



E001318

DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE

Health Services and Mental Health Administration
Regional Medical Programs Service

National Advisory Council on
Regional Medical Programs

Minutes of the Meeting
August 3-4, 1971

Parklawn Building
Conference Room G/H

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of the Twenty-fourth Meeting 1/ 2/
August 3-4, 1971

The National Advisory Council on Regional Medical Programs convened for its twenty-fourth meeting at 8:30 a.m., Tuesday, August 3, 1971 in Conference Room G-II 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	Mr. Sewall O. Milliken
Dr. Michael E. DeBakey	Dr. Alton Ochsner
Dr. Bruce W. Everist	Dr. Russell B. Roth
Dr. William R. Hunt	Dr. George E. Schreiner
Dr. Anthony L. Komaroff	Mrs. Florence R. Wyckoff
Dr. Alexander M. McPhedran	Dr. Benjamin W. Watkins
Dr. John P. Merrill	Mr. Edward Friedlander for
Dr. Clark H. Millikan	Dr. Musser

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 August 3 by Dr. Harold Margulies.

II. INTRODUCTION OF NEW COUNCIL MEMBERS, COMMISSIONED OFFICERS, AND STAFF

Dr. Margulies introduced the following new members of the Council who were attending their first meeting: Dr. Anthony L. Komaroff, Dr. John P. Merrill, Mr. Sewell O. Milliken, and Dr. Benjamin W. Watkins. Dr. Margulies noted that two new members of the Council, Mrs. Audrey M. Mars and Mr. C. Robert Ogden were unable to be present.

1/Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMIA. 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 meetings for the Council in discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--

The following new Commissioned Officers and new RMPS staff members were then introduced:

Commissioned Officers

Elvin E. Adams, M.D.	Martin A. Greenfield, M.D.
James I. Cleeman, M.D.	Kenneth E. Joslyn, M.D.
Paul E. Cohart, M.D.	Michael A. Newman, M.D.
Jeffrey B. Crandal, M.D.	Daniel Nemzer
Alan Kaplan, M.D.	

New Staff Members

Charles Barnes	Mrs. Gliner Johnson
Richard Clanton	Mrs. Nancy McGuire
Mrs. Shirley Fairley	Roger Miller
John Farrell, M.D.	Spero Moutsatsos
Robert Handy, Ph.D.	Jeffrey A. Passer
Calvin Jackson	Roland Williams

III. ANNOUNCEMENTS

Dr. Margulies made general announcements, and called attention to the statement on "conflicts of interest" in the information folder.

IV. CONFIRMATION OF FUTURE MEETING DATES

The Council reaffirmed the following dates for future meetings:

November 9-10, 1971
February 8-9, 1972

Council then set the following subsequent meeting dates:

May 9-10, 1972
August 15-16, 1972

V. CONSIDERATION OF MINUTES OF THE MAY 11-12, 1971, MEETING

The Council considered and approved the minutes of the May 11-12, 1971 meeting with the following changes:

1. South Carolina Project #43, "A Regional Program for the Improved Therapeutic Management of Hypertension for South Carolina." The record should show that the renal disease panel recommended disapproval and that the Council concurred.
2. The addition to the minutes of a resolution concerning funds placed in reserve which was adopted in Executive Session at the

Council Meeting of February 3, 1971 with a request that it be transmitted to the Secretary. The full text of the resolution and the copies of the appropriate transmittal memorandum are appended as Attachment A.

VI. REPORT BY DR. MARGULIES

A. Meeting with the Secretary

Dr. Margulies, several Council members, Coordinators, and others interested in Regional Medical Programs, met with the Secretary on May 24th. The meeting had the effect of correcting some prior misconceptions about RMP. The meeting served to identify all the strengths which characterized Regional Medical Programs. During the meeting, strong support was elicited from the Secretary's professional staff, and the Secretary himself indicated that in the future RMP will be a key element in developing mechanisms such as HMO's through which the Department will carry out new initiatives.

B. Hearing and Appropriations

Both the Senate and the House have reported out marked increases in funds for Fiscal Year 1972. The House would add \$30 million, and the Senate \$70 million to the amount requested. In addition to this, \$10 million supplementary appropriation for FY 1971 increases the amount held in reserve for FY 1972. The marked increases plus the larger reserve indicate that greater amounts may possibly be available for grants in FY 1972.

During recent Senate appropriation hearings, the Chairman expressed his determination that budget procedures would not block expenditure of all monies appropriated.

In response to questions concerning the possible use of Section 910, it was pointed out that Section 910 has not been implemented in the past because of restricted availability of funds. Use of this authority might have been misunderstood as a signal that additional funds were available. If additional funds become available, however, RMPS will consider using the Section 910 authority. First consideration would be given to allocation of additional funds to strong RMP's that have been hurt by cuts in the past.

C. Area Health Education Centers

The Congress is considering two proposals relating to Area Health Education Centers. The Administration's Bill which has passed

the House would place Area Health Education Centers in NIH. The other would place AHEC's in RMPS. The Senate and House Bills are still in conference and it is still not certain whether Area Health Education Centers will go to NIH or RMPS. The House Bill which makes NIH responsible, requires that any Area Health Education Center be developed in cooperation with a Regional Medical Program, so in any event, RMP will have extensive involvement. In view of this RMPS has developed a very close working relationship with the Bureau of Health Manpower. The two organizations have been working well together, have a good understanding of what needs to be done, and will be able to cooperate effectively.

Veteran's Administration has also exhibited a high level of interest in Area Health Education Centers. The VA in cooperation with RMP and NIH has mounted a series of site visits to examine the potentialities for establishing Area Health Education Centers which would include an investment and involvement on the part of the VA. These visits have been conducted in areas having inadequate medical services, where good working relationships are already established with Regional Medical Programs. The VA has made it quite clear that RMP relationships would be very desirable, if not essential in all cases.

Dr. Margulies asked Mr. Friedlander to comment on the VA's interest in AHEC's. Mr. Friedlander indicated that only those communities would be funded through VA where activities have a direct relationship to improved quality of care. VA funding would provide initial support which an Area Health Education Center would be expected to pick up once legislation has passed and funds have been appropriated.

D. Equal Employment Opportunity Progress Report

The Regional Medical Programs Service has developed a very strong Equal Employment Opportunity program. The Service has an EEO Council made up of RMPS employees which meets weekly.

RMPS has established definite goals and targets for employment of minorities and women by January, 1972. RMPS expects similar EEO efforts to be undertaken by grantees and affiliates.

E. Report on Orientation Sessions - August 2, 1971

An orientation session for new Council members was held on August 2, 1971. The staff discussed the general purposes, organizational structure and history of Regional Medical Programs. The kinds of matters that come before the Council were also discussed. The session was attended by Mrs. Wyckoff, Dr. Schreiber, Dr. Scherer, Dr. Perkins, Dr. Merrill, and Mr. Milliken.

F. HMO's - Progress Report

Regional Medical Programs throughout the country have developed an intense interest in Health Maintenance Organizations. RMP has been assigned two specific responsibilities in relation to HMO's. These are (1) to set up guidelines for monitoring the quality of care and (2) to describe for monitoring or for guideline purposes what is meant by "health maintenance." These assignments are an outgrowth of increased awareness of the need for a more satisfactory method of determining whether or not quality of care being provided and paid for with Federal or non-Federal funds is indeed adequate.

Many units of the Federal government have been dealing with these and other issues relating to quality of care. RMP is consequently working with other HSMHA units, NIH and Social Security to gain the benefit of their experience.

In addition, RMP is setting up some meetings with coordinators and other individuals who are concerned with measuring and monitoring the quality of care. We will also be calling on members of the Council to contribute their thinking and special skills in relation to quality of care issues.

G. Present Status of Section 907

Section 907 of the Act requires that the Secretary annually publish a list of hospitals which possess the most advanced scientific techniques for dealing with heart disease, cancer, stroke, kidney and related diseases. Recent Congressional interest in Section 907 makes it highly undesirable not to proceed immediately with the preparation of the required list and RMP intends to do so. The list will not attempt to be all-inclusive or to include all institutions where limited services are provided, but rather to list those institutions which demonstrate really superior and advanced performance. The list will be carefully selective and will be designed around criteria which have been derived from contracts to set up guidelines for cancer, heart disease and stroke, and some other information which has already been assembled in the Kidney Disease Program to identify institutions which would appropriately be included.

The list will be compiled on the basis of a voluntary response to a survey of hospitals throughout the country. The list would identify those hospitals having characteristics associated with special quality. There would be no sense of accreditation or regulation, nor would a sense of approval or disapproval be involved. The list will constitute a selection derived from carefully compiled criteria. The list would, depending on the

Secretary's decision, presumably be available to physicians and to the public in general and would provide information about where certain levels of medical care are available. There has been some question in the past as to whether the creation of such lists is a feasible endeavor, which has been one of the reasons for failing to proceed more rapidly with this activity.

General discussion followed, but no action was taken.

VII. REMARKS BY MR. BENNY BOB HALL, DEPUTY ADMINISTRATOR, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Mr. Hall, representing Dr. Wilson who was unable to attend greeted the Council and read a prepared statement concerning the creation of a better health care system through the application of technological development to the health field. The discussion which followed indicated that the Council and the health field generally have long been aware of the potentialities of computer technology and fallout from the Aerospace program in the provision of health care. A number of Council members, however, strongly indicated that substantial additional funds would be needed to turn the interest into practical results.

Mr. Hall also discussed impending changes in the organization of the HSMHA Administrator's Office and indicated the likelihood that in the near future a number of programs would be grouped under four Deputy Administrators rather than reporting directly to Dr. Wilson.

VIII. SPECIAL REPORTS

A. RMPS Reorganization

Dr. Pahl briefly outlined the current status of reorganization within the Regional Medical Programs Service.

The reorganization is currently underway and it will probably be early September before all branches are able to get together and interact appropriately.

The reorganization will restructure the way in which RMPS interacts with the individual Regional Medical Programs. Four operational branches have been established on a geographical basis. These, together with the Grants Management and Grants Review Branches constitute the new Division of Operations headed by Mr. Robert Chambliss. Four Operations Branches have been set up on a geographic basis. Teams of professional and supporting staff have been identified for each of these, and additional

individuals in other divisions and offices, such as Planning and Evaluation and Professional and Technical Development have been identified to serve as joint appointees with the Operations Branches.

B. Review Criteria

Dr. Pahl and Mr. Peterson discussed the new RMPS review criteria and rating system.

The review criteria and rating system were developed by staff and employed for the first time by the RMPS Review Committee as its July 1971 meeting. The criteria were derived from the RMPS "Mission Statement." Each criterion was weighted, and a 1 through 5 scoring system was employed for each. Reviewers were asked to circle the score for any criterion about which they were uncertain. In addition, the rating sheets included a place for each reviewer to indicate the basis for his evaluation.

The reviewers appeared to feel comfortable with the overall process in which they had engaged. Members of the Review Committee felt that the 17 criteria were comprehensive and that the sub-criteria raised in the form of questions were, in fact, useful in helping them to channel their thoughts. Some modifications and improvements were suggested, however.

As a result of this initial experience, plans are underway to rearrange and clarify a number of the criteria and to provide more adequate information about certain items with a view to increasing the reviewers confidence in their ratings.

In general the initial trial indicates that the criteria and rating system are both workable and satisfactory.

C. Council, Review Committee and Staff Responsibilities for Grants

Dr. Margulies read to the Council the material under VIII, C. in the Agenda Book entitled "Review Responsibilities Under the Triennial Review System." It was moved by Dr. Millikan and seconded by Dr. Roth that this statement be formally adopted. The motion was approved unanimously. The full text of the statement is appended as Attachment B.

D. Watts-Willowbrook

Dr. Margulies introduced Dr. Alfred M. Haynes, Chairman, Department of Community Medicine and Assistant Dean for Community Health Affairs, Charles R. Drew Postgraduate Medical School, Los Angeles, California.

Dr. Haynes narrated a slide presentation on the Watts-Willowbrook project which involves the concerted efforts of the Martin Luther King, Jr. Memorial Hospital and the new Charles R. Drew Postgraduate Medical School as well as other community agencies. These organizations have combined in a concerted effort to establish a health service center in the Watts area to provide quality care to the residents. The project is organized in such a manner that service to the community is regarded as equally, and perhaps more important, than educational and research activities.

E. Status of RMPS Regulations

Mr. Kenneth Baum summarized the status of efforts to revise RMP policies and Regulations.

The HEW General Counsel's Office has advised RMPS to completely rewrite the Program's Regulations to reflect the most recent changes in the Statute as well as new operational procedures. The General Counsel's Office is developing an initial draft of such Regulations in cooperation with RMPS.

Considerable progress has also been made in developing a loose leaf policy manual for the use of grantees, affiliates and RMPS staff. Departmental, HSMHA and RMP policies have been assembled for inclusion, however, considerable editorial work still remains to be done.

F. Computer Assisted EKG Analysis

Dr. John Farrell and Dr. Kenneth Gimble discussed a draft report on the subject of computer assisted EKG analysis that was prepared at the request of the Council.

Technologically fully operational EKG analysis requiring no further reading by a physician has not been achieved. Development of a fully automated system of that level of sophistication is problematical. Computers have been accurately and reliably used for screening normal and abnormal EKG's with less than 1 percent error.

The cost of automated EKG's is estimated at \$2 to \$4 per cardiogram exclusive of the cost of rereading by a cardiologist and assuming a minimum annual volume of input.

Basic conclusions reached from the study were: (1) that computer assisted EKG analysis an effective and reliable screening technique; (2) that definitive diagnosis must be done by a cardiologist; (3) that a computer can speed up the work of a cardiologist, at least in the present state of the art, it cannot replace him.

IX. EXECUTIVE SESSION

During the Executive Session there was a discussion of the status of efforts to consolidate three Ohio RMP's. In view of progress that has been made it was proposed to permit these Regions to apply in February. It was also proposed that Council and other appropriate staff work with the Interim Committee and the Fiscal Agent. It was moved by Dr. Millikan and seconded by Dr. Komaroff that the Council go on record as supporting this initial plan including the proviso that RMPs begin to work directly with Ohio RMP's on a staff basis. The motion was adopted unanimously.

Other items discussed during the Executive Session included (1) the status of the Albany, Rochester and Central New York RMP's; (2) the status of the Susquehanna Valley RMP; and (3) the possible separation of Delaware from the Greater Delaware Valley RMP. No action was taken on these matters.

X. REVIEW OF APPLICATIONS

A. Hawaii Regional Medical Program

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

"Approval of the Hawaii application for one year funding at \$1,072,000 plus an additional \$30,000 with the strong recommendation that money be utilized for support of activities in the Trust region and with the additional advice as specified on page 1 of the Committee's report." (Transcript, page 20, line 20)

The motion was unanimously approved.

B. Northern New England Regional Medical Program

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

Approve the recommendations of the Review Committee, including recording the six items of their critique, with these items to be kept strongly in mind when the triennial application is ultimately reviewed, and with advice that through strong administrative leadership some of the real concepts of RMP should be included in the program. (Transcript, page 26, line 3)

The motion was unanimously approved after further discussion which suggested that the Region might profitably examine goals and objectives developed by other RMP's and develop a plan for use of collected data.

C. Texas Regional Medical Program *

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

"Approval for two years at a funding level of \$1,590,000 including the developmental funding." (Transcript, page 29, line 25)

The motion was unanimously approved.

D. Virginia Regional Medical Program

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

Concurrence with the Committee's recommendation with the proviso that if the site visit should indicate a need for additional funds, the request will be brought back before the Council, (Transcript, page 36, line 5)

The motion was unanimously approved. In subsequent discussion, it was agreed that there would be appropriate representation from staff and the Kidney Disease Panel on the site visit.

E. Bi-State Regional Medical Program

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

Concur with what the Review Committee recommended, that there be an additional year instead of the three years requested, and that this be in the amount of \$924,113, and further concurrence with the Committee's disapproval of the developmental component and the other funding relative to the project. (Transcript, page 37, line 16)

The motion was unanimously approved.

F. Georgia Regional Medical Program

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

Approval in the amount of \$2.9 million for each of the first two years and \$1.9 million plus the requested amount for project 39 for the third year, the exact amount to be determined by staff on the basis of the intent of Council. In addition, the Council concurs in the recommendations of the site visitors with respect to the non-funding of specifically identified projects with the exception of kidney and the Stephens County project. (Transcript, page 52, line 12)

The motion was unanimously approved.

G. Albany Regional Medical Program

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

"Approval of the Review Committee's Recommendation that this project be funded for only one year more for \$900,000."
(Transcript, page 57, line 14)

The motion was unanimously approved.

H. Central New York Regional Medical Program

Motion made by Mr. Friedlander - Seconded by Dr. Cannon

Approval for one year funding, contingent on a staff follow-up visit six months following the award of this application to evaluate the progress that's been made in meeting the conditions.
(Transcript, page 61, line 13)

The motion was unanimously approved.

I. Rochester Regional Medical Program

Motion made by Dr. Mc Phedran - Seconded by Mr. Milliken

Approval of the Review Committee's recommendation of \$800,000 and deferral of any action until the next Council meeting on the kidney project. (Transcript page 63, line 24 and page 68, line 15)

The motion was unanimously approved.

J. Memphis Regional Medical Program*

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

Approval of the Review Committee recommendation for a funding level \$1,627,000 for each of three years, or a total of \$4,950,000 plus approval of suggestions in the blue sheet with deletion of the reference to Medical Association dues for project 39.
(Transcript, page 76, line 7, and page 87, line 20)

The motion was unanimously approved.

K. Michigan Regional Medical Program

Motion made by Dr. Mc Phedran - Seconded by Dr. Komaroff

Approval of the Review Committee's recommendation for \$500,000 funding for the fourth, fifth and sixth years for each year,

including the requested developmental component. (Transcript, page 104, line 16 and page 105, line 8)

The motion was unanimously approved.

L. Wisconsin Regional Medical Program

Motion made by Dr. Roth - Seconded by Dr. Mc Phedran

Approval as recommended by the Review Committee. (Transcript, page 106, line 13)

The motion was unanimously approved.

M. Maine Regional Medical Program

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

"Accept the requested levels for the three years and bring the Maine application before the Council again prior to funding the 05 year for Council reconsideration." (Transcript, page 111, line 14)

The motion was unanimously approved.

N. Metropolitan D.C. Regional Medical Program

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

Defer action on the application. Hold a site visit attended by the Ad Hoc Renal Disease Panel, and also include attendance by the Chief of Medicine, the Chief Surgeon and the Chief Nephrologist of each of the applicant institutions. (Transcript, page 128, line 7)

The motion was unanimously approved.

O. New Mexico Regional Medical Program

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

Approval for \$850,000 for one year as recommended by the Review Committee with an additional \$40,000. The additional funds are not earmarked and may be used for kidney or for other purposes at the discretion of the Region. (Transcript, page 134, line 12, and page 139, line 1)

The motion was unanimously approved.

P. Tri-State Regional Medical Program

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

"Approval of funding at the rate proposed on page 5 of the revised application." (Transcript, page 140, line 6)

The motion was unanimously approved subsequent to some further discussion which indicated that progress on this project might provide some examples that could be used in Metropolitan D.C.

Q. National Kidney Foundation. "910"*

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

Disapproval. (Transcript, page 144, line 17)

The motion was unanimously approved.

R. California Regional Medical Program**

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

"Level funding for three years at \$10,043,175 with exact amounts to be determined on the basis of negotiation by staff during that period, and for the sum to include the kidney project." (Transcript, page 16, line 17)

The motion was unanimously approved.

X. ADJOURNMENT

The meeting was adjourned by Dr. Pahl at 1:20 p.m. on August 4, 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

* Dr. Schenker was not present during consideration of this application.
**Mrs. Wyckoff was not present during consideration of this application.

April 26, 1971

C O P Y

Resolution from the National Advisory Council on Regional Medical
Programs Service

Roger O. Egeberg, M.D.
Assistant Secretary
for Health and Scientific Affairs

Attached is a memo from the National Advisory Council for Regional
Medical Programs which expresses their deep concern. It was issued
without their having had a detailed chance to look at the report by
the group of consultants.

I would hope that we would have a chance to discuss this in the very
near future.

/s/

Vernon E. Wilson, M.D.
Administrator

cc: Herbert B. Pahl, Ph.D.
Harold Margulies, M.D.

RESOLUTION

SUBJECT: UNAVAILABILITY OF THOSE PROGRAM MONIES WHICH WERE APPROPRIATED BY THE CONGRESS FOR FISCAL YEAR 1971 AND WHICH SUBSEQUENTLY HAVE BEEN PLACED IN RESERVE - REQUESTS RECONSIDERATION.

WHEREAS: The Regional Medical Programs Service was created and exists for the purposes of (1) improving for all citizens access to and utilization of their local health care systems, and (2) improving the quality and effectiveness of the health services provided within regions, particularly with regard to cancer, stroke and diseases of the heart and kidney, and

WHEREAS: The Regional Medical Programs Service during the five years of its existence has established viable, local organizational networks among the major health care providers, and improved the number and quality of the linkages which now exist between these providers and the consumers who comprise the several regions; and

WHEREAS: For these disease categories the Regional Medical Programs Service was established to be a primary, functional arm of the Department of Health, Education, and Welfare whereby the potential benefits which result from the nation's support of the biomedical research enterprise at the National Institutes of Health can be realized from practical applications within communities; therefore be it

RESOLVED: That the National Advisory Council for Regional Medical Programs wishes to express to the Administrator, Health Services and Mental Health Administration, and to the Assistant Secretary for Health and Scientific Affairs its deep concern that the unavailability of those program monies which were appropriated by the Congress for fiscal year 1971 and which subsequently have been placed in reserve will result in serious curtailment in the momentum of the overall program in meeting its objectives and, therefore, requests reconsideration of this matter in terms of the Administrator's expressed national priorities for improving the health services and delivery system of the country; and be it further

RESOLVED: That as new systems for the delivery of health services to communities are devised and instituted, the Council respectfully submits that the Regional Medical Programs Service is the most expedient instrument to access improvements in the quality of care provided by these systems by virtue of its specific charge to be the principal program which interrelates all of the providers of health care within communities; and be it further

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RESOLVED: That in support of this request the Council assures the Administrator and the Assistant Secretary that specific effort will be made immediately and on a continuing basis to reinforce the liaison and collaborative efforts between the Regional Medical Programs Service and other Health Service and Mental Health Administration programs as well as all relevant Institutes and program elements of the National Institutes of Health in order that no opportunity be overlooked for bringing to the regions with the greatest possible speed those medical research advances which can form the basis for improving access to and the overall quality of the health care available to the people of these regions.

In so doing the Council announces its intent to establish immediately for the Regional Medical Programs Service a set of sharpened program priorities as determined in consultation with Health Services and Mental Health Administration, the National Institutes of Health and other leaders in the field of health.

REVIEW RESPONSIBILITIES
UNDER THE TRIENNIAL REVIEW SYSTEM

Under the triennial review system, each Regional Medical Program normally will be reviewed by the National Advisory Council only once each three years. The triennial review serves to recognize the Region as an "accredited" organization and to set a general level of annual support for the three year period. Thus, the Council's favorable recommendation constitutes a time-limited approval for an RMP as an organization having recognized capabilities, rather than being approval for a specific set of activities. In addition to recommending the general level of support, Council actions on individual applications may include advice to the applicant Regional Medical Program, or specific conditions for the grant. Prior to review by the Council, each triennial application will be reviewed by assigned RMPS staff, a site visit team and the RMPS Review Committee.

Except as specified below, the Director, RMPS, will make continuation awards, including support for new activities, for second and third (02 and 03) year support without further Council action insofar as the proposed activities are consistent with relevant policies. The Council will be provided with a summary of such awards. Specifically, the Council's advice will be sought when:

1. Supplementary funds are requested in addition to the general support recommended for the year in question.
2. A new or increased Developmental Component is requested.
3. The Council, the Director, RMPS, or the Region requests Council review.
4. The applicant has failed in a material respect to meet the requirements of the Program or applicable laws, regulations or formally promulgated policies of the Department, HSMHA or RMPS.

The summary to be provided to the Council will include the following information concerning each Region reviewed by staff for continuation support:

1. The amount previously recommended by the Council for funding, and the amount awarded.
2. A list of activities supported during the most recent grant year, identifying those which have been completed and those which have been supported through a developmental component.

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3. A summary of the Region's response to any advice specified by the Council or limitations upon or conditions of the award.
4. A summary of any outstanding accomplishments.
5. A summary of any outstanding problems.
6. Annual reports from the Regional Advisory Group and from RMPS staff. (These will be made available on request by the Council.)

Approved - National Advisory Council on Regional Medical Programs
August 3, 1971

ATTENDANCE LIST
National Advisory Council on Regional Medical Programs
Aug. 3-4, 1971

COUNCIL MEMBERS

Dr. Bland W. Cannon
Dr. Michael E. DeBakey
Dr. Bruce W. Everist
Dr. William R. Hunt
Dr. Anthony L. Komaroff
Dr. Alexander M. McPhedran
Dr. John P. Merrill
Dr. Clark H. Millikan

Mr. Sewall O. Milliken
Dr. Alton Ochsner
Dr. Russell B. Roth
Dr. George E. Schreiner
Mrs. Florence R. Wyckoff
Dr. Benjamin W. Watkins
Mr. Edward Friedlander
Dr. Harold Margulies

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Mr. Cleveland Chambilss
Mr. Richard Clanton
Dr. James Cleeman
Dr. Paul Cohart
Mr. Spencer Colburn
Dr. Jeff Crandal
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Dr. John Farrell
Mr. Gerald Gardell
Mr. Terrence Genz
Mr. Samuel Gilmer
Dr. Kenneth Gimbel
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Mrs. Eva Handal
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Mrs. Gloria Hicks
Dr. Edward Hinman
Mr. Calvin Jackson
Mr. Joseph Jewell
Mrs. Gliner Johnson
Mr. Milton Jordan
Dr. Kenneth Joslyn
Dr. Alan Kaplan
Dr. Philip Klieger
Mrs. Lorraine Kytte
Miss Carol Larson
Dr. Marian Leach
Dr. Harold Margulies
Dr. Gordon MacLeod

Mr. Roger Miller
Miss Marjorie Morrill
Mr. Spero Moutsatsos
Miss Mary Murphy
Mr. Frank Nash
Miss Elsa Nelson
Mr. Daniel Nemzer
Dr. Michael Newman
Dr. Herbert Pahl
Mr. Roland Peterson
Mr. Eugene Piatek
Mr. Michael Posta
Mr. Lawrence Pullen
Miss Leah Resnick
Mr. Morton Robins
Mr. Richard Russell
Mrs. Jessie Salazar
Mr. Luther Says
Miss Theresa Schoen
Mrs. Patricia Schoeni
Mr. Thomas Simonds
Mrs. Judy Silsbee
Mr. Matthew Spear
Mr. Sidney Stein
Mr. Jerome Stolov
Mr. William Torbert
Mr. Lee Van Winkle
Mr. Lyman Van Nostrand
Mrs. Margaret Welsh
Mr. Richard White
Mr. Roland Williams

RMPS REGIONAL OFFICE REPRESENTATIVES

Mr. William Mc Kenna, Region I
Mr. Robert Shaw, Region II
Mr. Clyde Couchman, Region III
Mr. Theoda Griffith, Region IV

Mr. Maurice Ryan, Region V
Mr. Dale Robertson, Region VI
Mr. Daniel Webster, Region VIII
Mr. Ronald Currie, Region IX

OTHER

Dr. Margaret Edwards, NCI
Mr. Peter Fox, OMB
Mr. Howard Hilton, NHSC
Mrs. Frances Howard NLM

Mr. David Lovenvirth, Consultant
Miss Bettye Mobley, HSMHA
Mr. Carl Taylor, OMB

NATIONAL ADVISORY COUNCIL ON
REGIONAL MEDICAL PROGRAMS
October 20, 1971

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