55.2
Activity Emphasis - Projects	$162.7	$55.2
Education & Training	88.1	29.1
Demonstration of Care	53.1	21.7
Research & Development	21.5	4.4
Disease	162.7	55.2
Heart	45.9	14.1
Cancer	17.1	6.5
Stroke	17.4	7.1
Related (Diabetes, Kidney, Pulmonary)	16.4	6.5
Multicategorical	65.9	21.0

55 REGIONAL MEDICAL PROGRAMS

KIDNEY DISEASE CONTROL

I. Key Issues

A. The relationship of kidney activities to the goals and activities of the Regional Medical Programs.

B. The development of coordinated hemodialysis and transplantation capabilities to provide end-stage therapy to the 8,000 - 10,000 treatable Americans who fall victim to kidney disease each year.

II. Budget Summary

	1971 Estimate		1972 Estimate		Increases or Decreases
	Pos.	Amount	Pos.	Amount	
Kidney Disease	38	$4,096,000	38	$4,118,000	+22,000

III. Program Summary

The Kidney Disease Control Program is concerned with developing, testing, evaluating and demonstrating methods to prevent and control kidney disease.

IV. Program Goals

Initial steps will be taken in 1972 on a long-range program to develop interrelated kidney programs aimed at providing therapy for the 8,000 to 10,000 Americans who fall victim to kidney diseases annually and are considered to be the best medical candidates. The Program will provide a model plan for the development of organized kidney disease programs building on existing hospitals and health facilities. Health planners in medical service areas who seek assistance will be provided technical assistance in planning and developing kidney disease programs based on the operational, cost and medical data obtained through dialysis and transplantation, kidney organ procurement and related contract projects. In selected critical areas, minimal core support will be provided to help initiate key resources required to organize the initial elements of an integrated service program.

V. Program Operations

The Kidney Disease Control Program is being integrated into the Regional Medical Programs. Previously the Program operated on an annual appropriation of direct operating funds, of which approximately 80 percent was allocated to contract projects with hospitals, medical schools and societies, and research firms. Since 1967, the Program

has funded 12 training centers in the development of home training for kidney hemodialysis. Nearly 550 patients have been accepted into these training programs and 350 have graduated to home dialysis. While final data will not be completed until 1972, home dialysis has been demonstrated as the most economical way to treat selected hemodialysis patients without sacrificing quality of patient care. Studies are continuing at seven project sites for kidney organ procurement which are reducing technical problems related to the procurement, preservation, and transportation of cadaver organs.

In the Kidney Disease Program the provision of comprehensive and end-stage kidney disease treatment will continue being studied through three "limited care dialysis" projects. To be completed in 1972, these projects involve testing ways to provide chronic hemodialysis at a level between the hospital and the patient's home. Good dialysis candidates who are not eligible for home training are being provided dialysis therapy in low overhead-low cost facilities. In addition, Regional Medical Programs Service supports 17 kidney projects at a funding level of approximately $1,462,000.

Relationship of Regional Medical Programs

to

Comprehensive Health Planning
National Center for Health Services, Research and Development
Health Maintenance Organizations

I. Key Issues

A. Effect of "B" agency review on new projects funded by a Regional Medical Program.

B. Impact of decentralization and revenue sharing on the Regional Medical Programs.

II. Goals

It is expected that an increasing portion of available funds will be directed toward the following general areas:

- Operational activities with increased emphasis on regionalization of health resources and services, with the focus on strengthening linkages between those institutions providing specialized care, such as the medical centers and affiliated hospitals, and primary care, being provided by smaller community hospitals, neighborhood health centers, and other community health facilities.

- Conjoint and collaborative efforts with Areawide Comprehensive Health Planning agencies and similar agencies which foster community-based planning and programs that can begin to materially effect resource allocations/distribution for health at the local level.

- Activities which encourage and support the development, operation and success of the emerging Health Maintenance Organizations.

III. Program Operations

The Regional Medical Programs, with their strong provider links, are being viewed and used as important technical, professional and data resources by State and areawide Comprehensive Health Planning agencies in their planning for personal health services. In turn, Regional Medical Programs are looking to Comprehensive Health Planning agencies to express the health needs of the total community and to set priorities.

Together, Comprehensive Health Planning and the Regional Medical Programs Service provide an effective organizational framework for identifying and utilizing community health resources which makes it possible this year to institute further innovations in health care planning and delivery systems. Communities and the health care providers within them will be encouraged to establish carefully planned systems to furnish comprehensive care to an identified population. The success of this approach will exploit the strengths of Regional Medical Programs to convene the key provider and consumer groups needed for planning and implementation of these critically important activities.

In concert with the evaluation efforts available from the National Center for Health Services, Research and Development and with the Partnership for Health program, we truly believe that the Regional Medical Programs have the potential to meet even the most optimistic of expectations.

Budget Summary

	1971 Pos.	1971 Amount	1972 Pos.	1972 Amount	Difference Pos.	Difference Amount
	Obligations (Dollars in thousands)					
Regional medical programs:						
Grants	--	$70,298	--	$75,000	--	+$4,702
Budget authority	--	(89,500)	--	(40,500)		(-49,000)
Direct operations	91	1,799	91	1,851		+ 52
Technical assistance and disease control:						
Regionalization activities	50	2,543	50	2,576	--	+ 33
Smoking and Health	29	2,172	29	2,189	--	+ 17
Kidney	38	4,096	38	4,118	--	+ 22
Program direction and management services	67	1,498	67	1,537	--	+ 39
Total Obligations	275	82,406	275	87,271	--	+ 4,865
Total Budget Authority	--	101,608	--	52,771	--	-48,837

REGIONAL MEDICAL PROGRAMS

55 regions--54 RMPs operational

RMP (1) supports grants and contracts which, on a regional basis, bring together local medical centers, hospitals, and other health care facilities, health care providers and other resources to systematically identify health problems, commitments, and undertake solutions; and (2) administers specialized pilot or educational or monitoring programs in kidney disease and smoking and health.

Key issues

Cutback in budget authority in 1972

Way reductions will be made

Move away from categorical emphasis

RMP Grant Funding (Actual through 12/31/1970)

No. of grants	55 (54 are operational)	
No. of projects funded out of grants	600	
No. of positions supported by grants	1,550	
Projects level		$55.2M
Core support:		
Administration and planning	8.5M	
Project support and assistance	31.3M	
Subtotal		39.8M
Total		95.0M

Emphasis of RMP Project Funds

Patient care demonstrations, which directly benefit patients;	$21.2 M.	38%
Manpower training and utilization;	24.9 M.	45%
Other activities such as communications networks, improved patient record systems, and coordination of services	9.1 M.	17%
The last two also lead to expanded and improved care, but indirectly	55.2 M.	100%

Patient Care Demonstrations which Improved Quality and Availability

The $21.2 million which patient are directly benefitting from is helping pay for -

Coronary and other intensive care activities which presently encompass 114 Coronary Care Units and 8 mobile units...............	$13.8 M.
Expanded and improved ambulatory care in 24 neighborhood health centers, clinics, and outpatient departments................	3.9 M.
Expanded and improved extended and home care......................	2.2 M.
Other activities such as emergency and transportation services.....	1.3 M.
	21.2 M.

Patients Directly Benefited

Roughly 240,000 patients have benefited directly during the past year from RMP assisted patient care demonstration activities. The breakdown by broad disease category is as follows:

- Heart -- 45,150 of whom 12,800 were treated in RMP assisted coronary care units.
- Cancer - 70,370 of whom 66,500 were screened for cervical and other cancers.
- Stroke - 9,100 of whom 5,800 received rehabilitation services.
- Other - 115,700 of whom about one-half received multiphasic screening exams.

Manpower Training and Utilization

$24.9 million currently being spent will result in an estimated 173,000 physicians, nurses, and other health personnel being trained or, through continuing education efforts, having their present skills upgraded.

Estimated numbers that will be trained:

	Doctors	Nurses	Allied/Other Health	Total
New people..................			8,059	8,059
New skills..................	13,383	39,495	56,363	109,241
Upgrading existing skills...	18,245	15,800	21,236	55,281
Total..............	31,628	55,295	85,658	172,581

Physicians Providing Better Care

Estimated that more than 30,000 physicians will benefit from RMP supported training activities, largely through upgrading of their existing skills. This is over 10% of practicing physicians in the country. This number of physicians serves an estimated patient population of roughly 23 million.

Significant Items

	Funded as of 12-31-70	
	No.	Amount
Kidney disease grants...........................	17	$1,462,000
Mobile Coronary Care Units......................	6	376,300

Montgomery County Mobile Coronary Care Project

$90,000 to be given to extend project through 12-31-71. This represents final funding.

Seattle Mobile Coronary Care Unit

$20,000 additional to be given (for total of $47,498), through 12-31-71. Completes 3-year project period.

Budget History - RMP Grants
(In thousands)

	1966	1967	1968	1969	1970	1971	1972
Auth. (Grants)..	$50,000	$90,000	$200,000	$65,000	$120,000	$125,000	$150,000
Appro. (Grants).	24,000	43,000	53,900	56,200	73,500	89,500	40,500 a/
+ bal.brgt.fwd from prev.yr.	---	21,934 b/	25,900	36,165	20,000	15,298	34,500
- amts.in reserve by BOB	---	21,000	30,900	20,000	15,000	34,500	---
Amt.avail.for obligation...	24,000	43,934	48,900	72,365	78,500	70,298	75,000 d/
Less: Obligations......	2,066	27,052	43,635	72,365	78,202	70,298	75,000
Lapse..........	---	11,982 c/	---	---	---	---	---
Bal. carried forward......	21,934	4,900	5,265	---	298	---	---

a/ Appropriation request.
b/ Available through December 31, 1966.
c/ Appropriated for 1966, available for obligation until 12/31/66.
d/ Includes $5 million for construction of cancer treatment center in Northwestern part of United States

Technical Assistance and Disease Control

	(Dollars in thousands)			
	1971 Estimate		1972 Estimate	
	Pos.	Amount	Pos.	Amount
Regionalization activities.....	50	$2,543	50	$2,576
Smoking and health............	29	2,172	29	2,189
Kidney........................	38	4,096	38	4,118
Total..............	117	8,811	117	8,883

1972 Program Summary

Three "limited care dialysis" projects to be completed in 1972. (Olive View Hospital, Los Angeles, California; Saint Francis Hospital, Honolulu, Hawaii; and Minneapolis Medical Research Foundation, Minneaplis, Minnesota) Projects involve testing ways to provide chronic hemodialysis at level between hospital and patients' home.

Long-range program to be started in 1972 to develop interrelated kidney programs aimed at providing therapy for the 10,000 best medical candidates for dialysis and transplantations.

National Clearinghouse for Smoking and Health will continue its three phase program of research, community program development and public education.

Regionalization Activity will continue to provide assistance in responding to individual needs of the Regional Medical Programs. Continuing education for health professions will continue to hold a place in the interests of local Regional Medical Programs.