DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

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National Advisory Council on Regional Medical Programs

Minutes of the Twenty-fifth Meeting 1/ 2/
November 9-10, 1971

The National Advisory Council on Regional Medical Programs convened for its twenty-fifth meeting at 8:30 a.m. on Tuesday, November 9, 1971, in Conference Room G/H of the Parklawn Building, Rockville, Maryland. Dr. Harold Margulies, Director, Regional Medical Programs Service presided over the meeting.

The Council Members present were:

Dr. Bland W. Cannon
Dr. Michael E. DeBakey
Dr. Bruce W. Everist
Mr. Harold H. Hines
Dr. Anthony L. Komaroff
Dr. Alexander M. McPhedran
Mrs. Audrey M. Mars
Dr. Clark H. Millikan
Mr. Sewall O. Milliken
Dr. John P. Merrill
Dr. Alton Ochsner
Dr. Russell B. Roth
Dr. George E. Schreiner
Dr. Benjamin W. Watkins
Mrs. Florence R. Wyckoff
Dr. Marc J. Musser

Dr. Roth and Dr. Musser were present on November 9, only. Dr. DeBakey was present on November 10, only. Dr. Brennan was present beginning on the afternoon of November 9.

A listing of RMP staff members, and others attending is appended.

I. CALL TO ORDER AND OPENING REMARKS

The meeting was called to order at 8:30 a.m. on November 9 by Dr. Harold Margulies. Dr. Margulies called attention to the "Conflict of Interest" statement in the Council books. He then introduced two new Council members, Mrs. Audrey M. Mars and Mr. C. Robert Ogden, who were attending their first Council meeting. Dr. Margulies then introduced Dr. Vernon E. Wilson, Administrator, Health Services and Mental Health Administration.

1/Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMHA. The restriction relates to all material submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.

2/For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions; (b) in which a conflict of interest might

only when the application is under individual discussion.

II. REMARKS BY DR. VERNON E. WILSON

The new organizational structure for HSMHA has been approved by the Department. Under this arrangement, the 15 HSMHA programs will be grouped under four Deputy Administrators. RMPS will be under the Deputy Administrator for Development, Mr. Gerald R. Riso. Mr. Riso's immediate Deputy will be Dr. Jack Brown.

The Deputy Administrator for Development will be responsible for "change agent" type programs. In addition to RMPS, other programs grouped under the Deputy Administrator for Development include: (1) Comprehensive Health Planning; (2) the National Center for Health Services Research and Development; (3) the Hill-Burton Hospital Construction Program; and (4) the Health Maintenance Organization Service.

Dr. Wilson next turned to the subject of improving the use of advisory groups. About two thousand people provided advice to HSMHA through Councils, Committees or consulting appointments. In order to improve the utilization of this resevoir of talent, HSMHA is trying to develop a "skills inventory." Staff is now developing a short questionaire designed to catalogue the skills, interests and availability of advisory group members and consultants. If HSMHA is able to establish the prospective skills inventory, it will be able to utilize more effectively the resevoir of consultative advice available to it, particularly as new "crash programs" materialize.

Next, Dr. Wilson discussed his participation in a White House study on the applications of technology. The study is under the direction of the Federal Council on Science and Technology, and it involves six different panels. These groups are charged with determining those fields in which technology can now make the greatest economic contributions. Each panel deals with a service area or industry which uses much labor and little automation.

Dr. Wilson, chairs a twelve-man panel on Health Services. The panel consists of outstanding individuals of National stature including, among others, representatives of the American Medical Association, the Veterans Administration, the Departments of Transportation and Defense, etc. It is expected that each of the personal services oriented fields will make its own case for the advantages of technological investments in its particular area. The final report will probably identify those fields in which technological improvements will have the greatest economic impact. It will most likely identify those fields which can make the best use of investments in technology rather than how technology can be applied in each field - health, housing construction, etc.

Personal service oriented activities tend to become self-defeating unless provided with certain amount of technological assistance. At present, 20 percent of the Nation is underserved in relation to health services and promised improvement cannot be made without appropriate technological assistance. There are a great many places, Dr. Wilson stated, where without at all interfering with the position of the professional-patient interface, we can still do things a lot more effectively. Dr. Wilson indicated that he had some "considerable feeling" that in the future there will be a substantial investment in the field of technological improvement. He asked the Council to keep this in mind when considering opportunities for sponsoring new activities through RMP.

III. REMARKS BY MR. GERALD R. RISO

Mr. Riso indicated that he had only been with HSMHA for a few weeks. He outlined a number of matters, however, which are expected to command his special attention during the next several months. These include (1) improving HSMHA's ability to identify health care needs; (2) developing better relationships among research activities within HSMHA; (3) identifying health delivery practices of significant value; (4) promoting the introduction and practical application of such practices; and (5) promoting relationships between HSMHA programs.

Very great interest in HMOs has developed as a result of the Department's efforts in this area. A very practical and pragmatic approach will be taken with respect to providing assistance and stimulating HMO development. Among other things, an attempt is being made to correct several widely held misconceptions about HMOs. First, there is and will be no element of compulsion in HMOs. Second, HMOs are not intended to be a substitute for health insurance, and third, the responsibilities of HMOs will not actually be as broad as the term "health maintenance" would seem to imply.

While the Government does not have the ability to respond to every expression of interest in developing an HMO, HSMHA is in a position to provide modest financial assistance to some HMO developers. It is prepared to provide advice to developers concerning (1) whether they should proceed further (2) reevaluate what they already have done, or (3) desist from their efforts to organize an HMO.

The Department does not contemplate insuring continued operation of all HMOs. Some are expected to fail and we will learn from their experiences.

It is the Department's intentions to syphon off those groups which should not be encouraged, to encourage those which show truly good propects, and to improve those which appear to have good prospects, but marginal performance. At the present stages of HMO development, it is expected that a number of HMO's currently in the planning and development stage will reach a decision within the next six months on whether or not to proceed further.

The initial grants and contracts for planning and developing HMOs were made between May and July 1971. A second round of applications was submitted in July. Awards on the basis of these applications are expected to be made before the end of the calendar year. Two more application cycles are planned prior to the close of the fiscal year in June 1973.

The original set of grants and contracts made between May and July of this year are currently being examined in relation to geographic spread and types of sponsorship, and this will have some effect on the future pattern of awards.

The average planning grant for HMOs has been $100,000 to $150,000. In the future some more modest grants in the neighborhood of $25,000 to $50,000 will be made to prospective HMO developers to explore whether they should proceed further. Some of these smaller grants will probably go to rural areas.

At the close of his presentation, Mr. Riso made the following points in response to questions raised by various members of the Council:

1. The definition of the quality of care within the confines of the HMOs is the responsibility of the RMP Program.

2. HSMHA has not developed an "ABC of eligibility" which might be a good idea, but, if there are churches or other small groups which would like to be involved in HMO and have questions concerning their eligibility, they should contact the HMO program Director within the appropriate HEW Regional Office.

3. Funding levels for the November HMO review cycle will be modest and the magnitude of activity in the February and June review will be determined by legislation, and the geographic and sponsorship pattern that evolves from earlier awards.

IV. ANNOUNCEMENTS

A. Appointment of Dr. Hinman

Dr. Margulies introduced Dr. Edward J. Hinman, the new Director of the Division of Professional and Technical Development, RMPS.

Dr. Hinman has had a very distinguished career, most strikingly as Director of the Public Health Service Hospital in Baltimore.

B. Loss of Dr. Klieger

Dr. Margulies next announced the sudden passing of Dr. Phillip Klieger, who for many years has been part of the Regional Medical Programs Service. Dr. Klieger most recently served as Chief of the Office of Committee and Council Affairs. The condolence of RMPS has been expressed to Dr. Klieger's widow and his family.

Responsibility for Committee and Council Affairs will now be picked up by Mr. Kenneth Baum.

V. CONFIRMATION OF FUTURE MEETING DATES

The Council reaffirmed the following dates for future meetings

February 8-9, 1972
May 9-10, 1972

Council then set the following subsequent meeting date:

August 15-16, 1972

For the information of the Council, Dr. Margulies indicated that consideration was being given to the idea of reducing the number of Council meetings to 3 a year, rather than 4.

VI. CONSIDERATION OF MINUTES OF THE AUGUST 3-4, 1971, MEETING

The Council considered and approved the minutes of the August 3-4, 1972 meeting.

VII. REPORT BY DR. MARGULIES

A. RMP National Meeting in January, 1972

There will be a National Meeting of Coordinators in St. Louis on January 17-20, 1972. Members of the Council will be invited to attend. The Conference will cover a number of topics about which there is a high level of interest such as: Area Health Education Centers, Health Maintenance Organizations and improved utilization of health manpower.

B. RMPS Reorganization

The RMPS reorganization previously announced to the Council has been put into effect and the geographic operations desks have in fact, been put into action.

C. Status of Revised RMPS Regulations

RMPS has for some time been developing an updating of the Regulations for the program. Some new material has been prepared in draft by the Office of the General Counsel. The Council will have the opportunity to study and make recommendations on any proposed new Regulations.

Among other things, the Regulations being developed will deal with some issues which have been troublesome, particularly the proper relationships between the grantee agency, Regional Advisory Group, Coordinator and core staff. These have now been defined with some clarity, but as with all regulations there will remain room for interpretation which is going to be the responsibility over time of the Council.

D. Participation of Minorities and Women on Advisory Groups

The Department has expressed a desire to increase the participation of women on advisory groups and it is anticipated that the two ladies presently on the Council will be joined by others as the present vacancies are filled.

Some reflection of the RMPS's hope to create a better balance in terms of minority membership and the balance between the sexes can be seen in the present make-up of the Review Committee. This group is now at full strength and new members include:

Miss Dorothy E. Anderson, Assistant Coordinator, Area V, California

Dr. Gladys Ancrum, Executive Director, Community Health Board, Seattle

Mr. William J. Hilton, Director, Illinois State Scholarship Commission, Chicago

Dr. William G. Thurman, Professor and Chairman, Department of Pediatrics, University of Virginia, Charlottsville, Virginia

Mr. Robert E. Toomey, Director, Greenville Hospital System, Greenville, South Carolina

E. Current Status of Area Health Education Center

There appear to be three possible developments with respect to area health education centers: (1) that there will be no legislation; (2) that the primary responsibility for AHECs will be placed in the National Institutes of Health; or (3) that the primary responsibility for AHECs will be placed in RMPS.

The Regional Medical Program legislation contains all of the necessary authority for AHEC development. Regardless of the legislative outcome, it is quite clear that RMP will be involved with AHECs and in any event, will be working closely with the Bureau of Health Manpower Education at NIH, and the Veterans Administration.

There appear to be two concepts of Area Health Education Centers: (1) an expansion of the activity revolving around a university health science center, and (2) a community based activity providing service with educational activities playing an essential but not dominating role. The second model in which the certificate, diploma or degree is subordinate to the service performed has the best chance of becoming a viable and effective institution.

Dr. Endicott, Director of the Bureau Health Manpower Education at NIH, does not believe that AHECs should be a mere extension of the university health science center or a satellite thereof. RMPS and NIH will be working on AHEC in any event, and there is no significant difference in their respective goals.

F. Status of Section 907

Section 907 is that part of public law 91-515 which requires RMPS to develop a list of hospitals that can provide the most recent advances in the treatment of heart disease, cancer, stroke, and kidney disease. The Guidelines for heart disease, cancer and stroke have been produced under contract previously. These either provide or serve as a basis for developing the appropriate institutional criteria. In addition, a small group is now working on criteria for kidney disease. The most important recent development with respect to section 907 is the completion of a contract with the Joint Commission on Accreditation to produce a series of reports that will enable physicians or the public to have a wide range of choice on where they receive help.

G. Review of Kidney Proposals

In the past kidney projects have been handled in a manner different from the rest of Regional Medical Programs. In the future, they

will continue to be handled separately but, in the somewhat modified manner described below:

1. Kidney projects will be brought before the Review Committee and Council having had a technical review.

2. Kidney projects will also be reviewed with respect to how they relate to the total program of the sponsoring RMP.

3. Kidney projects will be reviewed with respect to the size of the budget for the kidney project in relation to the total budget of the RMP.

The Council was next asked to take into consideration four questions forwarded by the Review Committee.

1. Whether Council recommends that money apportioned for renal disease be considered in a proportional ratio to the total amount of money of the RMP's budget?

2. Whether the total amount of money spent in a given region for renal disease should be in proportion to the total amount of dollars being spent in that region?

3. Whether renal programs funded by the regions will come out of their total budget or out of a separate budget?

4. Whether renal programs should be considered outside of the total regional activities or not?

It was moved by Dr. Everist and seconded by Dr. Roth that the answers to these questions in order, are "no, no, yes, and no," with the additional comment in relation to question number 4 that on the assumption that funds will be greater and that more money will be put into kidney disease, the utilization of section 910 for kidney projects is perfectly reasonable.

At this point Dr. Margulies called upon Dr. Hinman to outline the manner in which kidney project will be handled in the future. Dr. Hinman outlined the following procedures:

1. Immediately upon receiving a kidney proposal, the Regional Medical Program will be asked to contact RMPS to determine whether the proposal is within the scope of RMP National priorities. At this point RMPS will advise the Regional Medical Program on whether it is desirable to proceed further. The Regional Medical Program is free to either accept or reject this advice.

2. Each Regional Medical Program will be expected to establish a technical review group for kidney projects. This could either be an Ad Hoc or a standing group. RMPS would have a list of appropriate review consultants throughout the country who could be called upon by Regional Medical Programs to serve on such review panels.

3. Once an appropriate review group has been established at the local level, RMPS will be in a position to certify through the Council that an appropriate technical review has taken place. It is at this point that the larger question of the relationship between the kidney project, the total functioning of the RMP and the relationship the kidney budget to the total RMP budget would be taken into consideration.

Dr. Hinman also discussed other proposed kidney activities of the Division of Professional and Technical Development. He cited plans to develop a coordinated federal strategy on certain issues, particularly that of anti-lymphocyte globulin.

H. Distribution of Advice Letters to Regional Medical Programs

Ordinarily after the Council reviews a Regional Medical Programs grant proposal, an advice letter is prepared which goes only to the Coordinator and the Regional Advisory Group Chairman. This letter ordinarily contains rather detailed advice. Both the Steering Committee and the Review Committee have proposed that Committee members and Consultants who have served as site visitors get a copy of the advice letters as well as the regions to whom they are addressed.

It was moved by Mrs. Wyckoff and seconded by Mrs. Mars that further distribution of the advice letters as suggested be authorized. The motion was approved unanimously.

Dr. Margulies stated that RMPS would also make all advice letters available to Council members including those who have not been reviewers or site visitors.

VI. STAFF REPORTS

A. Reorganization and Functional Directions of the Division of Professional and Technical Development.

Dr. Hinman reported on the reorganization and functional directions of the Division of Professional and Technical Development. The Division's objective is to find and implement solutions to identified problems. In doing so, the Division will use a task force approach rather than the traditional Branch and Section form of organization. Some of the current issues being dealt with by the Division include:

1. quality of care standards for HMOs
2. area health education centers
3. rural health care
4. manpower utilization
5. experimental health service delivery systems

In view of Dr. Hinman's remarks there followed an extensive discussion of the importance of medical records in maintaining quality of care. Several types of records systems currently being tried in Indian Hospitals and VA Hospitals, for example, were discussed. Other items included: (1) the need to develop a satisfactory retrieval system; (2) medical passports, and (3) the patient's right to know what is in his medical records.

B. Procedures for Reviewing Anniversary Applications

Dr. Pahl reported on further progress in reorienting RMPS review mechanisms. Dr. Pahl announced that a "Staff Anniversary Panel" has been formed and met for the first time in August. The panel reviews applications from Regions which have not yet received triennial support, and anniversary applications from those regions which already have been approved for three years. The new review system is designed to better utilize the time of staff, Review Committee, Council members and outside consultants.

C. Local RMP Review Process - Status Report

Mr. Baum reported to the Council with respect to the current status of activities for insuring that the review mechanisms of the fifty-six RMPs comply with the RMPS "Review Process Requirement and Standards." These standards constitute requirements to which the local review process must conform as a quid pro quo for decentralizing project review to the individual RMPs.

RMPS is now in the process of conducting site visits to verify that each of the RMPs meets the review process requirements. The first two site visits have already been conducted and the results will be forwarded to the appropriate coordinators shortly. These pilot visits have helped to develop a standard site visit procedure and have helped to crystalize some troublesome issues. In order to

keep the number of site visits to a given region at a minimum, RMPS will attempt wherever practical to combine review process verification with management assessment visits and other site visits.

D. Review Criteria and Rating System - Status Report

Mr. Peterson reported on a number of minor changes in the RMP Review Criteria and Rating System. As a result of the initial trials by the Review Committee and Council last summer a number of the criteria have been more explicitly delineated.

During the current cycle, applications were rated either by the Staff Anniversary Panel or the Review Committee. The average numerical scores given by these groups were almost identical. The scores for the current cycle, however, were somewhat higher than those of the previous cycle, and some scoring adjustments have been made accordingly to insure comparability.

Now that the rating system has been tested, RMPS would like to stabilize the criteria and ratings in their present form and continue to use them substantially unchanged for an extended period.

VII. EXECUTIVE SESSION

The status of the amalgamation of the Ohio RMP's, progress on developing a separate RMP for Delaware, and the application for construction of a cancer center to serve HEW Region X were discussed during the Executive Session.

VIII. REVIEW OF APPLICATIONS*

A. Arizona Regional Medical Program

Motion made by Dr. Cannon and Seconded by Dr. Ochsner. Approval of the Review Committee recommendations of $1,211,000, for the 03, 04, and 05 years; the developmental component is $71,000 plus. This motion does not include the renal proposal. (Transcript, page 120, line 18).

The motion was unanimously approved.

*All actions included consideration of the kidney projects where appropriate, unless otherwise specified.

B. Arkansas Regional Medical Program

Motion made by Mrs. Mars - Seconded by Dr. Ochsner "Approval of the recommendations of the Review Committee." Arkansas is asking for a very substantial increase in funding to support ten addition people, and they are very much needed. They ask for $595,673 to support core which should be approved. "The renal program has made remarkable headway. A year ago there was not a single hemodialysis unit in the State, and now there are twenty." (Transcript, page 127, line 24).

The motion was unanimously approved.

C. Colorado/Wyoming Regional Medical Program

Motion made by Mrs. Wyckoff - Seconded by Dr. Watkins. "This is a triennial application for a total of $3,384,030 for the fourth, fifth, and sixth year of operation, including a request for a development component of $288,000 total for all three years.

"Approval of the recommendation of the Review Committee and the Ad Hoc Panel on Renal Disease was recommended. Further, the motion was made and seconded for acceptance of the site visit team's recommendation on Project 29," and that they should be encouraged either to share their dialysis training program facility by having it contiguous with an adult unit nearby, or else ask them to go to a four-bed unit instead of a two-bed unit, because the personnel cost would be very little more. The RMPS Staff is to negotiate with them." (Transcript, page 132, line 6, November 9; transcript page 73, line 3, November 10).

The motion was unanimously approved.

D. Connecticut Regional Medical Program

Motion made by Dr. Millikan - Seconded by Dr. Cannon. The motion was made and seconded to accept the site visitors' recommended level of support, with the kidney consideration to be the subject of a second motion. (Transcript, page 153, line 3, November 9). The budget is for $2,250,000 and $2.5 million.

Mr. Hines moved that the Council not render a policy guideline on the matter of support of faculty physicians, because he doubts that there are very many Regional Medical Programs around the country that do not have some faculty physicians involved in them someplace.

Secondly, as far as the Connecticut RMP providing a precise statement on relationships of organized medicine, this just does not seem possible. Mr. Hines moved that the Council vote no on items two and three. Mrs. Wyckoff seconded. The motion was unanimously approved.

E. Connecticut Regional Medical Program (Continued)

Dr. Brennan further moved that the Connecticut RMP be notified that it is the desire of the Council that ways of reducing the RMP share of these projected expenditures be found. Dr. Schreiner seconded the motion. This motion was unanimously approved. Dr. Schreiner moved for the approval of the two-year period of project 39; Dr. Brennan seconded. This motion was unanimously approved.

F. Ohio Valley Regional Medical Program

Motion made by Dr. Roth - Seconded by Dr. Merrill. The motion is for acceptance of the Review Committee's recommendations, exclusive of those sums which relate to the kidney project. The motion was unanimously approved. Mr. Milliken absented himself during this discussion.

G. Tri-State Anniversary Application

Motion made by Dr. Roth - Seconded by Dr. Ochsner

Approved the recommendation for $2.5 million for each of the 04 and 05 years, and that there be an increase in the developmental level which would be included in the $2.5 million. (Transcript, page 194, line 2). This does not include the kidney component, which will be discussed separately.

The motion was unanimously approved.

Drs. Komaroff and Merrill absented themselves during this discussion.

H. North Dakota Regional Medical Program

Motion made by Mr. Ogden - Seconded by Dr. Brennan
Approve the recommendations of the staff anniversary review pannel, specifically including the salary of a deputy program director and an assistant director for management planning and evaluation in the recommended level of support for the one year. (Transcript, page 208, line 3).

The Motion was unanimously approved.

I. Indiana Regional Medical Program

Motion made by Dr. Brennan - Seconded by Mrs. Wyckoff

Approve the recommendations of the Review Committee and the Site Visitors on this triennial application. This includes the kidney proposal. (Transcript, page 3, line 17, November 10).

The motion was unanimously approved.

J. Virginia Regional Medical Program

Motion made by Dr. Everist - Seconded by Mr. Hines

Approve the Review Committees recommendation to award this region $1,010,000 for the third operational year from January 1, 1972, through December 31, 1972. (Transcript, page 6, line 17, November 10).

The motion was unanimously approved.

Mrs. Mars absented herself during this discussion.

K. Iowa Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Mr. Milliken

Approve the recommendations of the Review Committee. This is to include a recommendation for development funding. (Transcript page 14, line 6, November 10.)

The motion was unanimously approved.

L. N. Y. Metropolitan Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Dr. Millikan

Approve the request for $2,235 million for the third year; for $100,000 in addition to that for the Queens' project. (Transcript, page 16, line 15, November 10).

The motion was unanimously approved.

Dr. Watkins absented himself during this discussion.

K. Iowa Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Mr. Milliken

Approve the recommendation of the Review Committee. This is to include a recommendation for developmental funding. (Transcript, page 14, line 6, November 10.)

The motion was unanimously approved.

L. New York Metropolitan Regional Medical Program

Motion made by Dr. McPhedran - Seconded by Dr. Millikan

Approve the request for $2.235 million for the third year; for $100,000 in addition to that for the Queens' project. (Transcript, page 16, line 15, November 10.)

The motion was unanimously approved.

Dr. Watkins absented himself during this discussion.

M. Tennessee Mid-South Regional Medical Program

Motion made by Mrs. Wyckoff - Seconded by Mr. Milliken

Approve the recommendations of the staff anniversary review panel together with the recommendations of the technical kidney site visit team to which is added $10,000 for section 58-C of the kidney proposal (for Meharry). (Transcript, page 29, line 22, November 10.)

The motion was unanimously approved.

N. Washington/Alaska Regional Medical Program

Motion made by Dr. Komaroff - Seconded by Mrs. Mars

Approve the recommendations of the staff anniversary review panel. It was suggested that more Eskimos or Indians be placed on the RAG as representatives of those minority groups (Transcript, pages 34-38, November 10.)

The motion was unanimously approved.

Mr. Ogden absented himself during this discussion.

O. West Virginia Regional Medical Program

Motion made by Dr. Everist - Seconded by Dr. Watkins

Approve the recommendations of the staff anniversary review panel.

The motion was unanimously approved.

P. Missouri Regional Medical Program

Motion made by Dr. Komaroff - Seconded by Dr. McPhedran

Disapprove the proposal from Dr. Jack Bass on "Automated Physician's Assistant" for additional funds, but not deny the Region the option of rebudgeting within its overall $2 million grant to keep this activity alive. (Transcript, page 59, line 25, November 10.)

The motion was approved by all except two Council members.

Motion made by Mr. Ogden - Seconded by Dr. DeBakey

"That there be an analysis made by staff of the current state of activities of our overall efforts in the area of Computer projects. This should include the total money which RMP has spent in these areas." (Transcript, page 64.)

KIDNEY PROPOSALS

Arizona

Motion made by Dr. Schreiner - Seconded by Dr. Merrill.

Approval of the recommendations of the site visitors for the kidney proposal in the Arizona application. (Transcript, page 71, line 9, November 10.)

The motion was unanimously approved.

Ohio

Motion by Dr. Schreiner - Seconded by Dr. Merrill

Disapproval of the Ohio Kidney proposal. (Transcript, page 76, line 18, November 10.)

The motion was unanimously approved.

Iowa

Motion made by Dr. Merrill - Seconded by Dr. Schreiner

The action taken on the Iowa application the first day does not include the sum requested for the kidney aspect of that proposal.

"Approve the $19,575 relative to Project 23." (Transcript, pages 78-80, November 10.)

The motion was unanimously approved.

California Supplemental Kidney Application

Motion made by Dr. Merrill - Seconded by Dr. Schreiner

Approval in the amount of $214,500 instead of the requested amount of $625,287. (Transcript, pages 83-86, November 10.)

The motion was unanimously approved.

Mrs. Syckoff absented herself during this discussion.

Georgia

Motion made by Dr. Schreiner - Seconded by Dr. Merrill

"There was $211,000 requested and the Ad Hoc Panel recommended $46,000. If the $46,000 includes funds for surgeons, it should be deleted. The Ad Hoc Panel recommended completely deleting all the in-center personnel, but two half-salaries should be put back, and make them contingent upon actually opening up an area center." (Transcript, pages 87-88, November 10.)

Dr. McPhedran absented himself during this discussion.

Rochester

Motion made by Dr. Schreiner - Seconded by Dr. Merrill

Approve Project 21, but with negotiation by staff on the basis of Council discussions. (Transcript page 91, line 17, November 10.)

The motion was unanimously approved.

SEATTLE CANCER CENTER

The Council adopted a resolution concerning the proposed "Seattle Cancer Center." A copy of the resolution, as edited for distribution, is attached.

ADJOURNMENT

The meeting was adjourned by Dr. Pahl at 11:55 a.m. on November 10, 1971.

I hereby certify that, to the best of my knowledge, the foregoing minutes and attachments are accurate and complete.

Harold Margulies

Harold Margulies, M.D.
Director
Regional Medical Programs Service

K Baum

STATEMENT BY NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS
ON CANCER CENTER TO SERVE HEW REGION X
(November 10, 1971)

The National Advisory Council on Regional Medical Programs recommends the following principles to govern the program of a Cancer Center to be located in a major medical center in the area served by HEW Region X, for the construction of which $5 million has already been appropriated.

1. The center, to insure its perpetuity and achieve its ultimate objectives, should have organizational relationships with a University Health Science Center and other medical educational, training and research facilities in HEW Region X.

2. The Center should have adequate agreements with the grantee concerning accountability for program, facilities and equipment and, in addition, should arrange for liaison and coordination with the Regional Medical Programs in its entire area and with the CHP (a) and (b) agencies in the various States in Region X.

3. The Center should provide optimum care to patients with neoplastic diseases who are accepted into the Center and should assure that diagnosis research, and treatment are determined through a coordinated multidisciplinary approach and that record-keeping and patient follow-up are exemplary.

4. The Center should be recognized as a regional cooperative cancer center rather than the single most important institution in its field, and every effort should be made to insure adequate regional representation at the Center.

5. The Center should provide care to patients in the most humane manner possible with consideration of psychological and sociological problems, including arrangements for housing the parents or relatives of patients who come from remote areas.

6. The Center should assure communication, interaction, and cooperation with existing cancer research programs, medical services, and hospitals in the region and with the voluntary societies interested in cancer. It should be able to focus on the problems of cancer research and cancer treatment all the relevant resources of the advanced technological community of the northwest region of the United States.

7. The Center should provide opportunity for education in the optimal care of cancer patients for medical students, residents, fellows, practicing physicians, and allied health personnel from throughout

8. The Center should have: (a) a Board of Directors which includes recognized leaders in the field of cancer in the area; (b) a Regional Cancer Council comprised of representatives from the various institutions and interests involved from throughout Region X which will promote regional cooperative arrangements; (c) a Scientific Committee which will coordinate cancer research, demonstration, training, and service; (d) an Advisory Committee of nationally and internationally recognized authorities in this field to provide periodic review and consultation with respect to the efforts sponsored by the Center.

9. The Center should provide reasonable assurance that there is an effective mechanism to provide the funds to maintain and operate the Center at the high level of administrative and professional competence appropriate to its designation as a major regional facility for cancer research and clinical management.

ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

November 9-10, 1971

RMPS STAFF

Mr. Charles D. Barnes
Mr. Kenneth Baum
Dr. Edward T. Blomquist
Mr. Cleveland R. Chambliss
Miss Cecilia C. Conrath
Mr. Thomas C. Croft, Jr.
Mr. Roy Davis
Dr. John Farrell
Mr. Gerald T. Gardell
Mr. Samuel O. Gilmer, Jr.
Mrs. Eva Handal
Mrs. Gloria Hicks
Mr. Charles Hilsenroth
Dr. Edward J. Hinman
Mr. Frank Ichniowski
Mrs. Lorraine Kyttle
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