

E001506



Eastern Operations Branch
Staff Analysis

Puerto Rico Regional Medical Program

I. Status of the Region:

- . The Puerto Rico RMP is in an anniversary status prior to triennial application. It was in the process of preparing its first triennial application when the February 1972 phase out telegram was received.
- . The Program was last reviewed by the June 1972 NAC.
- . Council's review was based on the Review Committee's recommendation, a SARP recommendation and a December 1971 RMPS staff assistance visit.
- . Council accepted the Review Committee recommendation for increased support. Although conditions were not imposed, the absence of allied health and nursing personnel on the Program Staff and the RAG, and both the composition and geographical distribution of RAG members were expressed concerns. Inadequate contribution from the private physician and private hospital sector remained a continuing problem.
- . The Program was initially scheduled for complete phase out on June 30, 1973, as requested.

The Region received \$41,666 in August 1973 (FY 74 funds) and the use of unobligated funds awarded prior to the phase out to continue operations. The remaining \$173,794 allocation provided from the Departmental \$17.1M release was awarded per the attached back-up sheet.

II. Current Status of the Region's Funding

. FY 73 annualized level prior to phase out	\$1,000,000
. FY 73 NAC recommended funding level	\$1,100,000
. Percent of total FY 73 funds - 1.26%	
. Maximum allocation from FY 74 funds	\$ 519,573
. FY 74 funds awarded October 1, 1973	\$ 215,460
. Maximum FY 74 funds remaining for allocation Jan. 74	\$ 304,113

III. Significant Events Since the Last Council Review

- A RMPS staff visit was made in June 1972 to discuss the NAC review and provide orientation about RMPS organizational structure, policies and review procedures to the new Puerto Rico RMP administrator.
- A Management Survey was initiated in October 1972. The survey did not disclose any gross management deficiencies although several constructive recommendations were made. The team found major improvements relative to Program Staff and the RAG.
- A Review Process verification visit was conducted in late October. The review process was not certified pending final structuring and formalization of process. Documentation was received in late January 1973 that responded to questions raised during the verification visit. RMPS follow-up action was not completed.
- Dr. Jorge Fernandez, Program Coordinator, appointed Rafael Rivera-Castano, M.D., M.P.H., as Acting Coordinator in September 1972 while he was working on a Committee for National Health Insurance for Puerto Rico. Effective September 1, 1973, Dr. Rivera was appointed Coordinator. Dr. Fernandez has remained on the Program Staff (50% effort) and is Project Director of a grant to the Puerto Rico Department of Health that is designed for training of auxiliary personnel in dental health.
- Dr. Merlin Lugo-Faria, Chairman of the RAG resigned subsequent to joining the staff of the VA hospital in Houston, Texas. Mr. Joel R. Garcia is the new RAG Chairman.

Program Staff	Professional	Tech & Secy	Total
Dec. 72	18	13	31
July 73	3	5	8
Now	4	8	12

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Puerto Rico

RM 00065

PERIOD 10/1/73-12/31/73

\$ 173,794**

41,666*

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						73,1
C001 Health Manpower Development	54,579					
C002 Project Evaluation	23,656					
C003 Health Planning Assistance	22,453					
TOTAL	100,688					73,10

**In addition, \$35,000 has been awarded for Pediatric
 Pulmonary Disease

*Awarded 8/27/73

IV. Staff's Analysis of Region's Capability to Effectively Utilize Its Allocation of Remaining FY 74 Funds

<u>Program Staff</u>	<u>Professional</u>	<u>Secy</u>	<u>Total</u>
Dec. 1972	18	13	31
July 73	3	5	8
Nov	4	8	12

Just prior to the last SAC Review, the Program had lost its Program Coordinator and many of its professional staff. The new Coordinator at that time (Dr. Jorge Fernandez) had just begun a rebuilding process that included Regional Advisory Group consultation and participation in programmatic decision-making.

Puerto Rico RHP has now lost many of its professional staff (again) during the recent phase out action. However, the new Coordinator has a year's experience with the Program and Dr. Fernandez remains on the RHP staff as an Associate Coordinator. The RHP is reportedly active, but the active involvement of this group has always been a major concern.

This Region is currently in its third operational year and supported substantially the same type of activities throughout its three year support period. Accordingly, there is no historical indication of the capability for response to new initiatives. RHP does not have any information about the types of activities that would have been requested in the now defunct triennial application except that it was going to request continuation of some activities that could not be readily absorbed (supported) from other sources.

The Program Staff does not contain the capability to conduct an effective program. The highly qualified and experienced personnel have been lost to the Program. However, positions have been budgeted for replacement and the future depends on the recruitment of equally qualified personnel. In the interim, the Program appears to be in limbo and most probably will not be effective until the unstable status for RHP is resolved.

V. Staff's Analysis of the Current Application

The amount being requested is the maximum allocation remaining - \$304,113.

Program Staff activities and one of four proposed project activities adhere to the option areas; the three remaining proposed projects do not.

The application provides for continued support of two previously funded categorical projects that were terminated as of June 30, 1973. These two have been continued by the Puerto Rico Health Department on a reduced scope and it is proposed to increase the activity. Projects are: #2-Hematology, Cancer, Chemotherapy and Blood Banking; and #7-Education and Care in the Intensive Care of Cardiac Patients.

Program Staff activities within the option areas were previously approved through December 31, as part of the October 1, 1973 award.

The remaining Project #18-Promote and Strengthen the Integration of Health is new and within the option areas. The integration of health between the Public and Private health sectors has been a continually expressed concern at all Federal levels of review. If adequate staff can be recruited to accomplish this objective, the Program will have made great strides toward improving health care delivery in Puerto Rico.

Kidney related activities are not included in the application except for data gathering with possible kidney application.

The proposals do not include establishment of CHP agencies.

VI. Staff Recommendation

Deferred action with Council delegation of authority to RMPS staff for establishing a funding level up to the maximum requested amount. RMPS action to be accomplished subsequent to a staff site visit to determine the following:

- (a) potential for filling budgeted vacancies with qualified personnel;
- (b) intactness and degree of RAG involvement;
- (c) need for reinstatement of two previously supported categorical projects; and
- (d) evaluation of Puerto Rico RMP staff activities since July 1, 1973.

A- Strengthening Local Programs
 B- Quality Assurance
 C- PHS
 D- Kidney Disease
 E- Hypertension

REGION PUERTO RICO

00065 - 03

PERIOD 1/1/74 - 6/30/74

\$ 304,113

PROJECT & PROGRAM ID	A	B	C	D	E	OTHER
C000 Program Staff						82,039
C001 Health Manpower Development	55,461					
C002 Project Evaluation	21,157					
C003 Health Planning Assistance	28,874					
Sub-Total - All Program Staff Activities (\$187,531)						
Project Activities						
#18 Promote & Strengthen The Integration of Health	63,474					7,024
#19 Program for Audio-visual Aids in General Histology						33,084
#02 Hematology, Cancer Chemotherapy & Blood Banking						13,000
#07 Education & Care in the Intensive Care of Cardiac						
Sub-Total All Project Activity (\$116,582)						
Total	168,966					135,147
Percent	55.6%					44.4%

Eastern Operations Branch
Staff Analysis

West Virginia Regional Medical Program

I. Status of the Region:

The West Virginia Regional Medical Program was approved for triennial status with developmental component by the October Council, 1972.

- . Date last reviewed by Council - October 16-17, 1972
- . RAC Recommended Funding Level - \$1,500,000
- . Reviewed by Committee - September 21-22, 1972
- . Site Visit - August 7-8, 1972
- . Key Issues: None

Phase Out

The termination date for the West Virginia RMP was February 14, 1974.

The following programmatic activities listed below were approved to continue beyond 6/30/73:

- #008 - Voluntary Office Self-Audit Service
- #010 - Multi-Unit Communications Facility

West Virginia requested continuation of two projects and all program staff to continue to February 14, 1974. The University of West Virginia committed support to continue program staff beginning February 16, 1974.

II. Current Status of the Region's Funding

- . FY annualized level prior to phase out (annualized level as of Jan. 1, 1973) - \$1,000,000
- . Region's percent of total FY 73 funds - 1.26%
- . Allocations for FY 74 funds - \$519,573
- . Amount of FY 74 funds awarded to Region October 1, 1973 - \$215,460
- . Amount of FY 74 funds remaining to Region for allocation January 1, 1974 - \$304,113

III. Significant Events Since Last Council Review:

- . Staff Visit was made on three EMS projects in July 1973
- . Revision of by-laws to conform to RMPS policy concerning grantee and RAG responsibilities and relationships

The West Virginia RMP has been able to retain all program staff members except two that have found employment in other health related agencies.

ALLOCATION BY OPTION
 11/76

A-Strengthening Local
 B-Quality Assurance
 C-RMS
 D-Kidney Disease
 F-Hypertension

REGION: West Virginia

RM 00045

PERIOD: 10/1/73-12/31/73

\$ 215,460

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
N/ C001 Hanover Development Consortium	15,418	175,042	25,000			
N C002 PSRO Pilot						
N C003 Emergency Capabilities						
TOTAL	15,418	175,042	25,000			

WEST VIRGINIA REGIONAL MEDICAL PROGRAM

IV. Staff's Analysis of Region's Capability to Effectively Utilize Its Allocation of Remaining FY 1974 Funds

<u>Program Staff</u>	<u>Professional</u>	<u>Tech & Secy</u>	<u>Total</u>
Dec. 1972	14	6	20
July 1973	12	4	16
Now	12	4	16

The West Virginia RMP has been able to retain all but two of their professional staff members during the phase-out period. The demonstrated competence by program staff still exists in program development, administration, surveillance, and management. The site visitors of August 7 and 8, 1972, were well pleased with the progress of this program and stated that West Virginia had truly developed a regionalized program. The Regional Advisory Group is intact with a current membership of 37. The RAG has been willing to meet when asked to. The Executive Committee has met 5 times this year. West Virginia has been responsive to directives and recommendations from the RMPS. The Region was very responsive to recommendations of the site visit and management assessment teams. The Review Process was verified in February 1972.

The programmatic activities requested are within the option areas of Strengthening Local Planning Processes; Strengthening Local Quality Assurance Efforts; Emergency Medical Services; and Kidney Disease.

V. Staff's Analysis of the Current Application

West Virginia RMP is requesting the remaining FY 1974 allotment of \$304,113 for support of their program from January 1 through June 30, 1974. This application has been reviewed by both CHP (a) and (b) agencies in West Virginia. Written comments by the CHP agencies were provided to the RAG for their review with this application and comments were submitted to RMPS with the application.

The West Virginia RAG has met three times this year and approved the current application on October 25. The next scheduled meeting of the RAG is in December.

Written comments were submitted with the application. A Feasibility Study entitled "Certification of Areawide CHP in Region III," requesting \$34,073, was recommended for approval by the CHP (a) and (b) agencies.

They have also requested support for a statewide Hemodialysis Technician Training Program -- requested amount \$31,000. The need for the activity was determined by the West Virginia Chronic Renal Disease Task Force, a committee recognized as the State Committee to establish a statewide Renal Disease Program. Through the Crippled Children's Bureau of the State of West Virginia, a dialysis and transplantation capability has been established over the past year or so. The Cabell Huntington Hospital has acquired the full-time services of a nephrologist and three hemodialysis units. The Charleston Area Medical Center has acquired the full-time services of a nephrologist and three hemodialysis units. The University Medical Center in Morgantown has established a transplant capability through the services of S. Clark, M.D., and has performed 4 transplants to date. At the present time, the University does not have a hemodialysis capability. The modest request of \$35,000 to support the dialysis technician training program is a manpower development effort to assist the limited nephrologist in the state.

Most of the requested activity for support was developed as a result of prior program and operational activity.

The West Virginia RMP continues to be a responsive program to identified needs of the Region and responsive to new and changing directives of RMPs. The University of West Virginia continues to support the West Virginia RMP.

VI. Staff Recommendation

The staff recommends approval of this request.

ALLOCATION BY OFFICE
FY 74

A-Strengthening Local Plan.
B-Quality Assurance
C-EMS
D-Kidney Disease
E-Hypertension

REGION WEST VIRGINIA

00045

PERIOD 1/74-6/30/74

\$ 304,113

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
Program Component						\$152,804
C001 Manpower Development Consortium	15,886					
C004 Certification of Areawide CHP in Region VIII	34,073					
C005 Comprehensive Hospital Based EMS System			4,600			
C006 Seven-County Regional EMS Communications System			49,250			
C007 University Hospital E.M. Communications System			16,500			
C008 Statewide Hemodialysis Technician Training Program				31,000		
Total	49,959		70,350	31,000		152,804
	16.5%		23.1%	10.2%		50.2%

? *Soubling*
Ok

I. Status of the Region:

The Florida RMP now in its 05 operational year (2nd Year Triennium) received triennial status beginning March 1, 1972, during the February 1972 National Advisory Council. Council's actions were in agreement with the findings and recommendations of the January 1972 Review Committee and Site Visit Team (conducted December 1971) with recommended funding levels (including a Developmental Component) of the following:

Fourth Year: \$1,927,706 Fifth Year: \$1,987,250 Sixth Year: \$1,964,775

These funding levels included funds for a renal project of \$375,000 for the fourth year; \$313,500 for the fifth year and \$251,625 for the sixth year.

By special action during the June 1972 NAC, the previous NAC approved level of \$1,927,706 was increased by \$321,000 to a total annualized level of \$2,248,706.

The action of the February 1973 NAC was in agreement with SARP and Review Committee's recommendation that the region's second year triennial application (05 operational year) be funded at the Council approved level of \$2,248,706 including a developmental component and kidney activities.

None key issues were identified.

Florida's termination date under the phase-out concept was November 30, 1973. The region submitted a plan which requested funds for the continuation of 14 operational activities, initiation of nine new studies and the gradual reduction to a staff of 12 between June 1973 and February 15, 1974. The approved phase-out plan was for the reduction of program staff to 12, the continuation of three of the 14 operational activities, and the initiation of one study through November 30, 1973.

II. Current Status of the Region's Funding:

- . FY '73 annualized level prior to phase-out.....\$2,248,706
- . Region's percent of total FY '73 funds..... 2.83%
- . Region's maximum allocation from FY '74 funds.....\$1,166,978
- . Amount FY '74 funds awarded the Region 10/1/73.....\$483,930
- . Maximum FY '74 funds remaining to Region for allocation 1/1/74...\$683,040

III. Significant Events Since Last Council Review:

None

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Florida RM 00024
 PERIOD 101/73-12/31/73 \$ 483,930

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						175,000
C001 Comm. Based Midwifery Study	9,500					
C002 Quality Standards for Rehabilitation		8,750				
C003 Quality Standards for Care of Burn Patients		7,500				
C004 PSRO - Quality Assurance Program		10,000				
C005 Neonatal EMS Network			50,403			
C006 Development of Policy & Procedures for Ed. EMS			3,500			
46A Hospital Required Infection Surveillance (Miami)		30,000				
46B Hospital Required Infection Surveillance (Tampa)		19,261				
102 Community Hospital Output Drug Incompatibility Study		4,500				
118 Blood Bank Management Control System Study			4,150			
119 Data Bank for Health Planning	14,500					
122 State and Area Wide Hlth. Planning Process Study	40,000					
123 Kidney Reporting and Assessment Information Sys.				5,000		
Community Based Hypertension Control Program					26,866	
125 Community Based Manpower Development & Utili. Prog.	75,000					

FLORIDA RMP

I. Status of the Region:

The Florida RMP now in its 05 operational year (2nd Year Triennium) received triennial status beginning March 1, 1972, during the February 1972 National Advisory Council. Council's actions were in agreement with the findings and recommendations of the January 1972 Review Committee and Site Visit Team (conducted December 1971) with recommended funding levels (including a Developmental Component) of the following:

Fourth Year: \$1,927,706 Fifth Year: \$1,987,250 Sixth Year: \$1,964,775

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. Region's maximum allocation from FY '74 funds.....	\$1,166,978
. Amount FY '74 funds awarded the Region 10/1/73.....	\$483,930
. Maximum FY '74 funds remaining to Region for allocation 1/1/74....	\$683,040

III. Significant Events Since Last Council Review:

None

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Florida RM 00024

PERIOD 101/73-12/31/73 \$ 483,930

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						175,000
C001 Comm. Based Midwifery Study	9,500					
C002 Quality Standards for Rehabilitation		8,750				
C003 Quality Standards for Care of Burn Patients		7,500				
C004 PSRO - Quality Assurance Program		10,000				
C005 Neonatal EMS Network			50,403			
C006 Development of Policy & Procedures for Ed. EMS			3,500			
46A Hospital Required Infection Surveillance (Miami)		30,000				
46B Hospital Required Infection Surveillance (Tampa)		19,261				
102 Community Hospital Output Drug Incompatibility Study		4,500				
118 Blood Bank Management Control System Study			4,150			
119 Data Bank for Health Planning	14,500					
122 State and Area Wide Hlth. Planning Process Study	40,000					
123 Kidney Reporting and Assessment Information Sys.				5,000		
Community Based Hypertension Control Program					26,866	
125 Community Based Manpower Development & Utili. Prog.	75,000					

FLORIDA REGIONAL MEDICAL PROGRAM

IV. Analysis of the Region's Capability to Effectively Utilize its Allocation of Remaining FY '74 Funds

Although a few support personnel were terminated, the key program staff has remained intact and functional throughout the phase-out period. As of June 30, 1973, program staff consisted of sixteen professionals and ten support staff. The present staff consists of one part-time professional, 14 full-time professionals and five full-time support staff. The region is requesting a total of 12 new program staff positions; three full-time Program Manager positions; one Program-Evaluator and eight new support staff positions. The present staff represents a broad range of expertise including competence in fiscal management, program design and development, evaluation, journalism, communications and publications and nursing education.

The Florida RMP as in the past continues to demonstrate flexibility, ingenuity and foresight in adapting and responding to RMPS initiatives to solve the health problems of the State.

For example, the region, prior to the time that special funds for EMS programs were available through RMPS, the FRMP developed and implemented a state-wide plan for EMS. A system of district EMS Advisory Councils were completed covering all areas of the state providing opportunity for refinement of the broader system recommendations developed by the State EMS Council and its special technical committees. This activity recently received an appropriation from the State Legislature in an amount of over \$600,000 and is now operating without further FRMP support under the auspices of the Florida Department of Health and Rehabilitative Services/Division of Health.

Establishment of a state-wide Kidney Transplant program also demonstrates another area in which the FRMP preceded the establishment of special federal funds for this purpose. Florida now has a system of transplant centers, an organ procurement program and dialysis support facilities. State funds in the amount of nearly \$500,000 have been appropriated to support this program during fiscal year 1974.

While the issue of quality care evaluation has not been seen as an urgent problem in the State of Florida, the FRMP, as a result of the RMPS new priorities and options, has been asked and is assisting in promoting and establishing quality assurance programs for health care providers in selected areas of the state. Based on its close involvement in the planning development and implementation

of the Southeastern Inter-Regional Symposium on Quality Care Evaluation in 1972, the region proceeded to translate this to meet Florida's needs through a series of workshops in Quality of Care Maintenance in six community hospitals in South Florida.

The Regional Advisory Group, composed of 27 voting members, has remained intact and active and continues to be a viable health improvement force. Throughout the phase-out period, the Group and its committees has continued to meet to define problem areas, develop new priorities and appraise needs in relation to priorities and suggest areas for future planning. The RAC has met three times during the current year with an average attendance of 60 percent.

V. Analysis of the Current Application

Florida's application requests the full remaining allocation of \$683,048 for the period January 1, 1974 - June 30, 1974. The application was reviewed and fully endorsed by the Regional Advisory Group on October 14, 1973. The Program plan includes requests for support of twenty new project activities which will be conducted under contract between the FRMP, Inc., and various institutions and agencies in the State of Florida; project-like activities to be conducted by the Program Staff and support of the Program Staff itself. Of the twenty activities included in the application, seven address the RMPS option area of Strengthening Local Planning Processes; seven are designed to Strengthen Local Quality Assurance Efforts; four are directed to EMS; and two are directed to Kidney Disease.

Florida's record in the area of attracting non-RMP funds to support successful activities has been impressive. The region states that for every RMP dollar invested in the State of Florida, more than five dollars in local support were generated. During 1972 - 1973, of a total of thirty-four program elements, thirty-two were continued without further FRMP support.

Each activity presented in this application outlines the region's plans for those activities requiring ongoing support beyond June 30, 1974. Of the twenty new activities requested, eight will terminate June 30, 1974.

VI. Staff Recommendation:

The Florida RMP has requested \$627,536 for the support of a program staff component and twenty operational activities, all of which conform to the RMPS priorities and options.

South Central Operations Branch staff recommends approval of the application as submitted.

The Florida RMP application includes requests for the support of two Kidney Components.

The region should be alerted to the provision contained in the Interim Rules and Regulations issued under Title #20, Chapter 3 of the SSA-DHEW Regulation #5, Part 405 - Federal Health Insurance For The Aged. This regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries.

SCOB/DOD
11/20/73

ALLOCATION BY OPTION
FY 74

Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Florida

RM 00024

PERIOD 1/1/74-6/30/74

\$ 683,048

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000-Program Staff						322,203
C-123-Kidney Disease Reporting and Info. System				10,000		
C-127-Advanced EMT			21,645			
C-142-EMS-Palm Beach			30,000			
C-143-Quality Standards for Care of Burn Patients		15,000				
C-144-PSRO-Quality Assurance Program		20,000				
C-146-Development of Policy and Procedures for Emergency Departments (EMS)			7,000			
C-147-Community Based Midwifery Study	20,500					
C-148 Quality Standards		17,500				
C-149-Model for Quality Care Assessment in a Disease Category		5,000				
C-151-Genetically Determined Disease Resource Study		35,000				
C-152-Quality Medical Care Standards for Short Term Penal Institutions		35,000				
C-153-Quality Standards for Care of Renal Disease Patients				7,500		

ALLOCATION BY OPTION
FY 74B-Quality Assurance
C-EMS
D-Kidney Disease
E-HypertensionREGION Florida RM 00024PERIOD 1/1/74-6/30/74 \$ 683,048

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C-155-Statewide Blood Bank Management Control System		7,700				
Sub-total Program Staff Activities (546,348)						
0119-Data Bank for Health Planning	29,000					
0126- EMS Frostproof area			30,000			
0-135-Areawide Health Planning support Region VII	15,000					
0-136-Areawide Health Planning Support Region VI	15,000					
0-139-Areawide Health Planning Support Region IX	15,000					
0140-Areawide Health Planning Region III	15,000					
0-141-Study of Ambulatory Care Services Attached to Health Facilities and Major Free Standing Ambulatory Centers	19,000					
Sub-totals Project Activities (136,700)						
TOTALS	119,500	135,200	88,645	17,500	----	322,203
percents	17%	20%	13%	3%		47%

GEORGIA REGIONAL MEDICAL PROGRAM

I. Status of the Region

The region will enter its (06) operational year, 3rd year of triennium, on January 1, 1974.

The 05 year continuation application was reviewed in September 1972 by the Staff Anniversary Review Panel and the National Review Committee. During its October 1972 meeting, the National Advisory Council considered the recommendations of these review groups and recommended their approval to the Director, RMPS.

The termination date for this region under the phase-out concept was February 14, 1974. The region's plan proposed the retention of eight staff members to February 14. All operational activities in the original plan were to have terminated by June 30, 1973. However, the plan was later amended following the region's request for a two month extension for selected operational activities. The request was approved. At the time of the phase-out application, the region was supporting, out of fiscal year 72 funds, 14 contracts with termination dates ranging from August 1973 thru December 1973. These were approved for continuation.

II. Current Status of Region's Funding

- . FY 73 annualized level prior to phase-out\$2,563,000
- . Region's percent of total FY 73 funds3.23
- . Region's maximum allocation from FY 74 funds\$1,331,922
- . Total amount of FY 74 funds awarded to region
October 1, 1973\$552,330
- . Maximum FY 74 funds remaining to region for allocation
January 1, 1974\$779,592

III. Significant Events Since Last Review

On June 5-6, 1973 an RMPS staff team visited the region to assess progress to date and plans for future support of the EMS system in DeKalb County. The Georgia RMP was one of the many RMPs which competed successfully for special EMS projects to be supported out of FY 72 supplemental funds.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Pl
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Georgia

RM 00046

PERIOD 10/1/73-12/31/73

\$ 552,330

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						133,52
3 Visiting Consultants Program for Community Hospitals		6,000	0			
13 Statewide Cancer Program	18,108					
20 Area Facilities for Continu- ing Education		47,519				
30 Facility Planning and Development	1,969					
Cardiovascular Area Facili- ties					39,980	
32 Stroke Area Facilities					9,689	
36 Kidney Disease Program for Georgia				15,000		
38 Emergency Care for South Georgia and No. Florida			60,900			
42 Statewide System of Care - High Risk Maternal/Infant	9,857					
43 Patient and Family Ed.		6,700				
53 Nurse-Midwife Service in a Multicounty Area	13,000					
55 Regional Emergency Medical Service System			186,383			
58 Hypertension Detection and Treatment Program					3,700	
TOTAL	42,934	60,219	247,283	15,000	53,369	133,52
	8%	11%	44%	3%	10%	24%

OK

GEORGIA REGIONAL MEDICAL PROGRAM

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January 1, 1974\$779,592

III. Significant Events Since Last Review

On June 5-6, 1973 an RMPS staff team visited the region to assess progress to date and plans for future support of the EMS system in DeKalb County. The Georgia RMP was one of the many RMPs which competed successfully for special EMS projects to be supported out of FY 72 supplemental funds.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Pl
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Georgia

RM 00046

PERIOD 10/1/73-12/31/73

\$ 552,330

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						133,52
3 Visiting Consultants Program for Community Hospitals		6,000				
13 Statewide Cancer Program	18,108					
20 Area Facilities for Continu- ing Education		47,519				
30 Facility Planning and Development	1,969					
Cardiovascular Area Facili- ties					39,980	
32 Stroke Area Facilities					9,689	
36 Kidney Disease Program for Georgia				15,000		
38 Emergency Care for South Georgia and No. Florida			60,900			
42 Statewide System of Care - High Risk Maternal/Infant	9,857					
43 Patient and Family Ed.		6,700				
53 Nurse-Midwife Service in a Multicounty Area	13,000					
55 Regional Emergency Medical Service System			186,383			
58 Hypertension Detection and Treatment Program					3,700	
TOTAL	42,934	60,219	247,283	15,000	53,369	133,52
	8%	11%	44%	3%	10%	24%

IV. Analysis of Region's Capability To Effectively Utilize its Allocation of Remaining FY '74

Throughout the phase-down period the GRMP has maintained its key professional staff, providing overall program leadership, program design and development, evaluation, monitoring, fiscal management, communications and publications; and a history of solid relationships with health care providers in Georgia.

During February, 1973, the GRMP had a total of 46 full and part-time staff positions. In the current application, support is requested for 22 full-time and three part-time personnel. There is one secretarial vacancy. Most of the reductions have been accomplished by the centralization of the Division of Operations and thus the elimination of field personnel and their supportive staff, plus the elimination of part-time RMP representatives in the medical schools along with their supportive staff. The leadership of staff in providing program development assistance to provider institutions and local community groups continued actively during the threatened phase-out period. As examples, staff directed and participated in the development and preparation of hypertension screening program for a southeast multistate area; made community contacts and supervised the development and preparation of a large scale emergency medical service plan for the metropolitan Atlanta seven-county area; assisted a number of small Georgia communities to develop and submit applications for personnel under the National Health Service Corps Act; and continued to manage and monitor two quality assurance related contract activities funded earlier by the region.

The Regional Advisory Group continues to be active in RMP affairs, and, as such, provides overall guidance including the approval of an effective contingency plan responsive to the FY'74 national priorities. Georgia has had a tradition of an excellent task force/committee structure, which provides the RAG with professional and technical review of applications. They have now combined all Ad Hoc and standing groups into three standing task forces. Currently the region has the following standing task forces: 1) specialized services; 2) primary health services and; 3) manpower utilization and development. Because of the increased activity caused by the events of the past year, some of the groups have met on a monthly basis. The RAC meets three to four times a year.

The region has been successful in attracting other funding to insure continuation support for RMP initiated activities. For example, the EMS program in DeKalb County, which received one-year GRMP support, is now self-sustaining. Also, when the original phase-out of RMP (February 1973) was announced, the region had a total of 86 program activities which it was supporting. As of November 1973, 80% of these activities are being supported by other than RMP funds. Further, The Georgia RMP has been a leader in establishing primary health care centers in under-served areas. As of August 1, 1973, support for two of the centers, Wilcox County and Danielsville, are being provided by the Department of Human Resources.

V. Analysis of the Current Application

The application for continuing support for the remainder of FY '74 funds was reviewed and approved by the Regional Advisory Group on November 5, 1973. The total request (\$779,592) is the exact amount that constitutes the region's proportionate share of available funds.

The region has not requested indirect costs for any of its project activities. They have requested approximately \$30,000 indirect costs in the program staff component which are to be paid to the grantee, the Medical Association of Georgia. This is considered a necessary expense for office space, heat etc.

Projects #36B and #36C are requests for the continued support of renal activities. SCOB staff analysis of the application along with telephone conversations with the region reveal that RMP funds are being utilized for the training of personnel; the development of an organ procurement program; and the development of a statewide follow-up and data system.

The application requests continued support for three EMS activities which were initiated and extended through 12/73, two by contract and one as a project. The Georgia RMP has had a good track record in developing an EMS prototype program in DeKalb County (one of the counties in the metropolitan Atlanta area). These three activities are a part of the region's overall plan to now regionalize and extend comprehensive EMS systems to other areas of the state.

Two of the three remaining project activities are new priority thrusts, which are to be coordinated by the State Medical Society. The quality assurance effort emphasis will be placed on activities to begin to assist community hospitals meet PSRO Quality Assurance standards. The GRMP, through the Department of Human Resources, has supported a successful Atlanta-based Hypertension Control Program. The region now plans in cooperation with the Heart Association, the department of Human Resources, local communities and hospitals and the State Medical Society to extend the effort on a statewide basis. Each operational activity summary in this application outlines the region's plans for continuation of the activity.

While the region has requested continuation only for the prescribed period 1/74-6/74, support is requested for some of the activities through 12/74, subject to the availability of funds. Further, the region states that they have "many appropriate projects" for which support would have been requested had there been sufficient funds in the current allotment. In the event additional funds become available to RMPS, they have plans approved that fit the national priorities. Comprehensive Health Planning Agency Review of this application have now been received.

VI. Staff Recommendation:

The Georgia RMP has requested \$779,592 to support a program staff component and five operational activities involving eight institutions or organizations.

Program Staff Component.....	\$255,971
Operational Project Activities.....	\$523,621

SCOB Staff recommends approval of this application as submitted.

The Georgia RMP application includes requests for the support of two Kidney components.

The region should be alerted to the provision contained in the interim rules and regulations issued under title #20, chapter 3 of the SSA-DHEW Regulation #5, Part 405 - Federal Health Insurance for the Aged. This regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries.

RMPS:SCOB:DOD
JTJ:cmg:11-19-73

ALLOCATION BY OPTION
FY 74

A-QUALITY ASSURANCE
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION GEORGIA

RM 00046

PERIOD 1/1/74-6/30/74

\$ 779,592

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff Component						285,866
36--Kidney Disease Programs:						
Emory University Medical College				7,500 7,500		
55-Regional Emergency Medical Services Systems:						
South Georgia Medical Center			54,068			
Chatham County of Columbus			129,651 85,550			
63-Statewide System of care High Risk Maternal/Infa.						
Emory University	12,500					
Department of Human Resources	30,150					
64-Strengthening Quality Assurance Efforts- Medical Assn. of Georgia		86,500				
65-Statewide Hypertension Control Program-Medical Assn. of Georgia					80,307	
TOTALS	42,650	86,500	269,269	15,000	80,307	285,866
Percents	5%	11%	35%	2%	10%	37%

INDIANA REGIONAL MEDICAL PROGRAM

I. Status of Region

The region is currently in anniversary status prior to triennium. The region was reviewed by the National Review Committee and the National Advisory Council during the September/October 1972 review cycle. The reviewers agreed that Indiana had shown considerable progress in turning the program around but was not ready for triennial status. A two year funding was recommended for the region at \$1,200,000 for each of the two years to give them sufficient time to hire a full-time director and to respond to the new directions the program had delineated.

II. Current Status of Region's Funding

- . The FY 73 annualized funding level for IRMP prior to phase-out was \$1,000,000. This is 1.26 percent of the total FY 73 level.
- . The FY 74 allocation for the region is \$519,573.
- . The region has been awarded \$215,460 of the FY 74 allocation. The funds remaining for the region to apply for is \$304,113 for the period of January 1, 1974 - June 30, 1974.
- . The phase-out plan as approved allowed the region to continue thru February 14, 1974. They had requested funding for an orderly phase-out of program staff, 5 operational activities and 6 contracts. The region was approved for the phase-out of program staff and the funding of the 6 contracts and 2 operational activities.

III. Significant Events Since Last Review

- . Mr. Louis Gordon was hired as a full-time Executive Director to administer the program.
- . The region's review process and by-laws were re-written to conform to RMPS guidelines and policies.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Indiana RM 00043

PERIOD 10/1/73-12/31/73 \$ 215,460

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHE.
C000 Program Staff		39,092	58,638	39,092	58,638	
C002 Regionalization	20,000					
TOTAL	20,000	39,092	58,638	39,092	58,638	
	10%	18%	27%	18%	27%	

IV. Analysis of Regions Capability to Effectively Utilize its Allocation of Remaining FY 74 Funds:

The Indiana RMP has retained an effective program staff representing the disciplines of Program Management, Regional Development, Research and Evaluation, Community Relations and Fiscal Management.

The Coordinator, Dr. Steven Beering, is part-time (33%). He is however, actively involved in the management and development of the total program. The administrative management of the program is the responsibility of the Executive Director who is a full-time employee. The present Executive Director, Mr. Louis Gordon is leaving the program December 1, 1973, and will be replaced by Mr. George Leannson who is now serving as Director of IRMP's Community Relation Division.

The viability of the RAG has been maintained and 85% of all RAG members pledged their continued participation and support in writing and attendance upon request. Seven RAG members or 15% elected to resign from membership due to other commitments. The newly adopted by-laws of the RAG reduces the size of the group, so this poses no problems. In recent months, a Mini-RAG was formed and consisted of an expanded Executive Committee to function as a clearing-house for information and policy matters and guidance for the Coordinator. In addition to the Mini-RAG, a very active proposal review committee under the chairmanship of Dr. Ronald Brand reviewed all proposals and made recommendations to the RAG on November 14, 1973. The full RAG reviewed and approved the current application. Attendance at the RAG meeting was above 70% and there was reported to be good enthusiasm for continued support of the program.

V. Analysis of Current Application:

The proposal review committee of IRMP reviewed seven project proposals, of which six are new activities, for consideration by the RAG. They include proposals for Kidney, EMS, Hypertension, Specialized Medical Services, categorization of EMS, Region 7 EMS, Tel-Med, and Perinatal and Infants mortality. Four of these activities were funded with the October 1, 1973, award and support for the remaining three are requested in the current application. These activities are a result of program development by staff that has been on-going during recent months.

Program staff continue to fund and monitor a number of projects and contracts which have either phased out of IRMP support and into other means of financing or soon will. Specific outcomes of these activities are being recorded in periodic and final reports, but a few of them should be noted as follows; Neighborhood Health Centers, Renal Allograft. Family Nurse Practitioner, Home Care Agency Health Maintenance Team, and various continuing educational projects.

The region has continued their sub-regionalization thrusts and have functioned as a facilitator, convener, and broker in developing a number of much needed programs at both regional and subregional levels. Some of the programs are as follows:

1. Production of an EMS bill for introduction by the Governor into the upcoming session of the legislature. Through efforts of IRMP, which served as coordinating agency, some twenty groups helped develop the legislation and now are participating in the effort to gain its passage.
2. Strengthened relationship between the health planning and health program implementation functions in the region. A series of conferences and studies this year resulted, in most instances, in inclusion of IRMP's Area Action Groups into the planning process.
3. Funding and monitoring of projects and contracts which have either phased out of IRMP support and into other means of financing or soon will.
4. Strengthened relationships through the RAG with health care organizations throughout the state.
5. Development and approval of new by-laws for the RAG to reflect national guidelines.
6. Completion of a review process that conforms with RMPS guidelines.

Indiana has a State Renal Committee and has developed a plan for a statewide program. As a result of the efforts of the IRMP staff, the State Legislature has appropriated \$500,000 annually for the support of their chronic dialysis and transplant program. The transplant efforts at the present time is a cooperative effort between Indiana University Medical School, VA Hospital, and Methodist Hospital of Indianapolis. They presently are training 55 patients for home dialysis, 12 per week in Center, and are transplanting an average of three patients monthly. Project 0036 requests funds for the expansion of this program aimed at the development of testing procedures for the prevention of immunological loss of transplanted kidneys.

The IRMP has been extremely cooperative in recent months to advice and recommendations of RMPS staff. The current application suggests that the region is being more responsive to the health care needs of the people of the state.

CHP review and comments are included in the current application.

VI. Staff Recommendation:

Indiana RMP has requested \$304,113 for Program Staff and three activities for the period 1/1/74-6/30/74. SCOB Staff recommends approval of this application as submitted.

Kidney:

The IRMP application includes one kidney component.

The region should be alerted to the provision contained in the Interim Rules and Regulations issued under Title 20 - Chapter 3 of SSA-DHEW - Regulation #5 - Part 405-Federal Health Insurance for the Aged. This regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries.

RMPS:SCOB:DOD

11-20-73

WF:cmg

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plng.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Indiana

RM 00043

PERIOD 1/1/74-6/30/74

\$ 304,113

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000-Program Staff						195,984
N 0034-Categorization of EMS			23,500			
N 0036-Kidney Project				39,429		
N 0037-Specialized Medical Services	45,200					
TOTALS	45,200		23,500	39,429		195,984
Percent of Allocation	15%		8%	13%		64%

MEMPHIS

OK
Check #33 Project

I Status of the Region:

- . August 71 Council approved triennial status, but withheld developmental component authority because of complexity of organization.
- . November 72 Council accepted Review Committee's recommendation on the region's first anniversary application within the triennium, which approved developmental component authority. The region was continued at its triennial funding level; a \$100,000 ceiling was placed on the developmental component; the region was complimented on its new and more meaningful organizational structure and its new Regional Advisory Council; and in view of the size and depth of core staff, the region was advised no further increases in core staffing were warranted.
- . The termination date of this region under the phase-out concept was February 14, 1974. The region's plan proposed the gradual reduction from approximately 45 employees to 10 employees (but 13 employees were included in an expanded operational activity and were still included in the budget). The plan also proposed the continuation of 8 operational activities. The funding level approved for phase-out was computed so as to require more rapid reduction of staff; and 5 operational activities were approved. The expanded activity to receive 13 staff members was not approved.

II Current Status of Funding:

. FY 73 annualized level prior to phase-out.....	\$1,627,000
. Percent of total FY 73 funds.....	2.05%
. Maximum allocation of FY 74 funds.....	\$845,338
. FY 74 funds awarded October 1, 1973	\$350,550
. Remaining FY 74 funds for January 1, 1974 allocation ...	\$494,788

III Significant Events Since Last Review

- . The EMS activities supported by earmarked funds were site visited in June 1973.
- . Dr. Joseph Johnson, Chancellor and Vice President of the U.T. Medical Unit (an interested and informed supporter of RMP) has been replaced by Dr. Edmund Pellegrino (an interested and informed supporter of RMP).

ALLOCATION BY OPTION
FY 74

C-EMS
D-Kidney Disease
E-Hypertension

REGION Memphis RM 00051
PERIOD 10/1/73-12/31/73 \$ 350,550

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Regional Staff Serv.						106,300
C001 Ident. of Inactive Nurses in Region	4,646					
C002 Ident. of Hyper. Preva- lence & Resources					4,746	
C003 Assist. in developing Subreg. CHP Plan.	3,896					
C004 Ident. of Incidence/Pre- valence of Kid. Dis.& Res				4,796		
C005 Invent. of Hlth., Ed. & Welfare Resources	31,662					
High Risk Infant Prog.		20,000				
33 Improved Assurance in Death Certificates		34,301				
34 Nurse Audit & Improved Utilization of Nursing Manpower		18,878				
40 Hypertension Control					10,000	
47 Audit Centered Post Grad. Ed.		15,099				
48 Home Hlth Care & Ed. in the Missouri Bootheel	30,000					
49 Crittenden Clinic Home Health Care Proposal	5,300					
50 Expansion of Mid-South Eye Bank		10,948				
52 Multiphasic Screening Evaluation		17,941				

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Memphis (Cont'd.) RM 00051

PERIOD 10/1/73-12/31/73 \$ _____

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
53 Gibson County Hlth Serv. and Manpower Utilization Project	8,000					
54 Arlington Hlth. Serv. and Manpower Utilization Project	9,000					
59 Hlth. Care Facilities Utilization and Review Pro- posal		15,000				
TOTAL	92,504	132,167		4,796	14,746	106,33
	24%	38%		2%	5%	31%

MEMPHIS

I Status of the Region:

- . August 71 Council approved triennial status, but withheld developmental component authority because of complexity of organization.
- . November 72 Council accepted Review Committee's recommendation on the region's first anniversary application within the triennium, which approved developmental component authority. The region was continued at its triennial funding level; a \$100,000 ceiling was placed on the developmental component; the region was complimented on its new and more meaningful organizational structure and its new Regional Advisory Council; and in view of the size and depth of core staff, the region was advised no further increases in core staffing were warranted.
- . The termination date of this region under the phase-out concept was February 14, 1974. The region's plan proposed the gradual reduction from approximately 45 employees to 10 employees (but 13 employees were included in an expanded operational activity and were still included in the budget). The plan also proposed the continuation of 8 operational activities. The funding level approved for phase-out was computed so as to require more rapid reduction of staff; and 5 operational activities were approved. The expanded activity to receive 13 staff members was not approved.

II Current Status of Funding:

. FY 73 annualized level prior to phase-out.....	\$1,627,000
. Percent of total FY 73 funds.....	2.05%
. Maximum allocation of FY 74 funds.....	\$845,338
. FY 74 funds awarded October 1, 1973	\$350,550
. Remaining FY 74 funds for January 1, 1974 allocation ...	\$494,788

III Significant Events Since Last Review

- . The EMS activities supported by earmarked funds were site visited in June 1973.
- . Dr. Joseph Johnson, Chancellor and Vice President of the U.T. Medical Unit (an interested and informed supporter of RMP) has been replaced by Dr. Edmund Pellegrino (an interested and informed supporter of RMP).

ALLOCATION BY OPTION
FY 74

C-EMS
D-Kidney Disease
E-Hypertension

REGION Memphis RM 00051
PERIOD 10/1/73-12/31/73 \$ 350,550

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Regional Staff Serv.						106,300
C001 Ident. of Inactive Nurses in Region	4,646					
C002 Ident. of Hyper. Preva- lence & Resources					4,746	
C003 Assist. in developing Subreg. CHP Plan.	3,896					
C004 Ident. of Incidence/Pre- valence of Kid. Dis.& Res				4,796		
C005 Invent. of Hlth., Ed. & Welfare Resources	31,662					
1 High Risk Infant Prog.		20,000				
33 Improved Assurance in Death Certificates		34,301				
34 Nurse Audit & Improved Utilization of Nursing Manpower		18,878				
40 Hypertension Control					10,000	
47 Audit Centered Post Grad. Ed.		15,099				
48 Home Hlth Care & Ed. in the Missouri Bootheel	30,000					
49 Crittenden Clinic Home Health Care Proposal	5,300					
50 Expansion of Mid-South Eye Bank		10,948				
52 Multiphasic Screening Evaluation		17,941				

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Memphis (Cont'd.) RM 00051

PERIOD 10/1/73-12/31/73 \$ _____

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
53 Gibson County Hlth Serv. and Manpower Utilization Project	8,000					
54 Arlington Hlth. Serv. and Manpower Utilization Project	9,000					
59 Hlth. Care Facilities Utilization and Review Pro- posal		15,000				
TOTAL	92,504 24%	132,167 38%		4,796 2%	14,746 5%	106,300 31%

MEMPHIS

IV. Analysis of Region's Capability to Effectively Utilize Remaining Funds

This region currently is operating with a program staff of 19 full-time employees, 11 of whom would be categorized as professionals. This is a reduction of about half from their pre phase-out complement. Several regional services have been terminated and the staffers of those services have either been transferred to UT or found employment elsewhere. Program staff has been reorganized into 4 "offices"-- the Office of the Director, the Office of Community & Program Services, the Office of Health Data and Evaluation Services, and the Office of Management and Supporting Services. Each of the offices is headed by an employee of proven capability and Memphis staff represents a well organized, smooth operation. Four additional professional slots are proposed in this application, mainly in the area of program development.

The Regional Advisory Council of the Memphis MRMP has remained firmly optimistic throughout the summer. In fact, when word of possible option areas of activity reached this region, the RAC met on an accelerated basis so that proposals generated for this application (as well as the October 1 funding) could receive full review.

In addition to generating, monitoring and evaluating the activities funded with MRMP dollars, the staff of this region has developed a good profile locally as a broker for health interests. The experimental delivery system contract awarded to Health Systems Management, Inc., had heavy MRMP staff input to the application. A National Health Service Corps application which placed 4 MO's in the area generated from this staff. In the local planning category, this region has done excellent work in assisting in the development of CHP (b) agencies in Tennessee, Arkansas, Mississippi, Missouri, and Kentucky. These capabilities permit the MRMP to operate with an expanded constituency on a mutually beneficial basis.

V. Analysis of Current Application

Memphis requests its total remaining allocation of \$494,788. These funds are allocated to continue 10 activities presently ongoing (6 of which were activated with the October 1, 1973, award) and to activate 5 new activities (1 of which is a program staff contract with the North Mississippi Kidney Foundation). All of the appropriate CHP agencies were furnished copies of the applications and those replies received are on file in the MRMP. One agency returned an unfavorable reply and the differences are under negotiation. Time did not permit resolution of the differences prior to submission of this application, but the region assures us that prior to final budget allocations, the situation will be resolved.

Activities supported by MRMP have excellent geographic distribution over the area served. Of the 15 proposals in this application, 5 serve Mississippi, 2 serve Missouri, 1 serves Kentucky, 1 serves Arkansas, 1 serves Tennessee, 1 serves a combination of counties in Tennessee, Arkansas and Mississippi, and 4 are seated in Tennessee with region-wide application. When these components are overlaid on the remaining 3 activities ongoing but not seeking funds in this application, the coverage is quite complete. In addition, the programmatic staff activities in assisting in developing subregional CHP planning completes the picture.

This application includes a small contract in the kidney disease area. The region should be alerted to the provision contained in the Interim Rules and Regulations issued under Title 20, Chapter 3 of SSA - DHEW Regulation #5, Part 405 - Federal Health Insurance For The Aged. This regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries

IV. Staff Recommendation

The South Central Operations Branch recommends that the requested \$494,788 be approved.

RMPS:DOD:SCOB
LMK:ss
11-21-73

APPLICATION BY OPTION
PY 76

A-Standardizing Local Plans
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Memphis

MA 00051

PERIOD 1/1/74 - 6/30/74

\$ 494,788

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
Program Staff C006 - Ho. Miss. Kidney Foundation				4,500		123,000
#21 - High Risk Infant			40,014			
#33 - Improved Death Certificates		34,301				
#34 - Nurse Audit and Improved Utiliza- tion	18,878					
#40 - Hypertension Control					22,712	
#47 - Amalt Centered Postgrad. Ed.		15,099				
#48 - Home Health Care & Health Education, Missouri	50,000					
#49 - Ciltenden Home Health Care, Ark.	11,200					
#52 - Multiphasic Screen- ing Evaluation						36,528
#53 - Gibson County Health Service & Manpower Utilization	16,000					
#54 - Arlington Health Services & Manpower Utilization	18,000					
#62 - Memphis Area EMS			35,000			
#63 - Physician Assist. Demo. Program	40,576					
#4 - Mississippi EMS Training			19,948			

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plan.
 B-Quality Assurance
 C-JMS
 D-Kidney Disease
 E-Hypertension

REGION Memphis

EM

PERIOD Page 2

\$ 494,788

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
#65 - Health Manpower Ed. Development Program	9,032					
TOTAL	163,686	49,400	94,962	4,500	22,712	159,528
	33%	10%	19%	.09%	6%	32%

MISSISSIPPI REGIONAL MEDICAL PROGRAM

Flag Analyses of expansion of svcs.
OK

I. Status of Region

- . The region was awarded triennial status by the National Advisory Council in October 1972. This award was based on recommendations by the National Review Committee during the September/October 1972 review cycle and a site visit to the region on June 29-30, 1972.

- . Funding recommendations:

	<u>04 yr.</u>	<u>05 yr.</u>	<u>06 yr.</u>
Committee	\$1,500,000	\$2,110,000	\$2,325,891
Council	\$1,500,000	\$2,110,000	\$2,325,891

- . No conditions or key issues cited by the reviewing bodies.

II. Current Status of Region's Funding

- . The FY 73 annualized level prior to phase-out was \$1,073,702. This represents 1.35 percent of the total RMPs funding level.
- . The FY 74 allocation is \$556,686 of which \$230,850 was awarded October 1, 1973. The region has \$325,836 of this allocation remaining to apply for during the period of January 1 - June 30, 1974.
- . The region's phase-out plan was approved to continue the region through February 14, 1974. The region requested funding for 18 projects and an orderly phase-out of program staff. Of the 18 projects, 10 were to terminate June 30, 1973 and 8 to terminate January 1974. The region was approved to continue program staff and 9 operational activities thru February 14, 1974.

III. Significant Events Since Last Review

- . New Medical School Dean - Norman C. Nelson, M.D.
Vice Chancellor for Health Affairs - Dean of School of Medicine
- . Site visit was made to Jackson, Mississippi on June 19-20, 1973 to review the Memphis and Mississippi EMS activities.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Pl.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Mississippi RM 00057

PERIOD 10/1/73-12/31/73 \$ 230,850

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						59,341
C001 Statewide EMS Prog.			6,667			
C002 Planning for a local hosp. Shared Service System		2,000				
C003 Computerized Interact- ional Concurrent Qual. Assur. Prog.		21,475				
C004 Regional Quality Assur. Prog. Support - Ed. Sys.	18,594					
C005 State High Blood Pres- sure Screening and Referral Program					30,000	
C006 Curriculum Development Assurance Nurse Coordinators		9,000				
C007 Development of EMCRO EMS Criteria			2,000			
C008 Development of Regional Health Planning Coun- cils - B Agencies	40,000					
C009 General Contractual Activities Within Priorities	8,000	9,773	8,000	8,000	8,000	
TOTAL	66,594	42,248	16,667	8,000	38,000	59,341
	29%	18%	7%	3%	17%	26%

MISSISSIPPI REGIONAL MEDICAL PROGRAM

I. Status of Region

- . The region was awarded triennial status by the National Advisory Council in October 1972. This award was based on recommendations by the National Review Committee during the September/October 1972 review cycle and a site visit to the region on June 29-30, 1972.

- . Funding recommendations:

	<u>04 yr.</u>	<u>05 yr.</u>	<u>06 yr.</u>
Committee	\$1,500,000	\$2,110,000	\$2,325,891
Council	\$1,500,000	\$2,110,000	\$2,325,891

- . No conditions or key issues cited by the reviewing bodies.

II. Current Status of Region's Funding

- . The FY 73 annualized level prior to phase-out was \$1,073,702. This represents 1.35 percent of the total RMPs funding level.
- . The FY 74 allocation is \$556,686 of which \$230,850 was awarded October 1, 1973. The region has \$325,836 of this allocation remaining to apply for during the period of January 1 - June 30, 1974.
- . The region's phase-out plan was approved to continue the region through February 14, 1974. The region requested funding for 18 projects and an orderly phase-out of program staff. Of the 18 projects, 10 were to terminate June 30, 1973 and 8 to terminate January 1974. The region was approved to continue program staff and 9 operational activities thru February 14, 1974.

III. Significant Events Since Last Review

- . New Medical School Dean - Norman C. Nelson, M.D.
Vice Chancellor for Health Affairs - Dean of School of Medicine
- . Site visit was made to Jackson, Mississippi on June 19-20, 1973 to review the Memphis and Mississippi EMS activities.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Pl.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Mississippi RM 00057

PERIOD 10/1/73-12/31/73 \$ 230,850

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						59,341
C001 Statewide EMS Prog.			6,667			
C002 Planning for a local hosp. Shared Service System		2,000				
C003 Computerized Interact- ional Concurrent Qual. Assur. Prog.		21,475				
C004 Regional Quality Assur. Prog. Support - Ed. Sys.	18,594					
C005 State High Blood Pres- sure Screening and Referral Program					30,000	
C006 Curriculum Development Assurance Nurse Coordinators		9,000				
C007 Development of EMCRO EMS Criteria			2,000			
C008 Development of Regiona Health Planning Coun- cils - B Agencies	40,000					
C009 General Contractual Activities Within Priorities	8,000	9,773	8,000	8,000	8,000	
TOTAL	66,594	42,248	16,667	8,000	38,000	59,341
	29%	18%	7%	3%	17%	26%

MISSISSIPPI REGIONAL MEDICAL PROGRAM

IV. Analysis of Region's Capability to Effectively Utilize its Allocation of Remaining FY '74 Funds

The primary vehicle for accomplishing the goals of the Mississippi RMP is its program staff. The group presently consists of nine professionals, representing the disciplines of medicine, education, planning and evaluation, demography, sociology, psychology, fiscal management, and program development. The region has retained the leadership of a full-time coordinator. The staff responded most effectively to the request for this application by generating 39 new activities for consideration by the RAG.

The Regional Advisory Group has remained actively involved in the program throughout the year. The five task forces of RAG have met at least twice during the year with the Executive Committee meeting three times. The full RAG met on October 16, 1973 to discuss and approve the current application and pledged full support to the program during the ensuing months.

V. Analysis of Current Application

The Mississippi RMP presently has 13 contractual activities and five operational activities which will be on-going thru June 1974. The 13 contracts are all new and the five projects stem from activities approved in the region's phase-out plan. The attached form indicates the percent of funds allocated to the various options.

The region has been successful in finding other sources of funding for 10 of 12 or 80 percent of terminating activities. The staff has been instrumental in accomplishing this in spite of the lack of economic resources in Mississippi.

The current application was submitted to the Comprehensive Health Planning agency for their review. A letter of endorsement appears in the application.

The Mississippi RMP has been a change agent in the region's health care delivery systems and exerts increasing influence on developments now taking place in the improvement of the health care of its people. An example of this is the appointment of Dr. Lampton to serve as Chairman pro tem in the developmental stages of a select health committee composed of leaders of both legislative health committees and other significant health policy makers in the State to efface health problems that can be affected by short-term action.

Monitoring and evaluation includes on-site visits periodically to each of the operational activities supported by MRMP, as well as quarterly fiscal review and evaluation reports.

The activities included in this application enhance the regionalization efforts currently on-going in the region. Examples of this include the EMS, Kidney, funding of CHP agencies, Shared Hospital Services, and other operational activities.

VI. Staff Recommendation

Mississippi RMP has requested \$325,836 to support 18 activities for the period 1/1/74 - 6/30/74. South Central Operations Branch staff recommends approval of this application as submitted.

Project 17A and 17B, Renal Dialysis and Renal Transplantation, are continuing programs that expand existing capabilities for the care of Kidney patients in the area.

The region should be alerted to the provision contained in the Interim Rules and Regulations issued under Title 20, Chapter 3 of SSA-DHEW Regulation #5, Part 405 - Federal Health Insurance For The Aged. This regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries.

SCOB/DOD
11/20/73

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plng.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION MISSISSIPPI RM 00057

PERIOD Jan 1-June 30, 1974 \$ 325,836

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000- Program Staff, Salaries/ Wages etc.						143,093
C111-Regional Intermediate Care Center			2,000			
C112-Local Hospital Shared Service system	500					
C113-Hosp. Nurse Coordinator Curriculum		6,000				
C114-Miss. EMS Services Project			17,000			
C115-Quality Assurance Medical Review System		9,200				
C117-Physician Interaction Quality Assurance Program		5,000				
C123- Rural Family Health Center		1,000				
C126-Video Tape Loan Library		1,000				
C127-Areawide Development Prog. B-Agencies	3,000					
C128-Statewide High Blood Pressure Detection					5,000	
C132-State Board of Health District Plan	2,000					

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION MISSISSIPPI

RM

00057

PERIOD Jan 1-June 30, 1974

\$ 325,836

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C133-Training Medical Record Transcriptionists		1,000				
C135-Expand MCH Services	2,000					
017A-Renal Dialysis Training				35,019		
017B-Renal Transplantation				6,050		
121-Regional Cancer Program		52,165				
034-Patient & Staff Education-Selected Chronic Diseases		17,740				
035-Continuing Education Health Providers		17,069				
TOTALS	7,500	110,174	19,000	41,069	5,000	143,093
Percent of Request	2%	33%	6%	13%	2%	44%

NORTH CAROLINA

I. Status of Region

- . The region was awarded triennial status by the June 1971 National Advisory Council for the triennium 7/1/71 - 6/30/74. The region is currently in the 05 operational year.
- . The region's anniversary application within the triennium was last reviewed by SARP in April 1972. SARP's recommendation to the NAC during the May/June review cycle was a funding level of \$2,080,008 for the 05 operational year which was subsequently approved.
- . There were no key issues or conditions cited by the reviewing bodies.

II Current Status of Region's Funding

- . The FY 73 annualized funding level for NRMP prior to phase-out was \$1,930,000. This represents 2.43 percent of the total FY 73 level.
- . The FY 74 allocation to the region is \$1,002,034 of which \$415,530 has been awarded. The funds remaining for the region to apply for are \$586,504 for the period Jan. 1-June 30, 1974
- . The region took the phase-out orders from RMPS quite literally and proposed a phase-out plan to terminate all program staff and operational activities by June 30, 1973. However when the current legislation was extended and phase-out orders cancelled, the region re-applied and was awarded the necessary funds to continue program staff and operational activities.

III Significant Events Since Last Review

None.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local P
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION North Carolina RM 00006

PERIOD 10/1/73-12/31/73 \$ 269,732
145,798*

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff		6,943	6,943			
C001 Medical Air Operation	4,200	4,150	4,150			
26 Emphysema & Lung		2,750				
28 Care of Patients with Chronic Uremia				54,940		
29 Health Manpower & Develop.	27,318					
31 Cardiac Pacemaker Ed. Info.		37,506				
Family Nurse Prac.	10,116					
30A Radiation Therapy Treatment Planning Service		17,686				
36B Community Hospital Tumor Boards		12,446				
40 Ed. Testing Service	8,630					
41A Area Health Ed. Sys.	15,000					
41E Area Health Ed. Sys.	15,000					
42 Migrant Hlth. Serv.		23,790				
49 Emer. Room Trng.			12,236			
52 Measurement of Quality in Physical Therapy		5,928				
TOTAL	80,264	111,199	23,329	54,940		
	30%	41%	9%	20%		

North Carolina RMP

IV. Analysis of Region's Capability to Effectively Utilize the Remaining FY 74 Allocations:

The North Carolina RMP has been successful in retaining an experienced program staff. The disciplines include Medicine, Administration, Fiscal Management, Statistics, Planning and Evaluation, Manpower and Education. In addition to program staff, NCRMP have the resources and personnel of three medical schools and a school of public health.

The Regional Advisory Group is intact and functioning effectively. Only three of the fifty-one members have elected not to serve. The RAG has met four times during the past year with the committees of RAG meeting more often. The current application was reviewed and approved by the full RAG on October 17, 1973.

V. Analysis of Current Application:

NCRMP is requesting support for the continuation of eleven activities and the funding of sixteen new ones. At the time of receipt of the RMPS letter announcing the possibility of funding for the last six months of FY 74, NCRMP had twenty-two previously developed and RAG-approved unfunded projects. A further review of these, in view of the new priorities, revealed that 13 could be activated on January 1, 1974. At the same time the program staff were able to complete the development of projects concerning Hypertension Education, Professional Standards Review, and a county Health Care Delivery System.

The NCRMP is requesting \$586,504 which is the remainder of their FY 74 allocation for the period 1/1/74-6/30/74. All activities are within the option areas and a break-out of the activities is attached.

NCRMP has a past history of being successful in the regionalization of their activities. The program staff have responded positively to the changing priorities of RMPS and have demonstrated their effectiveness by their ability to develop new activities in a limited time period.

VI. Staff Recommendations:

North Carolina RMP has requested \$586,504 to support 27 activities for the period 1/1/74-6/30/74. SCOB staff recommends approval of this application as submitted.

The NCRMP application includes Project #28 - Care of Patients with Chronic Uremia in North Carolina.

NCRMP should be alerted to the provision contained in the Interim Rules and Regulations issued under Title 20, Chapter three of SSA-DHEW Regulation #5, part 405 - Federal Health Insurance for the Aged. This

regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries.

RMPS:DOD:SCOB
WT:cmg:11-21-73

ALLOCATION BY OPTION
FY 74A-Strengthening Local Prog.
B-Quality Assurance
C-EMS
D-Kidney Disease
E-Hypertension

REGION North Carolina

RM 00006

PERIOD Jan. 1-June 30, 1974

\$ 586,504

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
c 26-Emphysema and Lung Dis. Program	2,750					
c 28-Care of Patients with Chronic Uremia				40,250		
c 29-Health Manpower Development	27,338					
c 31-Comp. Cardiac Pacemaker Educ. Prog.		3,852				
c 32-Family Nurse Practitioner	20,232					
c 36A-Radiation Therapy Treatment Planning Service		17,686				
c 36B-Community Hosp. Tumor Boards		12,446				
c 41A- Region R. AHES	15,000					
c 41E-Foothills AHES	15,000					
c 42-Migrant Health		23,790				
c 43-Share-Your-Skills Prog. in Diabetes	25,870					
N 46-Comp. Speech and Hearing Services	29,796					
N 48-Walston Burg Community Clinic	15,000					
N 49-Emerg. Room Training Community Hospitals			24,472			
Measurement of Quality in Physical Therapy Svs.		24,536				

ALLOCATION BY OPTION
FY 74A-Strengthening Local Plng.
B-Quality Assurance
C-EMS
D-Kidney Disease
E-Hypertension

REGION North Carolina

RM 00006

PERIOD Jan. 1-June 30, 1974

\$586,504

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
N 53-Mobile Health Svs.	40,000					
N 54-AHES for Regions C,D,&E	19,180					
N 55-EMS Planning For Regions C,D,&E			30,000			
N 56-EMS Plan for Region H.			20,000			
N 57-Physicians Assistant Svs. Prog.	10,918					
N 58-Stroke Control Prog.	25,000					
N 59-EMS Plan for Region G.			20,847			
N 60-EMS Region R			10,717			
N 61-Childhood Cancer		10,119				
N 62-Comprehensive Human Svs. System	18,403					
N 63-PSRO Educ. Prog.		62,672				
N 64-High Blood Pressure Educ. Research Prog.					20,630	
TOTALS	264,487	155,101	106,036	40,250	20,630	
Percent of Allocation	45%	26%	18%	7%	4%	

OK

SOUTH CAROLINA

I Status of the Region

- . Triennial status was approved by May 71 Council to begin July, 1971.
- . June 72 Council accepted SARP's review of the region's first anniversary application within the triennium. The region was continued at its existing triennial funding level. The key issues were:

When this region entered triennial status it was advised that the scope of its interests needed to be expanded; that RAG needed re-organization; and that goals and objectives needed updating to align with assessed needs.

The anniversary application did not satisfactorily respond to those issues. However, free-standing of the application document (which was prepared 3 months prior to SARP's review) the region had planned an agenda for the annual retreat of the RAG specifically addressing the areas of goals; RAG composition; RAG membership; and a reorganization of core staff.

SARP recommended acceptance of the region's promissory note; the annual retreat was successful; the region updated its goals; broadened its interests; completed phase I of restructuring RAG; and reorganized staff.

- . The termination date for this region under the phase-out concept was February 14, 1974. The region's plan proposed the retention of 8 staff to 2/14 and the continuation of 8 operational activities (1 of which was a 3 part kidney project). The region's plan was approved.

II Current Status of Funding:

. FY73 annualized level prior to phase-out.....	\$1,700,368
. Percent of total FY73 funds.....	2.14%
. Maximum allocation of FY74 funds.....	\$882,450
. FY74 funds awarded October 1, 1973.....	\$365,940
. Remaining FY74 funds for January 1, 1974 allocation.....	\$516,510

III Significant Events Since Last Review

- . Governor West has created a State Health Policy and Planning Council which is viewed ultimately as being the clearinghouse for health dollars in the state. Dr. Moseley serves on the Steering Committee of the Task Forces (developed to address such areas as emergency medical care, quality assurance, etc.).
- . In July 1972, the region's review process was assessed and the procedures found to be in compliance. Phase II of the restructured RAG membership question temporarily suspended because of phase-out orders.

ALLOCATION BY OPTION
FY 74

B-QUALITY ASSURANCE
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION South Carolina

RM 00035

PERIOD 10/1/73-12/31/73

\$ 365,490

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C C000 Program Staff						110,448
V C001 Development of Hlth. Management Info. Sys.	20,285					
N C002 State Areawide Health Planning Support	3,000					
N C003 State Areawide Health Planning Support	3,000					
V C004 State Areawide Health Planning Support	3,000					
V C005 Area Manpower Development and Utilization	5,000					
N C006 Area Manpower Development and Utilization	5,000					
V C007 Coastal Heart and Hypertension Survey					8,079	
N D025 EMS Provider Conference			4,000			
N D026 PSRO Planning Study		2,000				
N D027 Pilot Project: Stroke Club					1,250	
N D028 Family Practice Conference	2,500					
1 42 Heart Implementation					17,320	
C 45 Nuclear Medicine Training		11,980				
C 51 Continuing Education for Health Professionals		29,572				
C A Hemodialysis Continuing Education				13,522		

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-ERS
 D-Kidney Disease
 E-Hypertension

REGION South Carolina (CON'T) RM _____

PERIOD _____ \$ _____

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
3 55B Development of Transplant Unit				4,100		
C 55D Expansion of Home Training in Dialysis				6,000		
C 59 Greenwood CCU Linkage	4,291					
C 60A Children's Cardio-Respiratory		8,537				
N 60B Expansion of Children's Cardio-Respiratory disease Project		7,968				
C 65 Bioengineering Support Service		2,000				
N 66 Education Program for Diabetics					6,264	
N 67 Perinatal Center		18,308				
N 68 Mobile Health Unit for Williamsburg County	21,400					
N 69 Shared Health Manpower Development Program	6,020					
N 70 Eastern Pee Dee Hospital Training Program	3,425					
N 71 Advanced Training for Emergency Medical Techs.			32,096			
N 72 Areawide Social Services		5,575				
TOTAL	76,921	85,940	36,096	23,622	32,913	110,441
	21%	23%	10%	7%	9%	30%

SOUTH CAROLINA

I Status of the Region

- . Triennial status was approved by May 71 Council to begin July, 1971.
- . June 72 Council accepted SARP's review of the region's first anniversary application within the triennium. The region was continued at its existing triennial funding level. The key issues were:

When this region entered triennial status it was advised that the scope of its interests needed to be expanded; that RAG needed re-organization; and that goals and objectives needed updating to align with assessed needs.

The anniversary application did not satisfactorily respond to those issues. However, free-standing of the application document (which was prepared 3 months prior to SARP's review) the region had planned an agenda for the annual retreat of the RAG specifically addressing the areas of goals; RAG composition; RAG membership; and a reorganization of core staff.

SARP recommended acceptance of the region's promissory note; the annual retreat was successful; the region updated its goals; broadened its interests; completed phase I of restructuring RAG; and reorganized staff.

- . The termination date for this region under the phase-out concept was February 14, 1974. The region's plan proposed the retention of 8 staff to 2/14 and the continuation of 8 operational activities (1 of which was a 3 part kidney project). The region's plan was approved.

II Current Status of Funding:

. FY73 annualized level prior to phase-out.....	\$1,700,368
. Percent of total FY73 funds.....	2.14%
. Maximum allocation of FY74 funds.....	\$882,450
. FY74 funds awarded October 1, 1973.....	\$365,940
. Remaining FY74 funds for January 1, 1974 allocation.....	\$516,510

III Significant Events Since Last Review

- . Governor West has created a State Health Policy and Planning Council which is viewed ultimately as being the clearinghouse for health dollars in the state. Dr. Moseley serves on the Steering Committee of the Task Forces (developed to address such areas as emergency medical care, quality assurance, etc.).
- . In July 1972, the region's review process was assessed and the procedures found to be in compliance. Phase II of the restructured RAG membership question temporarily suspended because of phase-out orders.

ALLOCATION BY OPTION
FY 74

B-QUALITY ASSURANCE
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION South Carolina

RM 00035

PERIOD 10/1/73-12/31/73

\$ 365,490

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						110,448
/ C001 Development of Hlth. Management Info. Sys.	20,285					
✓ C002 State Areawide Health Planning Support	3,000					
✓ C003 State Areawide Health Planning Support	3,000					
/ C004 State Areawide Health Planning Support	3,000					
/ C005 Area Manpower Development and Utilization	5,000					
✓ C006 Area Manpower Development and Utilization	5,000					
/ C007 Coastal Heart and Hypertension Survey					8,079	
✓ D025 EMS Provider Conference			4,000			
✓ D026 PSRO Planning Study		2,000				
✓ D027 Pilot Project: Stroke Club					1,250	
✓ D028 Family Practice Conference	2,500					
L 42 Heart Implementation					17,320	
C 45 Nuclear Medicine Training		11,980				
C 51 Continuing Education for Health Professionals		29,572				
C Hemodialysis Continuing Education				13,522		

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION South Carolina (CON'T) RM _____

PERIOD _____ \$ _____

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
55B Development of Transplant Unit				4,100		
55D Expansion of Home Training in Dialysis				6,000		
59 Greenwood CCU Linkage	4,291					
60A Children's Cardio-Respiratory		8,537				
60B Expansion of Children's Cardio-Respiratory disease Project		7,968				
65 Bioengineering Support Service		2,000				
66 Education Program for Diabetics					6,264	
67 Perinatal Center		18,308				
68 Mobile Health Unit for Williamsburg County	21,400					
69 Shared Health Manpower Development Program	6,020					
70 Eastern Pee Dee Hospital Training Program	3,425					
71 Advanced Training for Emergency Medical Techs.			32,096			
72 Areawide Social Services		5,575				
TOTAL	76,921	85,940	36,096	23,622	32,913	110,44
	21%	23%	10%	7%	9%	30%

SOUTH CAROLINA

IV Analysis of Region's Capability to Effectively Utilize its Allocation of Remaining 74 Funds

This region currently is operating with a 13 member staff, 7 of whom would be categorized as professionals. One of the 7 is a recently appointed Program Representative. All are full-time employees. No new professional slots are requested. However, when this application was discussed at the recent full RAG meeting, the staff also presented a Plan B staffing pattern which provides for limited expansion of the professional ranks. The coordinator and the chairman of the RAG advised the full RAG that at this time, with the dedication and expertise found in the remaining program staff, the nucleus SCRMP staff could effectively manage the region's activities at the current level. The Plan B expansion was approved in the event additional funds should permit an expansion of component activity thereby requiring additions to staff. SCRMP staff traditionally produces exceptional staff work.

Its Regional Advisory Group represents a very conservative constituency. SCRMP staff does an outstanding job of keeping it well informed. RAG members in the South Carolina RMP come to meetings with a level of knowledge concerning the agenda items far above many counterpart groups. However, its traditional conservatism still tends to produce programmatic confinements. For example, only after considerable debate, did the full RAG body approve a \$2,000 developmental component planning study in the PSRO area. As a group, though, through the extraordinary efforts of SCRMP staff to bring new issues to debate, the RAG is moving in new directions. Its current Chairman also fortifies program efforts in expanded interests.

When phase-out directions were being implemented, project directors were required to attest to their capability for continued support from other sources as a prerequisite for inclusion in the region's funding plan beyond June 30, 1973. Many components submitted plans for continuation for support (other than thru RMP) beyond February 14, 1974 and the RAG adopted a motion not to fund any such activity beyond that date.

SCRMP staff usually introduces new concepts to RAG via proposed developmental component activities. The region's involvement in PSRO considerations began in this fashion. A provider conference on EMS is another example of staff's efforts to engage the program in convenor-type activities.

This region possesses excellent financial/managerial capabilities. The grantee is the Medical University of South Carolina and therefore all staff appointments are subject either to faculty considerations or the state personnel system. There have been many instances where the classification confinements of the state system have posed serious personnel impediments and yet SCRMP staff reflects a dedicated competent

V Analysis of Current Application

Of 15 new activities approved by the full RAG at its November meeting, assigned priorities permitted proposed funding for 10. Four of these proposals address quality care, 2 are in the area of renal disease, 2 concern hypertension, 1 proposes to strengthen a local planning process and 1 concerns EMS.

In addition, this application proposes continued support for 8 activities begun October 1, 1973 with limited FY 74 fund allotment. Four of these activities strengthen local planning efforts (basically through the demonstration of more effective use of existing health manpower) 2 are in the area of quality care, 1 addresses the training of EMT's and 1 concerns hypertension screening.

The geographic distribution of these activities is very good and their sponsorship reflects a satisfactory spread when one considers that MUSC is the single medical school in the state. Of the 18 activities proposed and ongoing, 8 are sponsored by MUSC and these are predominantly in the area of demonstrating quality care and have regional coverage.

This region has close ties to area CHP agencies. It also sponsors an annual CHP-RMP conference. Because time did not afford the 30 day prior review and comment by CHP, SCMP has agreed to reconvene RAG in December for final approval of funds distribution after CHP comment has been received.

This application includes a component involved in kidney disease. The region should be alerted to the provision contained in the Interim Rules and Regulations issued under Title 20 Chapter 3 of SSA-DHEW Regulation #5 part 405-Federal Health Insurance for The Aged. This regulation pertains to payment for services in connection with kidney transplants and renal dialysis to entitled beneficiaries.

VI Staff Recommendation

The South Carolina RMP has requested its full remaining allocation of \$516,510. The South Central Operations Branch recommends its approval as submitted.

SCOB/DOD
11/20/73

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plng.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION SOUTH CAROLINA

RM 00035

PERIOD 1/1/74 - 6/30/74

\$ 516,510

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
Program Staff						188,953
60B - Screening Hyper- tension in Children					27,416	
66C-- Quality Assurance for Diabetics		12,650				
67 -- Perinatal Quality Assurance		29,000				
68 - Rural Mobile Hlth	41,142					
69 - Shared Health Manpower	5,350					
70 - Pee, Dee Manpower Development	10,784					
71 - EMS Advanced Trg.			35,015			
72 - Improve Hosp. and Ambulatory Care		6,058				
73 - Communications for Quality Assurance		18,010				
74 - Upper Savannah Quality Assurance		6,325				
75 - Computerized Care in Kidney Disease				22,625		
76 - Hyper. Control					14,320	
77 - Ed. for EMS			4,500			
78 - Uropathies and Hypertension Screening in Children				24,150		
79 - Hospital Care Evaluation	20,000					

A-Strengthening Local Plng.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

ALLOCATION BY OPTION
FY 74

REGION SOUTH CAROLINA (cont.) RM _____
 PERIOD 1/1/74 - 6/30/74 \$ _____

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
80 - Neonatal Nursing		19,204				
81 - Catawba Planning Data Base	20,158					
82 - Hypertension Study (Charleston)					10,850	
TOTALS	97,434	91,247	39,515	46,775	52,586	188,953
Percentages	19%	18%	8%	9%	10%	36%

WISCONSIN

I Status of the Region

- . The August 1971 NAC approved Triennial Status including a Developmental Component, beginning September 1, 1971.
- . The October 1972 Council accepted SARP and Review Committee's recommendation on the Region's second year triennial application (06 operational year) to fund the region at a level of \$2,153,624. This amount represented an increase of \$374,552 over the NAC approved level of \$1,779,072. No key issues were identified.
- . The Termination date for the WRMP under the phase-out concept was December 31, 1972. The region submitted a phase-out plan requesting funds for the reductions of program staff to two, the continuation of one operational activity (EMS) and three contracts through February 15, 1974.
- . The approved phase-out plan was for the reduction of program staff to two and the continuation of the EMS activity through December 31, 1973.

II Current Status of the Region's Funding:

- . FY 73 annualized level prior to phase-out\$1,779,072
- . Region's percent of total FY 73 funds..... 2.24%
- . Region's maximum allocation from FY 74 funds \$923,686
- . Amount of FY 74 funds awarded to Region October 1, 1973..\$383,040
- . Maximum FY 74 funds remaining to Region for allocation
 . January 1, 1974.....\$540,646

III Significant Events Since Last Council Review

- . May 1973 - Staff visit to the Wisconsin RMP to assess EMS Program Progress, current status and plans for future support.
- . Dr. John S. Hirschboeck, Program Coordinator resigned, effective October 31, 1973. Dr. Paul C. Tracy, Assistant Coordinator for Program Development was appointed as Dr. Hirschboeck's successor.

ALLOCATION BY OPTION
FY 74

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Wisconsin RM _____

PERIOD 10/1/73-12/31/73 \$ 383,040

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						121,16
30 North Central Wis. Out-reach	6,340					
32 Research & Planning of Hlth. Care Delive-ed	28,276					
38 Wis. Hlth Care Review		23,042				
40 EMS Program			194,846			
43 Health Manpower Program for La Crosse Area	9,375					
TOTAL	43,991	23,042	194,846			121,16
	11%	6%	51%			32%

WISCONSIN REGIONAL MEDICAL PROGRAM

IV. Analysis of the Region's Capability to Effectively Utilize its Allocation of Remaining FY '74 Funds

Throughout the phase-out period, the Wisconsin RMP has been able to maintain most of its key professional staff. The one exception was the resignation on October 31, 1973, of the former Program Coordinator, Dr. John S. Hirschboeck, who assumed a position in the health care delivery system. Dr. Hirschboeck will continue to serve as Secretary and Treasurer of the Corporate Board of Directors.

Dr. Paul Tracy, former Associate Corrdinator and a member of the WRMP program staff since September, 1971, was appointed to succeed Dr. Hirschboeck.

Currently the staff consists of six full-time professionals; five part-time professionals; four full-time support staff; and two part-time support staff. The region has requested support for two new positions: an accountant to be hired on a consultant basis; and a part-time evaluation analyst.

The present staff appears to represent an adequate range of professional disciplines, including competence in evaluation, program design and development and manpower development.

In the original phase-out plan, the region had planned to combine its two offices, Milwaukee and Madison, into one central office in Madison. This was effected on July 1, 1973. The closing of the Milwaukee office occasioned the resignation of only two of the professional staff. Two other program staff members from the Milwaukee office were retained as consultants for the Milwaukee area.

Historically, the WRMP has demonstrated a unique ability to respond to new national priorities. For example, in early September, 1973, following directives on fiscal 1974 priorities and options, the WRMP canvassed 54 organizations throughout the state for requests to compete for the second quarter funds. As a result of this region wide distribution, 31 proposals were developed and submitted to the Review and Evaluation Committee. The Review and Evaluation Committee reviewed and graded 26 proposals that fell within the priority areas. Only five proposals were deemed inappropriate. The 26 proposals were considered and ranked by the Regional Advisory Group during its November 5, 1973 meeting.

The RAG has remained intact and active during the phase-out period. While the RAG is scheduled to meet quarterly, they have only met three times during 1973, due to the threatened phase-out. The region states that the normal rate of resignations from the volunteer committees has not been experienced this calendar year. In fact, according to the region, many members of the RAG, R & E and Steering Committees have asked to stay on during this period of uncertainty. The R & E Committee, which is scheduled to meet as workload requires, has met four times during calendar 1973. This group provides professional and technical review and make recommendations to the RAG regarding approval or disapproval of applications and continuation or discontinuation of projects.

V. Analysis of the Current Application

The Wisconsin RMP application requests \$540,646 for the period January 1, 1974 - June 30, 1974. This amount represents the regions full remaining allotment for FY '74. The application requests support for ten activities. Seven represent new activities, one is for continued support of an ongoing activity and two are EMS components. At the time of the RMPS -EMS staff visit to the region, the EMS activity was believed to be the leading program among those funded from special RMPS supplemental funds. One of both the national and the region's priorities was to begin an evaluation of EMS activities. One of the components in the current application is to begin to accomplish this. The second EMS component requests funds to purchase equipment which will complete the statewide microwave EMS network.

The region plans to work with the Wisconsin Health Planning Council, appropriate CHP agencies, the University of Wisconsin, and others to produce a series of standards, such as: patient care for emergency medical services; licensing of health professionals; quality assurance and review. These are to be supported as a part of the program staff component.

The region states that copies of the current application were sent to each of the areawide CHP "b" agencies and the CHP "a" agency for review and comment. The region has received only three responses, all favorable. These reviews were available to the Regional Advisory Group during their review of the application.

The Wisconsin RMP has been quite successful in attracting other sources of funds to insure the continuance of successful activities initiated by the RMP. For example, the Nurse Associate and Physician Team in Delivery of Primary Health Care Program, which received one year WRMP support, is now being continued through funds from the University of Wisconsin and revenue sharing funds.

The activities presented in this application outlines the region's plans for those activities requiring ongoing support beyond June 30, 1974. Of the ten components, seven will terminate on June 30, 1974, the remaining three activities will be continued through funds from various local sources.

VI. Staff Recommendation:

The Wisconsin RMP requests \$540,646 to support a program staff component and ten operational activities, all consistent with the new RMPS priorities and options.

South Central Operations Branch recommends approval of the application as submitted.

SCOB/DOD
11/21/73

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plng.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Wisconsin RM 00037
 PERIOD January 1 - June 30, 1974 \$ 540,646

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000-Program Staff						\$242,815
C001-Development of Health Standards #1	\$5,100					
C002-Devel. of Health Standards #2	\$5,100					
C003-Health Policy Council Feasibility Study #1	\$30,041					
C004-Feasibility Study #2	\$50,041					
C005-Feasibility Study #3	\$30,043					
0004-Hypertension Screening Treatment & Follow-up					\$50,842	
0008-EMS Component #2 Microwave Network			\$71,000			
00012-EMS Component #2 Evaluation			\$47,850			
0036-B(14) Shared Services Inc. - LaCrosse		\$12,602				
00030-Community Based Manpower Program		\$15,212				
Totals	\$100,325	\$27,814	\$118,850		\$50,842	\$242,815
	19%	5%	22%		9%	45%

Redney

TENNESSEE MID-SOUTH

I Status of the Region:

- November 1970 Council approved triennial status beginning February 1971 but did not accord developmental component authority because of RAG's demonstrated inability to deal with decision-making problems.
- November 1971 Council accepted SARP's and Committee's recommendation on the first anniversary application within the triennium. The anniversary continued the region at its triennial funding level; developmental component authority was again withheld for the same reasons (but the Core budget was set at a level which would permit staff to generate developmental activities); and the region was given strong written advice to develop an active, informed RAG; new by-laws were recommended.
- February 1973 Council accepted SARP's recommendation on the second anniversary application within the triennium. The anniversary continued the region at its triennial funding level; developmental component authority was granted with contingency (see key issues below); strong advice was given concerning RAG-Grantee relationships; a deadline of April 1973 was set for resolution of organizational difficulties.
- The key issues were: In August 1972 RMPS issued a policy statement concerning Grantee and RAG responsibilities and relationships. It also articulated the relationship of the Coordinator to the RAG and the Grantee. The by-laws as well as the functioning apparatus of this region were not in compliance. A 2 month extension beyond the March 1, 1973 compliance date was granted for the region to place itself in substantial compliance.
- The termination date for this region under the phase-out concept was February 14, 1974. The region's plan proposed the gradual reduction (between January 1973 and February 1974) to a staff of 11 and the continuation of 9 activities. The phase-out plan approved for this region called for the reduction of staff to 7 and authorized the continuation of 5 activities.

II Current Status of Funding:

• FY 73 annualized level prior to phase-out.....	\$2,166,139
Percent of total FY 73 funds.....	2.73%
Maximum allocation of FY 74 funds.....	\$1,125,742
FY 74 funds awarded October 1, 1973.....	\$466,830
Remaining FY 74 funds for 1/1/74 allocation.....	\$658,912

III Significant Events Since Last Review:

- . Grantee sought and was given an extension to September 30, 1973 for compliance with RAG/Grantee relationships and responsibilities policy.
- . Dr. Paul Teschan was removed as Coordinator.
- . Dr. Richard Cannon was named Coordinator.
- . By-laws revised and approved as being in compliance with RMPS policy.
- . New RAG met under new by-laws on October 31, 1973 and considered this application.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local
B-Quality Assurance
C-EMS
D-Kidney Disease
E-Hypertension

REGION Tennessee Mid-South

RM 00018

PERIOD 10/1/73-12/31/73

\$ 466,830

PROJECT & PROGRAM ID.	A	B	C	D	E	OTH
N C052 Quality Care Assurance Program (Prog. Staff)		311,238				
C 48 Improved Control of Hypertension					22,499	
N 61 S.E. Health Services Ed. Program	36,700					
N 62 Mid-East Health Services	11,516					
N 65 High Risk Newborn Care		7,237				
66 Koxville Neighborhood Health Services	15,000					
N 67 Cayce Homes Community Clinic	7,200					
N 68 Nurse Clinician in Public Health Dept. Setting	5,000					
N 69 High Risk Obstetrics		5,440				
N 72 Upper East EMS			25,000			
N 73 Pennyrile EMS			20,000			
TOTAL	75,416	323,915	45,000		22,499	
	16%	69%	10%		5%	

TENNESSEE MID-SOUTH

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ALLOCATION BY OPTION
FY 74

A-Strengthening Local
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Tennessee Mid-South

RM 00018

PERIOD 10/1/73-12/31/73

\$ 466,830

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<i>N</i> 62 Mid-East Health Services	11,516					
<i>N</i> 65 High Risk Newborn Care		7,237				
66 Koxville Neighborhood Health Services	15,000					
<i>N</i> 67 Cayce Homes Community Clinic	7,200					
<i>N</i> 68 Nurse Clinician in Public Health Dept. Setting	5,000					
<i>N</i> 69 High Risk Obstetrics		5,440				
<i>N</i> 72 Upper East EMS			25,000			
<i>N</i> 73 Pennyrile EMS			20,000			
TOTAL	75,416	323,915	45,000		22,499	
	16%	69%	10%		5%	

TENNESSEE MID-SOUTH

IV. Analysis of Region's Capability to Effectively Utilize Remaining Funds

This region has experienced a tremendous reduction in program staff (pre phase-out 40 * staff) as well as a recent change of Coordinator. There are currently four professionals on the staff, including the Coordinator, covering the areas of program planning, program development, communications, and financial management. However, a large portion of the former "staff" were less than full-time employees and were engaged in what the region termed central activities which have been terminated. Additionally, a number of people who were institutionally located throughout the region as area coordinators and field representatives are no longer on the roster. TMS certainly represents a bare bones central staff and must be categorized as being very thin when viewed in light of the percent of the total FY 74 funds allocated to it.

Staff's visits to the region have reported a less than satisfactory interface with the region's fiscal counterparts in the grantee. This situation will require the building of greater financial expertise within central staff. This condition, however, is not confined to TMS; it is mentioned here because it is yet another area for which the new Coordinator will have to build in-house coverage. Dr. Cannon is aware of it and is taking steps to correct it. Presently though, it consumes a disproportionate amount of time from an already overburdened staff. The application contains a program staff item labelled "unassigned salaries," and the fiscal management problem is one of the areas to be staffed.

In the final analysis, though, this region with a restructured RAG, a new Coordinator and a drastically reduced staff, produced from its constituency proposals almost double the amount of funds allocated to it. The "new" RAG approached its review task with gratifying sophistication when one weighs its current involvement against its traditional behavior. The former posture of RAG was a reliance on program staff to the point of almost abdicating its decision-making responsibilities. At its first meeting, the restructured RAG had a very good discussion of its role (at the instigation of its new chairman who remained scrupulously impartial insofar as institutional and grantee prerogatives are concerned). It is a new-look RAG; has met only once under its amended by-laws; and it shows promise.

At this point in time, the rebuilding of a central capability, (either through employment of staff or contracted services) that can function with reasonable separateness from the grantee is a high priority. It will require continued technical assistance and is a priority of the South Central Operations Branch. Dr. Cannon quite successfully negotiated the thorny matter of bringing the region into compliance with amended by-laws; he is now turning to the challenge described above.

V. Analysis of Current Application:

The application requests the full remaining allocation of \$658,912. The activities are spread among 18 components; 13 new activities funded for the first time, two proposals fortifying and continuing activities generated October 1, one fortifying a contract let from the October 1 award, one continuing an activity approved to December 31, in the phase-out plan, and one instituting support for an activity previously funded but with a short break in funding due to phase-out.

Three of the 18 are Vanderbilt sponsored. The sponsors of the remaining 15 display a good range across a neighborhood health center, the Tennessee Department of Public Health, the University of Tennessee, the Kidney Foundation, a foundation for medical care, a regional Council of Governments, health planning councils, local volunteer societies, etc.. The geographic distribution of the activity generated by these components is very good. Projects seated in Knoxville, Nashville, Chattanooga, and several rural settings are included.

For the most part, the primary option emphasis would be categorized under strengthening local planning processes through the demonstration of more effective utilization of manpower in the community. Several of these activities have a secondary option emphasis, however. One of the proposals (Project #82) covers activities in the renal disease area that should be flagged to assure the services ultimately provided are compatible with the interim guidelines issued by SSA under Titles 18, 19 and 5.

This entire application was reviewed by the full RAG. Many of the members were newly appointed and were attending their first meeting. The discussion was full; it was not rubber stamped. The proposals here were selected from a larger number of applications and prioritizing was required in order to pare the request to the maximum remaining allocation. Several approved proposals remain in the region's coffers awaiting funding. They are not, however, as immediately identifiable as being within the option areas as one would like. Frankly, the RAG thought some of them were excellent and they are holding them ready for funding (through rebudgeting or, hopefully, additional awards) should expansion of the option areas materialize.

The CHIP A agency is represented on the RAG and its representative attended the meeting at which this application was considered. The full application has been submitted to the A and B's for comment. When comments are received, they will be forwarded.

VI. Staff Recommendations:

The Tennessee Mid-South RMP has requested its full remaining allocation of \$658,912. The South Central Operations Branch recommends its approval as requested.

SCOB:DOD:RMPS
LMK:11-20-73

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plng.
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Tennessee Mid-South

RM 00018

PERIOD 1/1/74-6/30/74

\$ 658,912

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
Program Staff						199,668
57-Hypertension Follow Up					41,035	
64-Pediatric Ed. Service System	32,820					
65-High Risk Newborn	19,200					
68-Primary Care Nurse Clinician	14,898					
74-Wynn-Habersham Clinic	32,000					
Development of Norms and Standards		88,291				
76-Renal Dialysis				13,200		
77 Paramedical Training	15,000					
78-Midwifery & Child Dev.	8,530					
79-Organ Donor Ed.				19,138		
80-Public Education	24,350					
81-Ga.-Tenn. EMS			50,000			
82-Chronic Kidney Disease				50,000		
83-Pharmacists in Hyper					2,500	
84-Hyper Screening					5,000	
85-Cost Reduction	10,232					
86-Standard Procead for Lymphedema following Mastectomy		3,050				
East Tenn. EMS			30,000			
TOTALS	157,030	91,341	80,000	82,338	48,535	199,668
Percent	24	14	12	13	7	30

Mid-Continent Operations Branch
Staff Analysis - F. Zizlavsky

Louisiana RMP: Current Grant Period 3/1/72 - 1/31/74

I. Status of the Region

- . The Louisiana RMP has been operational under anniversary status.
- . SARP reviewed the last application in December 1971.
- . Last Council review: February 1972.
- . The March 15, 1973 phaseout plan was approved for program extension through 1/31/74. Nine projects and a reduced Program Staff were approved.
- . In contrast, 16 activities were ongoing prior to the planned phase-out.
- . On October 1, 1973, 11 program activities were approved. Five activities were previously approved in the phase-out. See attached chart, Allocation By Option.

II. Current Status of the Region's Funding

- . FY 73 annualized level prior to phase-out ...\$886,580
- . FY 73 NAC recommended funding level..... 1,000,000
- . Percent of total FY 73 funds.....1.12%
- . Maximum allocation from FY 74 funds (DC & IC)\$461,843.
- . FY 74 funds awarded Oct. 1, 1973..... -191,520.
- . Maximum FY 74 funds remaining for allocation 1/1/74... \$270,323.

III. Significant Events Since Last Council Review

- . Four HS/EA activities (\$715,969) and 3 EMS activities (\$325,940) funded as supplemental applications in June, 1972.
- . An HS/EA visit was conducted on May 21, 1973.
- . An EMS visit was conducted on May 30, 1973.
- . Pediatric Pulmonary Project (#17) was funded \$230,000 for the 02 year from RMPS earmarked funds.
- . Director, Joseph A. Sabatier, Jr., M.D. on 25% time 7/1/73. Deputy Director, Paul Cook, D.D.S. 100% time.

ALLOCATION BY OPTION
FY 74

A-Strengthening Local Plan
 B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

REGION Louisiana

RM 00033

PERIOD 10/1/73-12/31/73

\$ 191,520

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
C000 Program Staff						76,249
C002 Medical Ed. and Physician Utilization	2,000					
C003 Hlth Manpower Inventory	3,000					
C004 Quality Assurance Sems.		6,000				
15 Louisiana Hlth. Data Info	12,832					
26 Updating EMS			5,500			
30 HS/EA	13,550					
31 HS/EA	13,550					
33 HS/EA	17,650					
42 EMS for Infants			17,024			
43 Containment Costs in Medicaid Pediatric Case		12,100				
44 Hypertension					12,065	
TOTAL	62,582	18,100	22,524		12,065	76,249 ¹⁵

1/21/74

Mid-Continent Operations Branch
Staff Analysis - F. Zizlavsky

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ALLOCATION BY OPTION
FY 74

A-Strengthening Local PI
 B-Quality Assurance
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REGION Louisiana RM 00033
 PERIOD 10/1/73-12/31/73 \$ 191,520

PROJECT & PROGRAM ID.	A	B	C	D	E	OTHER
0000 Program Staff						76,249
0002 Medical Ed. and Physician Utilization	2,000					
0003 Hlth. Manpower Inventory	3,000					
0004 Quality Assurance Sems.		6,000				
15 Louisiana Hlth. Data Info	12,832					
26 Updating EMS			5,500			
30 HS/EA	13,550					
31 HS/EA	13,550					
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42 EMS for Infants			17,024			
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TOTAL	62,582	18,100	22,524		12,065	76,249

Mid-Continent Operations Branch
Staff Analysis - F. Zizlavsky

Louisiana RMP

IV. Staff's Analysis of Regions Capability to Effectively Utilize its Allocation of Remaining FY 74 Funds

Staff

14 Full Time Equivalent (F.T.E.) as of 12-31-72
2 (F.T.E.) as of 6-30-73
5.25 (F.T.E.) as of Nov. 73 (4 1/4 professional, 1 clerical)

During the RMPS phase-out period (April 15-June 30) the Program staff was drastically reduced to a part-time Director and a business manager; seven of the nine project activities, which had been approved for extension, were administered through the contract mechanism. In attempting to respond to RMPS telegrams and letters for the rebuilding and strengthening of regional medical programs nationally, Joseph A. Sabatier, M.D., Director has re-employed his Deputy Director and two Associates for Program Planning and Development. Two additional former LRMP employees are hired on 20% part-time consultation basis. Miss Baird is used as a program and evaluation consultant. Mr. Roberts is on a retainer providing fiscal and grants management advice. In the December 1, 1973 request, the Program will be requesting an additional professional staff member.

In my opinion, the Program Staff appears capable to handle the requested project activities.

The Programs response to RMPS options (new initiatives) during the 10/1/73 thru 12-31-73 period were:

Strengthen Local Planning.....	33%
Quality Assurance.....	9%
Emergency Medical Service....	12%
Kidney Disease.....	0%
Hypertension.....	6%
Other.....	40%

The LRMP Regional Advisory Group met on November 8, 1973 and reviewed and approved this application. David M. Smith, Chairman of the RAG, indicated that "the RAG is intact and some of its members are contributing generously of their time in an ongoing effort to support the Program Staff in program development and implementation." Since September, 1973 there have been two meetings of the RAG, one meeting of its Evaluation Committee, one meeting of its Executive Committee and two meetings of the Board of Trustees.

V. Staff's Analysis of the Current Application

The LRMP requests \$51,899 (19%) for Program Staff and \$218,424 (81%) for operational activities. The program request includes 7 new and 6 continuation

Louisiana cont.

activities. See attached green chart, Allocation by Option. It should be noted that \$45,025 of the \$51,899 request in Program Staff, represents EMS and quality assurance seminars. Also included is an activity to develop a quality assurance program with respect to services provided to Medicaid patients under TITLE XIX of the Social Security Amendments of 1972.

The Program continues to strengthen its emergency medical service activities through requests for continuation of project #'s 27 - EMS Training, #28 - EMS-Two-Way Communication, and #42 - EMS for High Risk Neonates and Ill Infants

LRMP has sought to constructively and effectively use seed money without long term commitment. It has sought to support activities which will have some degree of viability and will continue after LRMP fiscal support terminates. Evidence of continued support for most of the operational activities is included.

VI. Staff Recommendation

The request for \$270,323 is recommended for approval. However, the Program should be encouraged to recruit additional staff. Particular reference should be given to the Program Director who is employed on a 25% basis. Because of the marked changes brought about through planned phase-out, a site visit to the Region is recommended prior to the next scheduled NAC meeting in 1974.

B-Quality Assurance
 C-EMS
 D-Kidney Disease
 E-Hypertension

ALLOCATION BY OPTION

REGION Louisiana RMP RM 33

PERIOD 1/1/74 to 6/30/74 \$ 270,323

PROJECT & PROGRAM I.D.	A.	B.	C.	D.	E.	OTHER
<u>PROGRAM STAFF</u>						6,874
N C004 - EMS & Quality Assurance Seminars			4,775			
N C005 - Quality Assurance Seminars-L.S.U.		6,000				
N C006 - Q.A. in La. Medical Program		34,250				
Total Program Staff-(\$51,899)						
<u>PROJECTS</u>						
C #27-EMS Training			14,551			
C #28-EMS-Two-way Communication			36,028			
#32- Cenla HS/EA	6,775					
#38- Outreach Nutritional Counseling Program for Diabetics						7,229
C #42- EMS for High Risk Neonates and Ill Infants			43,756			
C #43- Quality Assurance in Medicaid Pediatric Care		25,934				
C #44- Patient Follow-up in Hypertension Screening Program					21,775	
N #45- Ambulatory Health Care Inventory	48,435					
N #46- Service Availability and Utilization	7,041					
N #47- Cost containment criteria for Hosp.Health Facility	6,900					
TOTAL PROJECTS - (218,424)	25.6%	24%	36%		8%	6.4%
TOTAL	69,151	66,184	99,110		21,775	14,103