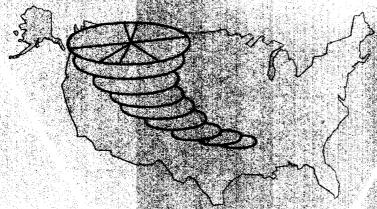


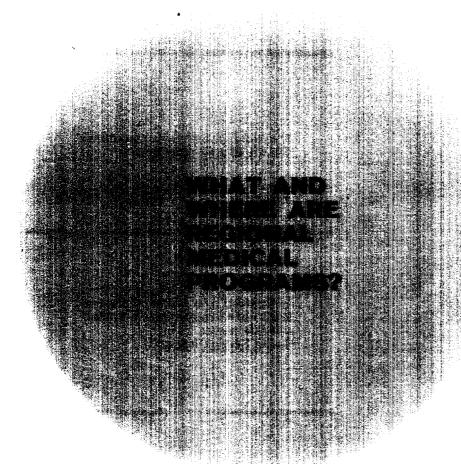
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Progress Report Regional Medical Programs Service











TODAY

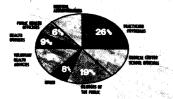
55

In less than 2 years, all 55 Regions were established and the 55 Programs set in motion.



A Regional Advisory Group, including representatives of a Region's health institutions and health professions, was formed to provide the policy-making group for each Program.





Included were practicing physicians, medical center and medical school officials, members of the allied health professions, hospital administrators, public health and voluntary health agency officials, and members of the public.



Subsequent applications for operational grant funds described how each Program would develop activities to meet the needs, priorities, and plans of its own Region, especially in the areas of heart disease, cancer and stroke.

Specific interrelated projects were included in operational applications that were approved at the Regional level...



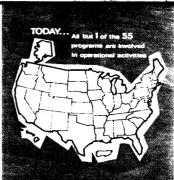
and sent on to the Washington Office of Regional Medical Programs for review, approval and funding.



A pattern for each Program's local cooperation has continued to develop and expand involving more of the health-related institutions and an increasing number of physicians and allied health people of the Region.



Today, only four years since the first planning grants were made, all but one of the 55 Regional Medical Programs are already involved in operational activities designed to improve the availability and delivery of quality care to all Americans.



MEMPHIS 1300 Medical Center Towers 969 Madison Avenue Memphis, Tenn. 38104

METROPOLITAN WASHINGTON, D.C.

Medical Society of the District of Columbia 2007 Eye Street, N.W. Washington, D.C. 20006

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MISSISSIPPI

University of Mississippi Medical Center 2500 North State Street Jackson, Miss. 39216

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Idaho

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956 Willow Street Reno, Nevada 89502

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TRI-STATE
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New Hampshire 15 Pleasant Street Concord, N.H. 03301

Rhode Island 333 Grotto Avenue Providence, R.I. 02906

VIRGINIA 700 Building, Suite 1025 700 East Main Street Richmond, Va. 23219 WASHINGTON/ALASKA 500 "U" District Building 1107 Northeast 45th Street Seattle, Wash. 98105

Eastern Washington 1130 Old National Bank Building West 422 Riverside Avenue Spokane, Wash. 99201

Southeastern Alaska Gustavus, Alaska 99826

Central-Southcentral Alaska 825 L Street, Suite #507 Anchorage, Alaska 99501

WEST VIRGINIA Room 2237 University Hospital West Virginia University Medical Center Morgantown, W. Va. 26506

WESTERN NEW YORK State University of New York at Buffalo School of Medicine 2929 Maine Street Buffalo, N.Y. 14214

WESTERN PENNSYLVANIA 3530 Forbes Avenue 501 Flannery Building Pittsburgh, Pa. 15213

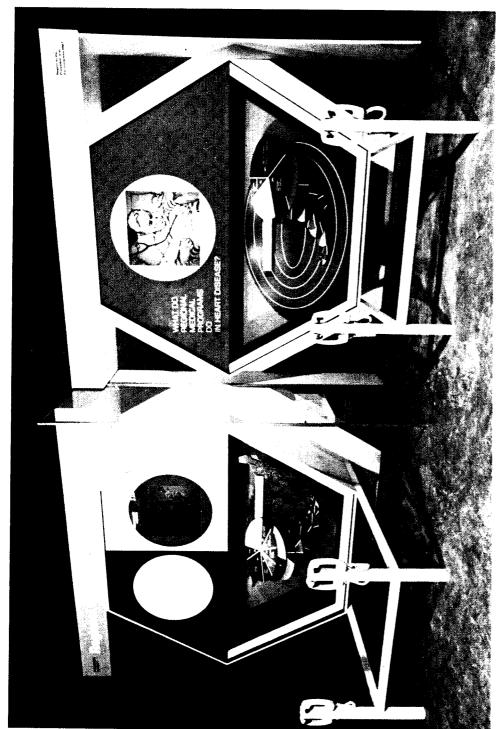
WISCONSIN 110 East Wisconsin Avenue Milwaukee, Wis. 53202 Additional publications on Regional Medical Programs available on request are:

- DIRECTORY OF REGIONAL MEDICAL PROGRAMS Revised as of June 1, 1970
- GUIDELINES—Regional Medical Programs Revised May 1968
- GUIDELINES ADDENDUM-February 1970
- GUIDELINES—For Multi-Program Services Project Grants (Section 910)
- SELECTED BIBLIOGRAPHY of Regional Medical Programs—Second Revision January 1970
- CUMULATIVE INDEX (May 1967-June 1970) **News, Information and Data** Publications
- PROCEEDINGS—Conference of Coordinators and Chairmen of Regional Advisory Groups of Regional Medical Programs September 27-29, 1969

These publications and other material on Regional Medical Programs may be obtained from:

Publications Service
Office of Communications and Public Information
Regional Medical Programs Service
Parklawn Building, Room 11–22
5600 Fishers Lane
Rockville, Maryland 20852

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Progress Report exhibit of the Regional Medical Programs Service

This brochure replicates the formet and susflovisual Dresentations of the 'Progress Report' schiblt of the Regional Medical Programs Service.

"... the focus is on the PATIENT"

Report to the President and the Congress 1967

WHAT DO REGIONAL MEDICAL PROGRAMS DO?*





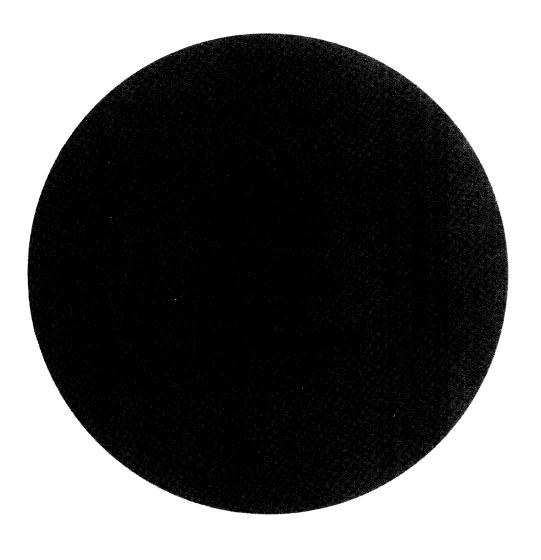
*Separate companion becalists describing various activitives of Regional Medical programs are available. DEPARTMENT OF HEALTH: EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration
Regional Medical Programs Service

For sale by the Superintendent of Decements, U.S. Göverument Printing Office Washington, D.C. 2002 - Price 31.73











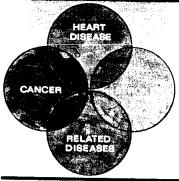
Today, there are 55 Regional Medical Programs as described in the companion brochure.



Each Program meets its own Regional needs with a different series of related activities.

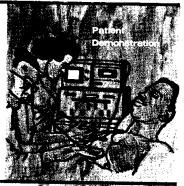


But all Programs have similarities in that they are devoted to improving the availability of quality care.



All are directed toward diagnosis, treatment or prevention of heart disease, cancer, stroke and related diseases.

All have patient demonstration projects;



All are involved in health manpower utilization and continuing education of physicians and other allied health personnel;



And **all** Regions have full-time Program staffs coordinating their ever-expanding interrelated activities. A few examples of the growing number of activities directly involving physicians presently underway in some of the 55 Regional Medical Programs are. . . .



Continuing education activities in medical centers and community hospitals directed by leaders in various aspects of cancer, heart disease, stroke and other related diseases to keep local physicians updated on the latest and most useful diagnostic and therapeutic developments.





Establishment of regional telephone, radio and other electronic networks for direct and immediate consultation from specialists. . . .



or for remote monitoring of vital signs of patients as needed by practicing physicians, and . . .

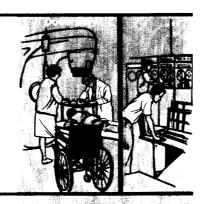


New and expanded regional and subregional reference libraries for ready access to new information through abstracts, tapes, and other printed and audio-visual informational materials.



Availability of physicians to spell solo practitioners to permit them to attend postgraduate courses away from their own communities.

Regional network of computer systems to provide immediate and accurate X-ray dosimetry and patient management information.



Establishment of coronary care units as training sites for physicians, nurses and related health professions from other hospitals within the Region.



Involvement of an ever-increasing number of physicians in continued planning to develop new approaches to increase the quality care available to all people in their own communities.



These are only a few examples of how physicians and Regional Medical Programs are directing their attention to the patient by implementing regionalized activities to improve the availability and delivery of quality care to all Americans in the 55 Regions, as promised by Public Law 89-239.



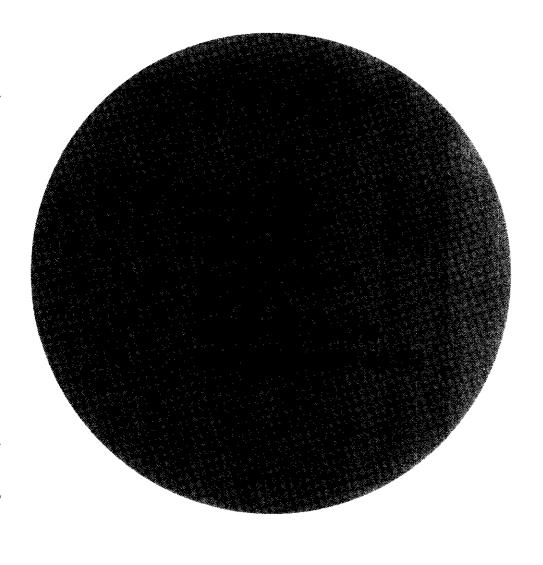
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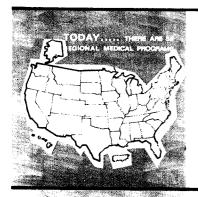
"... the focus is on the PATIENT"

WHAT DO
REGIONAL
MEDICAL
PROGRAMS
DO IN
COOPERATION
WITH HOSPITALS?









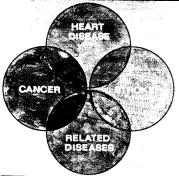
Today, there are 55 Regional Medical Programs as described in the companion brochure.



Each Program is working toward meeting its own Regional needs by planning and implementing its own series of related activities.



But all Programs have similarities in that they are devoted to improving the quality and availability of care as related to



The prevention, diagnosis and treatment of heart disease, cancer, stroke and related diseases;

All Programs have patient demonstration projects;



All Programs are involved in continuing education, and the development and improved utilization of health manpower;



And **all** Regions have Program staffs coordinating their interrelated activities which involve hospitals and all other health facilities and resources of the Region.



But it is in the hospitals of the Regions, and with their staffs who provide care and treatment directly to patients, where most Regional Medical Programs have their major thrust. For example . . .





A growing number of continuing education activities aimed directly at improving patient care are being conducted both in medical centers and in community hospitals for physicians and allied health personnel from their own and outlying areas.



Regional telephone, radio and other electronic networks have been established in community hospitals and medical centers to provide direct, immediate and around-the-clock consultation between local physicians and medical center specialists . . .



Similar networks for medical center monitoring of vital signs of critically ill patients in community hospitals are now available to local physicians.



New radiotherapy services, including computerized X-ray dosimetry and patient management consultation, are now available to community hospitals.

Selected resident physicians from medical centers and larger community hospitals are now being utilized as "visiting faculty" to smaller hospitals, and other medical center physicians are temporarily taking over the practice of physicians to permit them to attend postgraduate courses.



New and expanded Regional reference libraries have been developed to provide ready access to new information in the form of abstracts, tapes, and other printed and audio-visual materials covering the latest medical and patient care techniques.



New Coronary Care Units have been established in Regionally selected hospitals to provide primary training sites so that physicians, nurses and other health professionals from other hospitals of the Region can learn to set up and provide similar services in their own hospitals.

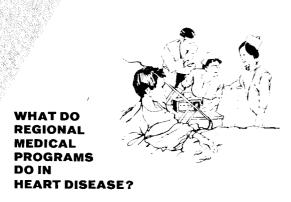


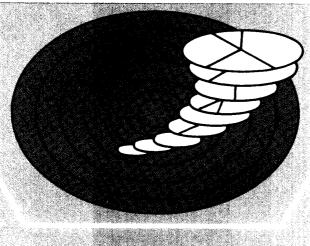
These are only a few examples of how hospitals are working within Regional Medical Programs to implement regionalized activities to improve the availability and delivery of quality medical care to all Americans.

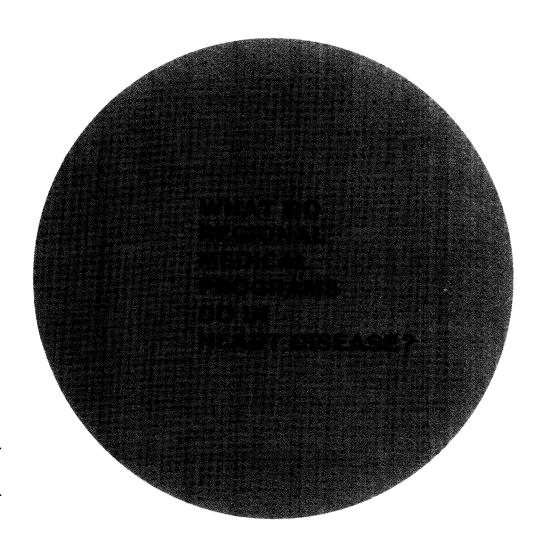


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"... the focus is on the PATIENT"









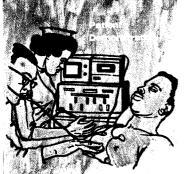
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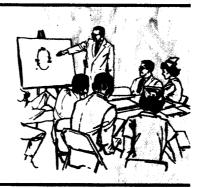


But all Programs have similarities in that they are devoted to improving the quality and availability of care.



All Programs have patient demonstration projects;

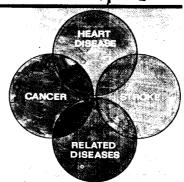
All Programs are involved in continuing education, and the development and improved utilization of health manpower;



All Regions have Program staffs coordinating their interrelated activities



And all Programs are directed toward the prevention of heart disease, cancer, stroke and related diseases.



A few examples of activities in heart disease presently underway in some of the 55 Programs . . .





A growing number of continuing education activities designed to improve diagnosis and care of heart disease patients by physicians and allied health personnel are being held in medical centers and community hospitals.



Regional reference libraries are being established to provide improved access to new information on the latest medical and patient care techniques in the form of abstracts, tapes, and other printed and audiovisual materials.



New Coronary Care Units have been established in selected hospitals in each Region to provide not only care, but to serve as primary training sites where physicians, nurses and others can learn to establish and provide similar services in their own hospitals.



Special sessions are being held in community hospitals to alert staff to possible electrical hazards in equipment in Coronary Care Units.

Regional telephone, radio and other electronic networks are being established and expanded between community hospitals and medical centers to provide direct, immediate and around-the-clock consultation between local physicians and medical center cardiologists....



Similar networks are being used for medical center monitoring of electrocardiographs and vital signs of critically ill patients in outlying community hospitals.



The use of selected house staff including cardiology residents from medical centers and larger community hospitals as "visiting faculty" to smaller hospitals.



These are only a few examples of how Regional Medical Programs are implementing regionalized activities to improve the availability and delivery of quality medical care especially as related to heart disease for all Americans.



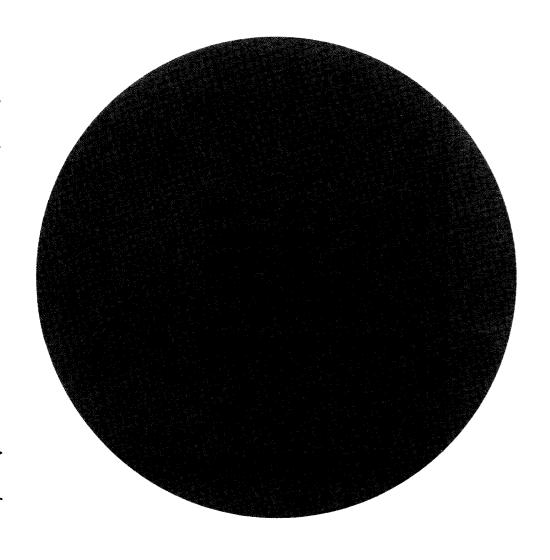
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"... the focus is on the PATIENT"

WHAT DO'
REGIONAL
MEDICAL
PROGRAMS
DO IN
REHABILITATION?









Today, there are 55 Regional Medical Programs as described in the companion brochure.



Each Program meets its own Regional needs with a different series of related activities.



But all Programs have similarities in that they are devoted to improving the quality and availability of care.



All Regions have full-time Program staffs coordinating their ever-expanding interrelated activities;

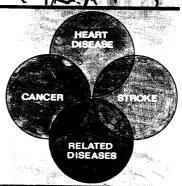
All Programs have patient demonstration projects;



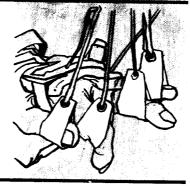
All Programs are involved in continuing education and health manpower utilization of physicians and other allied health personnel;



And **all** Programs are directed toward prevention, diagnosis and treatment of heart disease, cancer, stroke and related diseases, including rehabilitation of patients who have suffered from these diseases.



A few examples of the growing number of rehabilitation activities presently underway in some of the 55 Regional Medical Programs are . . .





Regional stroke information centers to provide physicians with immediate telephone consultation with neurologists and other specialists concerned with this condition.



Computer fact banks for providing practicing physicians with the latest information on diagnosis and care of patients with strokes and related diseases.



Regional stroke teams of occupational, physical, and speech therapists who make weekly visits to small community hospitals to develop treatment programs for stroke patients.



Continuing education activities in medical centers for allied health personnel from outlying hospitals, to improve the care of heart, cancer, and stroke patients, by combining the unique clinical and educational resources of such centers.

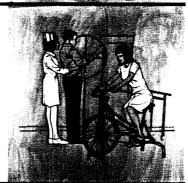
Comprehensive stroke units in selected hospitals as training sites where physicians, nurses, and related health professionals from other hospitals within the Region can learn the application of new techniques for care and treatment.



Regional activities to promote better care of diabetic patients through the coordination of appropriate professional and institutional health resources and through continuing professional and public education programs.



Demonstration programs of exercise rehabilitation for patients with coronary heart disease and pulmonary diseases.



These are only some examples of how Regional Medical Programs are operating in general and specifically directing some of their efforts to the field of rehabilitation by implementing regionalized activities to improve the availability and delivery of quality care to all Americans.

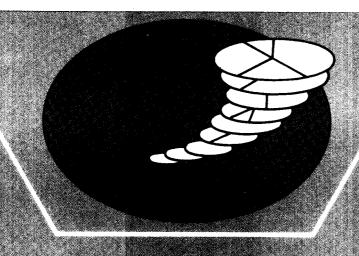


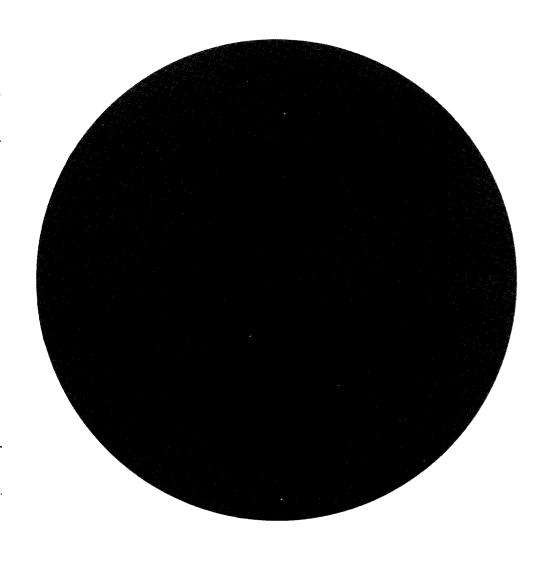
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"... the focus is on the PATIENT"

WHAT DO REGIONAL MEDICAL PROGRAMS DO IN CANCER?









Today, there are 55 Regional Medical Programs as described in the companion brochure.



Each Program differs in the activities it has initiated to meet its own Regional needs.

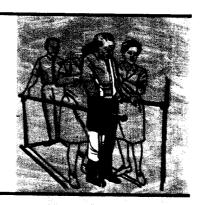


But all Programs have similarities in that they are devoted to improving the availability of quality care.



All are involved in continuing education of physicians and other allied health personnel;

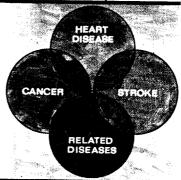
All have patient demonstration projects;



All have professional staffs coordinating their ever-expanding interrelated activities.



And **all** are directed toward diagnosis, treatment or prevention of heart disease, cancer, stroke or related diseases. A few examples of cancer activities presently underway in some of the 55 Programs are . . .



Regional Cancer Information Centers to provide physicians with immediate telephone consultation with all the disciplines involved in diagnosing and treating cancer.





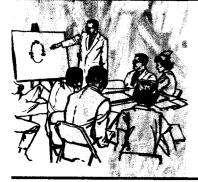
Cancer registries to provide data collection and help assure follow-up patient care.



Medical center-based radiotherapy services for outlying hospitals including computerized X-ray dosimetry and patient management consultation.



Screening of high-risk populations for early detection of cervical and other types of cancer.



Teaching sessions in community hospitals directed by visiting cancer specialists for local physicians and allied health personnel.

Dentists involvement to seek out and treat oral cancer.



Regional clearinghouses to develop methods for data collection and dissemination of new information on cancer.



Up-dating physicians for prevention and early diagnosis of cancer in children.



These are only **some** examples of how the "focus is on the (cancer) patient" as promised by the law and implemented as part of the effort of the 55 Regional Medical Programs to improve the availability and delivery of quality care to all Americans.



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