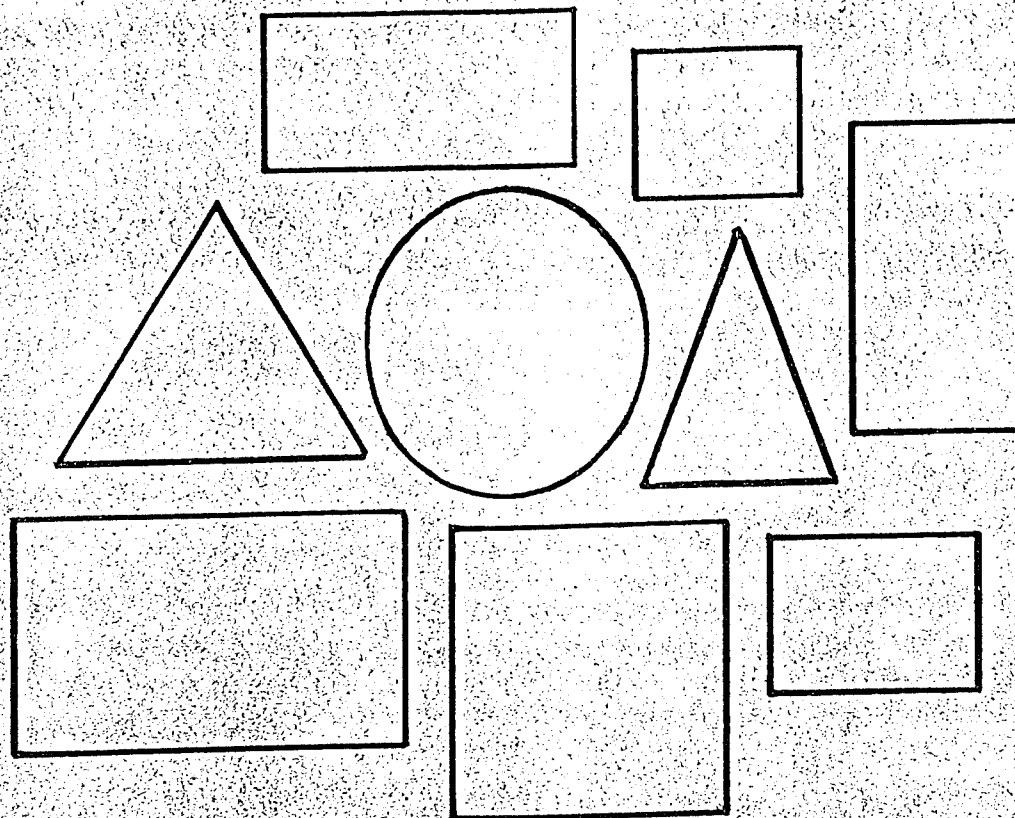




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Selected

**VIGNETTES
on Activities**

of Regional Medical Programs

July 1971

SELECTED VIGNETTES
ON ACTIVITIES OF
REGIONAL MEDICAL PROGRAMS

JULY 1971

Department of Health, Education, and Welfare
Health Services and Mental Health Administration
Regional Medical Programs Service
Office of Communications and Public Information

PREFACE

These vignettes on Regional Medical Program activities were compiled essentially from material received from several of the RMPs during February 1971. The material was submitted in response to a request for information on activities that represented innovative approaches to meeting regional health needs. Many of the vignettes describe activities which depend on the skills of the RMP professional staffs representing investments of time and funds from the professional staff budgets rather than separately funded projects.

The brief summaries which follow are intended to be anecdotal for purposes of illustration rather than to provide a full description of RMP activities. For more detailed information on the organization and activities of RMPs, the reader should consult the Fact Book on Regional Medical Programs that has been prepared by the Regional Medical Program Service.

Many of the vignettes describe activities that fall within the scope of the President's national health strategy. The President's Health Message of February 18, 1971 outlined a six-point program to implement that strategy. The vignettes, therefore, are arranged under the four points of that program that are most relevant to RMP. Many of the activities relate to more than one point, and in these instances the summaries are arranged according to the main emphasis in the vignette, not in the activity. An index is included which provides a further breakdown by subject.

The selection of activities to be included in this compilation is somewhat arbitrary in that an equal or larger number of illustrations within these same subject areas and within additional areas could have been drawn from other Regional Medical Programs.

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ARKANSAS

EXPERIMENTAL HEALTH DELIVERY SYSTEM

A rural Arkansas county which is agriculturally rich but which has no physicians, will be one of the targets of aid under an Experimental Health Delivery Project being administered by the Arkansas Regional Medical Program and the Arkansas Comprehensive Health Planning Program.

Another project target is an area in southeast Arkansas with a population of 70,000 and a physician population of only 13.

The project will cover the entire state of Arkansas and will deal with five problem areas identified as health maintenance and preventive services; manpower recruitment, training and distribution; distribution of resources; emerging medical services, and quality of care. The experimental health delivery system will be built upon the regional hospital concept which is currently being evolved in the State. This concept proposes the organization of eight geographical districts, each with a regional hospital center which will service the remaining hospitals within that district.

Status: Professional staff activity
"Experimental Health Services
Planning and Delivery Systems"
Grant -- \$1,064,000 (24 months)

The Arkansas Regional Medical Program covers the entire State of Arkansas, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$887,506 and for FY 1971 was \$1,209,251. These funds were used in 1971 to support a total of 15 projects, of which 4 were in the area of general continuing education, 5 for training existing health personnel in new skills, 3 for a combination of patient and training services, 1 for coordination for health services, 2 for R&D, and a number of core activities.

MISSOURI

SMITHVILLE COMMUNITY HEALTH SERVICE PROGRAM

A rehabilitation center has been constructed in a rural Missouri community as the result of a program of expanded medical services to the area supported by the Missouri Regional Medical Program. Intensive care services, rehabilitation services and a home health agency were set up in Smithville, which was without these services prior to the three-year MoRMP project. After these services were made available, the increased ability to provide patient care made it feasible for the community to raise \$500,000 which was matched by Hill-Burton funds to construct the Spelman Rehabilitation Center.

At the end of the three year period, MoRMP was able to withdraw almost all of its funds from the actual operation of the services as they became self-supporting. It has now been a year since any MoRMP funds have been expended in Smithville and these services continue to be self-supporting and of service to the ultimate consumer, the patient.

Status: Operational as of 4/67 - 4/70
1st year -- \$200,957
2nd year -- \$141,473
3rd year -- \$48,745

The Missouri RMP covers the State of Missouri, exclusive of Metropolitan St. Louis, and has been operational since April 1, 1967. Its commitment level for FY 1970 was \$3,074,230 and for FY 1971 was \$1,947,417. These funds were used in FY 1971 to support a total of 29 projects, of which 1 was in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for training new health personnel, 7 for patient services demonstrations, 6 for a combination of patient services and training, 11 for coordination for health services, 2 for R&D, and a number of core activities.

CALIFORNIA

COMMUNITY MEDICINE

In an effort to raise the quality of medicine in the Watts-Willowbrook section of Los Angeles the California Regional Medical Program is funding a Department of Community Medicine in the new hospital there. As part of the Charles R. Drew Postgraduate Medical School in the Martin Luther King Jr. General Hospital, the department will develop a system of medical care to serve the community's 400,000 medically indigent blacks and Mexican-Americans.

Scheduled to open this winter, the hospital will be the first in Los Angeles County to make an effort to place private practitioners on the staff. Local general practitioners have been encouraged to enroll in an intensive course in family practice at the Drew Medical School which will make them eligible to pass the Family Practice Board. CRMP and the University of Southern California are co-sponsoring the course.

The Department of Community Medicine will have a privately funded health careers program to provide financial assistance to local residents interested in health careers. Also included in the department will be a MEDEX program to train military ex-corpsmen, a school of allied health professions, a community mental health center, and a clinical research facility.

Status: Operational as of 7/68
1st year - \$211,375
2nd year - \$498,314
3rd year - \$441,338

The California RMP covers the entire State of California and two counties in Nevada, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$8,012,055 and for FY 1971 was \$6,220,094. These funds were used in FY 1971 to support a total of 24 projects, of which 3 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 6 for patient services demonstrations, 8 for a combination of patient services and training, 1 for coordination for health services, 1 for R&D, and a number of core activities.

MULTIREGIONAL

MILITARY ASSISTANCE TO SAFETY AND TRAFFIC

The use of military helicopters and corpsmen to provide assistance to civilian victims of traffic accidents and other medical emergencies is being tested with the cooperation of the Colorado-Wyoming, Mountain States, Texas and Washington-Alaska Regional Medical Programs. The RMPs brought together community providers of emergency medical services for the purpose of organizing and implementing the Military Assistance to Safety and Traffic (MAST) program in their Regions.

The program uses existing personnel and equipment from military units in the area to transport patients from the scene of the emergency to the appropriate medical facility or to carry medical specialists and equipment to the emergency scene. Interhospital transfer of critical patients is also handled by MAST.

The feasibility of the program is currently being tested in areas of Texas, Colorado, Washington, Arizona and Idaho. The project is sponsored by eight government agencies and is administered by a project team from the Departments of Defense, Transportation, and Health, Education, and Welfare.

Status: Professional staff activity

TRI-STATE

HOME CARE PROGRAMS

Five community hospitals on the north shore of Massachusetts have begun home care programs through the efforts of the TSRMP and the Massachusetts Hospital Association. Such programs will provide continuity of care for hospitalized patients after discharge, as well as reduce the length of stay in the hospital. To date, one hospital has achieved a fully coordinated home care program with excellent multi-disciplinary input. Three hospitals are planning to hire full-time nurse coordinators and have opened a much improved information interchange with the local Visiting Nurse Association. One hospital moved the V.N.A. right into the hospital building and also appointed a full-time qualified nurse as coordinator.

Status: Professional staff activity
\$2,500 contract

The Tri-State RMP covers the entire States of Massachusetts, Rhode Island, and New Hampshire, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$1,467,436 and for FY 1971 was \$1,814,132. These funds were used in FY 1971 to support a total of 5 projects, of which 1 was for training existing health personnel in new skills, 2 for patient services demonstrations, 2 for a combination of patient services and training, and a number of core activities.

MISSOURI

SPRINGFIELD COMPREHENSIVE CARDIOVASCULAR CARE PROJECT

An improved survival rate following cardiac arrest, the building of an addition to a hospital, and the stimulation of similar programs throughout Missouri are three results of a cardiovascular project in Springfield.

Springfield's program of comprehensive admission-to-discharge care for all high-risk cardiovascular patients located in a single progressive care division has achieved a 30 percent survival rate following cardiac arrest and is credited with saving at least 100 lives over the last four years. A cardiovascular care nurse training program, which accepts applicants from all over the State, was started as part of this project.

The project had been deadlocked due to lack of funds until 1967, when the Missouri Regional Medical Program funded it. The community was then able to build, with private funds, a \$10 million addition to St. John's Hospital which is to be completed by the end of this year.

Another largely unexpected result is that similar cardiovascular programs have been started in smaller community hospitals in the Ozarks. At least 18 of 35 hospitals in this rural area now have improved care facilities under construction or in the planning stages.

Status: Operational as of 4/67 - 6/70
1st year -- \$69,347
2nd year -- \$153,978
3rd year -- \$373,905

The Missouri RMP covers the State of Missouri, exclusive of Metropolitan St. Louis, and has been operational since April 1, 1967. Its commitment level for FY 1970 was \$3,074,230 and for FY 1971 was \$1,947,417. These funds were used in FY 1971 to support a total of 29 projects, of which 1 was in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for training new health personnel, 7 for patient services demonstrations, 6 for a combination of patient services and training, 11 for coordination for health services, 2 for R&D, and a number of core activities.

ILLINOIS

MID-SOUTHSIDE PLANNING ORGANIZATION

The most economically depressed section of Chicago will have a unified health care program to serve its 350,000 indigent persons. Local citizens formed the Mid-Southside Health Planning Organization and completed a comprehensive plan for delivery of health care. The plans turn the fragmented available services into a comprehensive program. Included in the program are the area's seven hospitals.

The organization was funded by the Illinois Regional Medical Program.

Status: Professional staff activity
1st year \$18,432

The Illinois RMP covers the State of Illinois, with the exception of that part included in the Bi-State RMP, and has been operational since February 1, 1970. Its commitment level for FY 1970 was \$1,585,643, and for FY 1971 was \$1,524,286. These funds were used in FY 1971 to support a total of 7 projects, of which 4 were for patient services demonstrations, 2 for coordination for health services, 1 for R&D, and a number of core activities.

COLORADO/WYOMING

REGIONAL STREPTOCOCCAL LABORATORY

A new laboratory in the San Luis Valley will cut by at least one-third the amount of time needed to diagnosis streptococcal infections. This valley in Southern Colorado has the highest strep rate in the nation, a rate four times higher than the rest of the State. The population is 80 percent low-income Spanish-American. In addition, there is a summer migrant farm worker population.

Before the lab was set up, specimens from San Luis were mailed for diagnoses to Denver, a distance of more than 200 miles. The lapse of time occuring in the mail-in program often kept health personnel from treating patients soon enough to prevent serious complications such as rheumatic heart disease.

The Colorado/Wyoming Regional Medical Program brought together nearly a half dozen groups to establish and fund the lab facility.

Status: Professional staff activity
\$3,118

The Colorado-Wyoming Regional Medical Program covers the States of Colorado and Wyoming, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,176,282 and for FY 1971 was \$963,224. These funds were used in FY 1971 to support a total of 13 projects, of which 1 was in the area of general continuing education, 6 in the area of training existing health personnel in new skills, 1 in training new health personnel, 3 in patient services demonstrations, 1 in coordination for health services, 1 for R&D, and a number of core activities.

WASHINGTON/ALASKA

WILLAPA HARBOR HEALTH SERVICES

Closing of the hospital in the isolated community of South Bend, Washington, and the drastic reduction in health care in the area that would have resulted have been averted through the efforts of the Washington/Alaska Regional Medical Program. Early in 1970, the Administrator of Willapa Harbor Hospital contacted W/ARMP concerning an extreme shortage of physician manpower in the area which threatened to force the closing of his hospital. For nearly ten years the community had been attempting unsuccessfully to recruit new physicians. W/ARMP staff responded, spending many days over a period of months with local citizens and health providers. W/ARMP was instrumental in organizing community interest and resources and in introducing outside resources, such as the University of Washington Division of Community Development, the CHP "B" agency, the County Health Department, and interested physicians from the nearest large cities. As a result of W/ARMP activities, the first new physicians in years have now located in the community, the County Health Department is providing additional services beyond those formerly offered, and several local health services previously not available have been arranged. The local hospital will not only survive but will be able to improve its service. In addition, contacts initiated and encouraged by W/ARMP have resulted in the development of a new and promising relationship between the Virginia Mason Medical Center in Seattle and the Willapa Harbor Hospital. Regular visits of hospital personnel are occurring in both directions to improve the quality of care through consultation services and continuing education.

Status: Professional staff activity

The Washington/Alaska RMP covers the entire States of Washington and Alaska and has been operational since February 1, 1968. Their commitment level was \$1,606,157 for FY 1970 and \$1,447,885 for FY 1971. These funds were used in 1971 to support a total of 22 projects, of which 7 were for general continuing education, 3 for training existing health personnel in new skills, 2 for patient services demonstration, 1 for a combination of training and patient services, 3 for coordination for health services, 6 for R&D, and a number of core activities.

TEXAS

REGIONAL REHABILITATION PROGRAM

Victims of heart disease, cancer and stroke are living useful and independent lives as a result of the establishment of the Wharton Rehabilitation Center. The Center was set up with the support of the Texas RMP to serve patients from the Caney Valley Memorial Hospital, Gulf Coast Medical Center and other communities of the surrounding seven counties where rehabilitative services were previously unavailable. Expertise in methodology and procedures to implement the rehabilitation program was provided by the Baylor College of Medicine at Houston. In addition to providing direct patient services, the program is coping with problems such as manpower needs for treatment and services, continuing education for physicians and allied health professions, and increased community involvement. The program's acceptance by the community has been assured by the degree of participation by physicians, hospitals, social and fraternal groups and community agencies. A criteria of the program's success can also be measured by the recent proposal of community hospitals to assume, within a short period of time, the entire financial assumption of the Wharton Rehabilitation Program. The program has served as a prototype for the development of other such activities in various parts of the country.

Status: Ongoing as of 7/1/68
1st year - \$100,947
2nd year - \$127,063
3rd year - \$72,068

The Texas RMP covers the entire State of Texas, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$2,220,891, and for FY 1971 was \$1,158,696. These funds were used in FY 1971 to support a total of 20 projects, of which 4 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 5 for patient services demonstrations, 2 for a combination of patient services and training, 3 for coordination for health services, 1 for R&D, and a number of core activities.

SOUTH CAROLINA

REDUCTION IN DEATH RATE OF STROKE PATIENTS

The use of special stroke facilities and a team approach is credited with a drop of almost a third in the death rate of stroke patients at the Columbia Hospital in central South Carolina.

Before the institution of the stroke project, sponsored by the South Carolina Regional Medical Program, the death rate among patients hospitalized for stroke was 52 percent. After the opening of a special stroke unit in the hospital, the rate dropped to 19 percent.

There is an extremely high incidence of acute cerebralvascular disease (stroke) in the central region of South Carolina. The stroke project makes the first comprehensive attempt in the State to improve diagnosis, management and rehabilitation of stroke patients.

The stroke team includes nurses, a speech therapist, a discharge planner, and a public health nurse. The team approach has been found to speed diagnosis and management of patients and permits early rehabilitation. Intensive rehabilitation is started almost immediately after the patient is admitted, and has shortened the average hospital stay from 21 days to 16 days. This has reduced hospital costs nearly 25 percent.

Status: Operational as of 8/68
1st year -- \$108,652
2nd year -- \$ 69,247
3rd year -- \$ 62,906

The South Carolina RMP covers the entire State of South Carolina, and has been operational since August 1, 1968. Its commitment level for FY 1970 was \$988,082 and for FY 1971 was \$958,340. These funds were used in FY 1971 to support a total of 16 projects, of which 2 were in the area of general continuing education, 5 for training existing health personnel in new skills, 7 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

WEST VIRGINIA

EMERGENCY MEDICAL CARE

The use of helicopters to transport victims of coronary attacks and other medical emergencies and for the delivery of medical services is being studied in a project supported by the West Virginia Regional Medical Program. A statewide system is being developed to meet health transportation problems in a mountainous area with a rural, dispersed population, poor highway system, and scarcity of health care resources. Various modes and mixes of modes of transportation will be analyzed as well as emergency facilities and communications networks. The study is being conducted by the West Virginia University College of Engineering in cooperation with the University's School of Medicine.

Status: Operational as of 1/70
1st year - \$22,308
2nd year - \$12,104

The West Virginia RMP covers the entire State of West Virginia, and has been operational since January 1, 1970. Its commitment level for FY 1970 was \$524,048 and for FY 1971 was \$580,978. These funds were used in FY 1971 to support a total of 4 projects, of which 1 was for training existing health personnel in new skills, 1 for patient services demonstrations, 2 for R&D, and a number of core activities.

ARKANSAS

A COMPREHENSIVE PROGRAM FOR KIDNEY DISEASE

The control of renal disease is the aim of a network of regional medical centers in Arkansas supported by the Arkansas Regional Medical Program. The centers will be linked to the University of Arkansas Medical Center in the central part of the State where treatment of kidney disease patients will be provided through programs of transplantation, dialysis and training for home dialysis. The system of satellite centers will provide not only backup dialysis for patients and training in home dialysis, but also will serve as procurement centers for transplantation at the Medical Center and as education centers for both the physicians and the lay public concerning kidney disease.

Status: Operational as of 5/71
1st year -- \$201,800

The Arkansas RMP covers the entire State of Arkansas, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$887,506 and for FY 1971 was \$1,209,251. These funds were used in 1971 to support a total of 15 projects, of which 4 were in the area of general continuing education, 5 for training existing health personnel in new skills, 3 for a combination of patient and training services, 1 for coordination for health services, 2 for R&D, and a number of core activities.

NORTH CAROLINA

REGIONALIZATION OF SERVICES

A regional laboratory has been established in one part of North Carolina with the aid of the North Carolina Regional Medical Program. Although no RMP funds were put into the effort, NCRMP staff collaborated with a group of practitioners and hospital administrators to establish a single laboratory that is presently serving three hospitals in North Carolina and two hospitals in South Carolina. The result has been improved pathology services with obvious savings in capital outlay.

Status: Professional staff activity

The North Carolina RMP covers the entire State of North Carolina, and has been operational since March 1, 1968. Its commitment level for FY 1970 was \$2,047,486 and for FY 1971 was \$1,844,692. These funds were used in FY 1971 for a total of 21 projects, of which 10 were in the area of general continuing education, for for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 5 for a combination of patient services and training, and a number of core activities.

KANSAS

HOME HEALTH CARE

Patients who need health care but do not require hospitalization are being aided by a Home Health Care Agency formed in Barton County, Kansas, with the assistance of the Kansas RMP. The Agency, upon request of a physician in the county, will supply social services, nursing, physical therapy, occupational therapy and other assistance.

Status: Professional staff activity

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

NORTH CAROLINA

COMPREHENSIVE HEALTH SERVICE DELIVERY PROGRAM

A comprehensive health care system, incorporating the health maintenance organization concept, is being developed in a 7-county Appalachian area in the extreme western part of North Carolina known as the State of Franklin, with the aid of the North Carolina Regional Medical Program. The system will include nurse practitioner clinics, group practice in providing primary care services, back-up hospital services, and a pre-payment plan.

NCRMP also has been assisting in the funding of one of the satellite clinics in this system. The clinic in Canada Township is one of several located in mountain "coves" where little other medical service is available.

With the assistance of the NCRMP, the State of Franklin Health Authority applied for and received a HMO planning grant of \$40,000 from the Health Services and Mental Health Administration.

Status: Professional staff activity

The North Carolina RMP covers the entire State of North Carolina, and has been operational since March 1, 1968. Its commitment level for FY 1970 was \$2,047,486 and for FY 1971 was \$1,844,692. These funds were used in FY 1971 to support a total of 21 projects, of which 10 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 5 for a combination of patient services and training, and a number of core activities.

WISCONSIN

EXPERIMENTAL HEALTH MAINTENANCE ORGANIZATION

A prepaid health care insurance program for the black community of Milwaukee's inner city has been developed with the assistance of the Wisconsin Regional Medical Program. The Cream City Community Health Center has been established by nine black physicians who organized into a group practice to provide medical services for the health center clientele. Technical and financial assistance were provided by the Wisconsin RMP for early planning of the Center. Grants funds were obtained from the Office of Economic Opportunity, with Wisconsin RMP assistance, to help support the first year of operation. The Center is working with Medicaid, Blue Cross-Blue Shield and the Milwaukee County Medical Society to develop a completely self-supporting experimental health maintenance organization.

Status: Professional staff activity

The Wisconsin RMP covers the entire State of Wisconsin and has been operational since September 1, 1969. Their commitment level was \$1,098,429 for FY 1970 and \$951,781 for FY 1971. These funds were used in 1971 to support a total of 13 projects, of which 4 were in the area of general continuing education, 2 for training existing health personnel in new skills, 3 for patient services demonstration, 1 for a combination of training and patient services, 1 for coordination for health services, 2 for R&D, and a number of core activities.

MEMPHIS

MODEL HEALTH SERVICE SYSTEM

A model health service system is being set up in a rural ten-county area surrounding Corinth, Mississippi. The area has a low income population. The new system will be set up as a health maintenance organization modeled on the Kaiser Plan. The non-profit corporation will be using third party payors, computer record-keeping, and preliminary screening by paramedical personnel.

The Memphis Regional Medical Program has been coordinating this program in cooperation with the Department of Housing and Urban Development and the Appalachian Regional Commission.

Status: Professional staff activity

The Memphis Regional Medical Program covers parts of Western Tennessee, Northern Mississippi, Eastern Arkansas and portions of Kentucky and Missouri and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$1,284,714 and for FY 1971 was \$955,722. These funds were used in FY 1971 to support a total of 13 projects, of which 1 was in the area of training existing health personnel in new skills, 2 in patient services demonstrations, 7 in a combination of patient services and training, 2 in coordination for health services, 1 for R&D, and a number of core activities.

NORTH CAROLINA

DURHAM NEIGHBORHOOD HEALTH CENTER

The black community of Durham has organized a neighborhood health center based at Lincoln Hospital. The Lincoln Neighborhood Health Center will incorporate health maintenance organization concepts such as group practice and pre-payment.

The North Carolina Regional Medical Program helped the black leaders obtain State funding for the health center as well as non-NCRMP funds for renovation.

Among the community organizations involved in the clinic are the Health Service Research Center of the University of North Carolina, Duke University Hospital, Durham County Health Department, Durham County Mental Health Department, OEO and many others.

Status: Professional staff activity

The North Carolina RMP covers the entire State of North Carolina, and has been operational since March 1, 1968. Its commitment level for FY 1970 was \$2,047,486 and for FY 1971 was \$1,844,692. These funds were used in FY 1971 to support a total of 21 projects, of which 10 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 5 for a combination of patient services and training, and a number of core activities.

AUTOMATED PHYSICIAN'S ASSISTANT

In the rural town of Salem, Missouri, population 4000, the patients of general practitioner Dr. Billy Jack Bass are being treated in one of the most highly automated doctor's offices in the nation. Here the "products" of three year's development of eight Missouri Regional Medical Program's projects are combined in a physician's office to demonstrate how these technological advances can provide better, more complete care of the patient and more efficient use of the physician's time.

This system, by means of computer terminals and special telephone lines, links the automated physical examination equipment and the personnel in Dr. Bass's clinic to a computer at the University of Missouri College of Engineering in Columbia and to the Medical School's specialists. In brief, selected parameters such as EKG, spirometry, eye and hearing examination, blood pressure, patient history, and laboratory and x-ray data, are automated and combined in a single computer print-out with the physician's physical findings. The system is such that all of the elements (except the laboratory and x-ray findings) are available to the physician when he sees the patient for the first time and the entire record may be called up at any later date. This insures a standardized, more complete work-up for the use of the physician and begins to attack the problem of providing a standardized patient record permanently stored in a central location.

The development of this project has, at one time or another, involved almost every school at the University of Missouri, several telephone companies, many practicing physicians, about 20 community hospitals and is, to the best of our knowledge, the only system under development today specifically designed to meet the needs of the individual practitioner as an Automated Physician's Assistant.

Status: Cooperative effort of 8 MoRMP projects.
Funding as Project #72 -- 7/1/71 - 6/30/72 -- \$153,537

The Missouri RMP covers the State of Missouri, exclusive of Metropolitan St. Louis, and has been operational since April 1, 1967. Its commitment level for FY 1970 was \$3,074,230 and for FY 1971 was \$1,947,417. These funds were used in FY 1971 to support a total of 29 projects, of which 1 was in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for training new health personnel, 7 for patient services demonstrations, 6 for a combination of patient services and training, 11 for coordination for health services, 2 for R&D, and a number of core activities.

KANSAS

COMPUTERIZED MANAGEMENT OF THE OUTPATIENT DIABETIC

In a feasibility study of computerized management of the outpatient diabetic, change in insulin recommended by the computer agreed with those of the physician 98 percent of the time. In no instance did the computer make hazardous recommendations.

The project was funded by the Kansas Regional Medical Program and carried out at the Kansas University Medical Center with the use of allied medical personnel. Based on information obtained at patient visits and examples of physicians' prescriptions under similar circumstances, the computer recommended diet, insulin dosage, and dosage for orally administered drugs. It also specified when laboratory examinations and further consultation was necessary.

The project demonstrated that use of a computer in routine care of the outpatient diabetic would cut down on the physician's work load without sacrificing accuracy.

Status: Professional staff activity

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

OKLAHOMA

MONITORED CORONARY CARE BEDS

Heart patients in 42 small rural hospitals are monitored by health personnel in nine major hospitals in a project sponsored by the Oklahoma Regional Medical Program. Preliminary data from one participating hospital based on 73 remotely-monitored patients with confirmed acute myocardial infarction showed a 12.5% reduction in the mortality rate from 22.1 to 9.6 percent.

Telephone lines are used both to monitor the beds and for nurse conversations during emergencies. Each phone line can monitor six beds. The line is split, with the first part being used for monitoring equipment and the second part for emergency communications. The maximum number of beds that one technician is allowed to handle is 12.

Participating in the project are the Veterans Administration, Indian Health Service, State and private hospitals in Oklahoma, Kansas and Arkansas.

Status: Operational as 5/68
1st year - \$420,000
2nd year - \$414,500
3rd year - \$354,000

The Oklahoma RMP covers the entire State of Oklahoma and has been operational since May 1, 1969. Its commitment level for FY 1970 was \$1,050,145 and for FY 1971 was \$738,500. These funds were used in FY 1971 to support a total number of 8 projects, of which 3 were in the area of general continuing education, 1 for training existing health personnel in new skills, 4 for a combination of training and patient services, and a number of core activities.

COLORADO/WYOMING

ELECTROCARDIOGRAM DATAPHONE

A patient in rural Colorado or Wyoming suffering from chest pains no longer has to travel a few hundred miles to a city hospital for an electrocardiogram. If the doctor is participating in a phone network linking the ECG equipment to a city hospital, he can take the patient's ECG in his office, and by means of special attachments to the phone receiver, transmit the ECG pattern to the hospital. A machine in the hospital writes the ECG, and a specialist reads it. The doctor is told the results over the phone.

This network was established using Colorado/Wyoming Regional Medical Program seed money. The cost of the unit to the physician is \$95. Units in rural physicians offices are linked to any one of several hospitals in Casper, Wyoming; Denver, Colorado Springs, Grand Junction, and Greeley, Colorado.

Status: Professional staff activity
\$9,494

The Colorado-Wyoming Regional Medical Program covers the States of Colorado and Wyoming, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,176,282 and for FY 1971 was \$963,224. These funds were used in FY 1971 to support a total of 13 projects, of which 1 was in the area of general continuing education, 6 in the area of training existing health personnel in new skills, 1 in training new health personnel, 3 in patient services demonstrations, 1 in coordination for health services, 1 for R&D, and a number of core activities.

WASHINGTON/ALASKA

COMPUTER FEASIBILITY PROJECT

Finding out when to use computers for medical purposes, and when NOT to use them is the goal of the Medical Computer Services Project supported by the Washington/Alaska Regional Medical Program. For example, one part of this project involves determining which is the most effective way of gathering a patient's history, by feeding information to a computer, by giving the patient a form to fill out, or by letting the doctor interview the patient and take notes in the traditional way. Another phase of the project is determining the efficiency of computers in interpreting electrocardiograms.

Through the project, a Regional Conference on Medical Computer Services was held in the fall of 1970. It was the first such meeting in the region, and one of the largest in the country. The conference had 278 participants and 22 exhibitors.

The MCS project is sponsored by Washington/Alaska Regional Medical Program and the Washington State Medical Education and Research Foundation.

Status: Operational as of 2/70
1st year - \$35,000
2nd year - Core activity

The Washington/Alaska Regional Medical Program covers the States of Washington and Alaska and has been operational since February 1, 1968. Their commitment level for FY 1970 was \$1,606,157 and for FY 1971 was \$1,447,885. These funds were used in 1971 to support a total of 22 projects, 7 of which were for general continuing education, 3 for training existing health personnel in new skills, 2 for patient services demonstrations, 1 for a combination of patient and training services, 3 for coordination for health services, 6 for R&D, and a number of core activities.

NORTH CAROLINA

AIR TRANSPORTATION SYSTEM

A State-wide medical air transportation system weekly flies a group of specialists to Tarboro, Wilmington and other outlying areas to participate in clinics providing medical care not otherwise available to the thousands of rural residents in these areas. The air transportation system has also flown kidneys and other organs for transplant from medical centers all along the Eastern Seaboard to university centers in the State.

The small craft are also used in an education exchange of physicians. University of North Carolina medical school doctors are flown to the New Hanover Hospital in Wilmington one morning a week. On the return trip practicing physicians from the Wilmington area travel to the university for continuing education courses. The rural physicians make a return flight home in the evening.

Three planes make up the system which has logged more than one million passenger miles in its first three years of operation. The air transportation system is part of the North Carolina Regional Medical Program's funded project in Education and Research in Community and Medical Care.

Status: Operational as of 6/68
Component of "Education and Research in
Community and Medical Care"
1st year -- \$209,200
2nd year -- \$201,119
3rd year -- \$240,993
4th year -- \$ 74,000

The North Carolina RMP covers the entire State of North Carolina, and has been operational since March 1, 1968. Its commitment level for FY 1970 was \$2,047,486 and for FY 1971 was \$1,844,692. These funds were used in FY 1971 to support a total of 21 projects, of which 10 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 5 for a combination of patient services and training, and a number of core activities.

TENNESSEE/MID-SOUTH

HEALTH CARE CONSORTIA

Three to six teams of students of medicine, nursing, dentistry, and social work are joining already existing teams of professionals in working in urban and rural poverty areas this summer. It is the hope of Tennessee Mid-South Regional Medical Program that students working in these teams will be recruited to the region. The project is part of TRMP's health care consortia program.

Two other consortia pilot projects will be helping a number of rural Appalachian communities develop a cooperative health care system, and encouraging local non-professionals to participate in a local rural health care program.

A consortium approach--which may or may not be also a group practice--has been adopted by the Region to help alleviate the shortage of health manpower. It is expected that each locality will adopt a type of comprehensive health care plan which best suits its needs. However, the team approach, use of allied health personnel, and automated data management will be included in each plan.

The project's goal is to compensate for the low patient/physician ratio in the Region which is 118 per 100,000. The national average is 141 per 100,000.

Status: Professional staff activity

The Tennessee Mid-South RMP covers the State of Tennessee and parts of Southwestern Kentucky, and has been operational since February 1, 1968. Its commitment level for FY 1970 was \$2,128,110 and for FY 1971 was \$1,747,352. These funds were used in 1971 for a total of 26 projects, of which 4 were in the area of general continuing education, 7 for training existing health personnel in new skills, 3 for training new health personnel, 7 for patient services demonstration, 3 for a combination of patient services and training, 2 for R&D, and a number of core activities.

GEORGIA

EMERGENCY CARE

A rural area of South Georgia and Northern Florida which has a staggering number of serious auto accidents will have round-the-clock emergency service for the first time under a Georgia Regional Medical Program Project.

In a typical year, December 1, 1968, to December 31, 1969, there were 1,618 motor vehicle accidents on the section of Highway I-75 which passes through this Florida resort area. At that time, all hospitals in the area were relying on practicing physicians to be called on a rotating basis for emergencies. Virtually the only ambulances available were those from local funeral homes, which, in most cases, did not meet medical standards. The population of 200,000 in a land area of 3,800 square miles is served by 96 physicians and ten hospitals with a capacity of 838 beds.

The project will staff and equip round-the-clock emergency rooms in two of the larger hospitals -- Pineview General at Valdosta and Vereen Memorial at Moultrie -- and provide emergency ambulances with intensive care capabilities. In addition, Moody Air Force Base has agreed to provide helicopter ambulance service in dire emergencies.

The project has been coordinated with the Committee on Emergency Medical Services of the Medical Association of Georgia, the Highway Safety Bureau and Divisions of the State Departments of Public Health and Education.

Status: Professional staff activity

The Georgia RMP covers the State of Georgia and has been operational since July 1, 1968. Their commitment level was \$1,922,571 for FY 1970 and \$1,779,862 for FY 1971. These funds were used in 1971 to support 23 projects of which 6 were in the area of general continuing education, 6 for training existing health personnel in new skills, 2 for training new health personnel, 3 for patient services demonstration, 1 for a combination of training and patient services, 5 for coordination of health services, and a number of core activities.

WISCONSIN

RURAL HEALTH SERVICES

Better health services for people in rural areas have resulted from linkages between the Marshfield Clinic, a 400-bed multiservice group practice and research facility, and smaller group and solo practices in the sparsely settled North Central and Northwestern regions of Wisconsin. In addition, collaborating arrangements between rural hospitals and the Marshfield Clinic are now in operation in a number of rural communities in the area. Through these arrangements, cardiologists, internists and other specialty physicians provide consultation and clinical follow-up services for outlying physicians and health facilities on a scheduled basis. Plans are now underway to establish satellite health stations to be manned by specially prepared nurses to work in conjunction with a small group of physicians who practice in Shell Lake where there is a small hospital. The Wisconsin RMP was instrumental in organizing and developing these linkages.

Status: Professional staff activity

The Wisconsin RMP covers the entire State of Wisconsin and has been operational since September 1, 1969. Their commitment level was \$1,098,429 for FY 1970 and \$951,781 for FY 1971. These funds were used in 1971 to support a total of 13 projects, of which 4 were in the area of general continuing education, 2 for training existing health personnel in new skills, 3 for patient services demonstration, 1 for a combination of training and patient services, 1 for coordination for health services, 2 for R&D, and a number of core activities.

MAINE

RURAL HEALTH CARE DELIVERY SYSTEM

A better rural health care delivery system is being developed for the 25,000 residents of West Central Maine. The Maine RMP has aided the area planners by consultative services and limited financial support, resulting in an OEO operational project grant for the program. The area's plan is to approach the solution of medical care delivery by a group practice method, comprehensive prepayment insurance and use of allied health personnel, as well as advanced technologies including two-way television and radio communication.

Status: Professional staff activity

The Maine RMP covers the entire State of Maine, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$956,904, and for FY 1971 was \$814,422. These funds were used in FY 1971 to support a total of 6 projects, of which 3 were in the area of general continuing education, 2 for training existing health personnel in new skills, 1 for coordination for health services, and a number of core activities.

GEORGIA

SHARED ALLIED HEALTH SERVICES

Physical therapists are working in parts of rural Georgia where no home-care physical therapy was previously available. The therapists are part of a Georgia Regional Medical Program project involving the pooling of medical personnel to provide services to remote areas of the State.

In a demonstration project, the physical therapist assigned to the north-east area of the State becomes self-supporting in less than three months. The population of 90,000 is served by six community hospitals, one nursing home, and one extended care facility, with 250 total beds. Only one hospital was providing in-hospital rehabilitation services.

In the Southeast area, the workload for the original single therapist became so great that a second therapist was added. The first therapist was self-supporting within six months. The population of 100,000 is served by seven community hospitals, two nursing homes and one extended care facility, with 600 total beds. There were only minimal in-hospital rehabilitation services.

Initially GRMP paid the salaries of the physical therapists who are responsible for providing services to medical facilities, as well as developing home care programs. Similar projects are planned with other types of allied health personnel.

Status: Operational as of 5/69
1st year - \$23,434
2nd year - \$14,075

The Georgia RMP covers the State of Georgia and has been operational since July 1, 1968. Their commitment level was \$1,922,571 for FY 1970 and \$1,779,862 for FY 1971. These funds were used in 1971 to support 23 projects of which 6 were in the area of general continuing education, 6 for training existing health personnel in new skills, 2 for training new health personnel, 3 for patient services demonstration, 1 for a combination of training and patient services, 5 for coordination of health services, and a number of core activities.

ALABAMA

MODEL CITIES NUTRITION PROGRAM

A Model Cities Health and Nutrition Program has been developed by the Alabama RMP to meet the nutritional needs of the chronically ill, dependent pre-school children, and pregnant adolescents in the Tuskegee-Macon County Area. Twenty nutritional assistants, after completing a six months training course at the Tuskegee Institute, will work with the rural poor to implement the program objectives. These individuals will be trained to observe family nutrition practices, instruct and counsel in sound nutrition practices, assist in preparing teaching materials and make follow-up home visits to assist with menu planning, food buying and cooking skills. They will also assist with dietary surveys and work with community groups. Other components of the program are directed toward establishing a program of continuing education in nutrition for physicians and allied health personnel, and evaluation of nutritional status of individuals served by the program. The program is being funded jointly by the Model Cities Program and the Alabama RMP, in cooperation with Auburn University, Tuskegee Institute, Tuskegee Veterans Administration Hospital, Comprehensive Health Planning (a) and (b) Agencies, and the Public Health Department.

Status: Ongoing as of 1/1/71
1st year(three months) - \$26,000
2nd year - \$104,000

The Alabama Regional Medical Program covers the entire State of Alabama and has been operational since April 1, 1969. Their commitment level for FY 1970 was \$980,709 and for FY 1971 was \$766,278. These funds were used in 1971 to support a total of 5 projects, 3 of which were for training existing health personnel in new skills and 2 for training new health personnel, and a number of core activities.

TRI-STATE

URBAN HEALTH CARE

The Fields Corner Neighborhood Health Center is providing primary care for the urban ghetto population of the Dorchester neighborhood of Boston, with support from the Tri-State RMP, the Permanent Charities of Boston, the Boston Department of Health and Hospitals, and others. The center is run by an incorporated community group called "The Determined People of Dorchester" and provides care for the approximately 17,000 residents of the area.

Status: Professional staff activity
\$15,000 contract

The Tri-State RMP covers the entire States of Massachusetts, Rhode Island, and New Hampshire, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$1,467,436 and for FY 1971 was \$1,814,132. These funds were used in FY 1971 to support a total of 5 projects, of which 1 was for training existing health personnel in new skills, 2 for patient services demonstrations, 2 for a combination of patient services and training, and a number of core activities.

INTERMOUNTAIN

SALT LAKE CITY NEIGHBORHOOD HEALTH CENTER

A Neighborhood Health Center, which incorporates a multiphasic health screening facility, is becoming a reality for the population of one of Salt Lake City's largest poverty pockets. The Health Center will serve approximately 61,000 residents of a 25 square mile area which is characterized by a lack of medical facilities, private physicians, and inadequate public transportation routes which would enable citizens to reach health care in other areas. The Center is within a Model Cities area and an Office of Economic Opportunity target area. It involves conjoint funding by the Community Health Service, OEO, local resources, and the Intermountain Regional Medical Program. These cooperative efforts were developed primarily through the IRMP staff and its community liaison representative, who will also assist in the Health Center's activities when it becomes operative in July, 1971. A member of the IRMP staff will be the full-time Multiphasic Screening Project Director, and another member will serve part-time as physician director. IRMP funds will provide the equipment and personnel for the screening program and the computerization of all medical records at the Neighborhood Health Center. In addition to providing health care services, the Health Center resources will be expended in training LPNs as screening aides, and other health assistants, who will be selected from the area served by the facility.

Status: Ongoing since 9/70
1st year -- \$203,184
2nd year -- \$358,176

The Intermountain Regional Medical Program covers the State of Utah and portions of Wyoming, Montana, Idaho, Colorado and Nevada and has been operational since April 1, 1967. Their commitment level was \$2,582,727 for FY 1970 and \$2,152,682 for FY 1971. These funds were used in 1971 to support a total of 14 projects, 2 of which were for general continuing education, 5 for training existing health personnel in new skills, 2 for patient services demonstration, 3 for a combination of training and patient services, 2 for R&D, and a number of core activities.

TRI-STATE

COORDINATION OF SERVICES

The city of Providence has nine neighborhood health centers that have been operative since 1968. Though the centers had well-qualified physicians, none had a continuing relationship with a hospital. The Tri-State RMP became involved in the development of linkage between the centers and the community hospitals. Contracts were awarded to two of the five hospitals in Providence to tie them to the centers in their respective sections of the city. In addition, a corporation was formed to combine the centers. TRMP provided the assistance of a physician with experience in medical economics to develop a permanent method of financing care of the centers' patients. Third party payments are being organized with welfare eligible patients on a capitation basis. All parties have agreed to a new approach and details are currently being worked out. These will be the first such centers in New England to be financed on this basis.

Status: Professional staff activity
Two contracts -- \$47,000 and \$20,000

The Tri-State RMP covers the entire States of Massachusetts, Rhode Island, and New Hampshire, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$1,467,436 and for FY 1971 was \$1,814,132. These funds were used in FY 1971 to support a total of 5 projects, of which 1 was for training existing health personnel in new skills, 2 for patient services demonstrations, 2 for a combination of patient services and training, and a number of core activities.

INDIANA

NETWORK OF COMMUNITY HEALTH CENTERS

A network of three community health centers in the disadvantaged, inner-city areas of Indianapolis is being supported by the Indiana Regional Medical Program and several other agencies. The Metropolitan Health Council founded and operates the centers. The Council is a coalition of private, public and voluntary health interest, professional and consumers, that decided to extend existing frameworks for delivering care. It has developed a system for bringing personalized, comprehensive care to thousands of families for whom, previously, access to care and knowledge about the availability of health care services had always been problems. The Council pulled together physicians, nurses, other allied health personnel and developed a new type of workers, the trained neighborhood health aide. This team works together to get people into the system. Public acceptance of the centers has been excellent, with 15,733 visits in 1969. About 80% of the patients seen return for follow-up care. Data and experience from this project are now being used to develop even broader cooperative arrangements.

Status: Operational 1/70 - 12/70
1 year feasibility study -- \$169,550

The Indiana RMP covers the entire State of Indiana, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,271,411, and for FY 1971 was \$968,842. These funds were used in FY 1971 to support a total of 6 projects, of which 2 were in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

ARKANSAS

COMMUNITY HEALTH CLINICS

Two medical clinics, one requested by the citizens and the other started by local physicians, have been set up in poor, rural areas of the State with the help of the Arkansas Regional Medical Program. In the black community of Wrightsville, 9 miles south of Little Rock, the clinic was requested by the townspeople who erected the clinic building and set up a token pre-payment plan determined by ability to pay. The physician-less town is receiving physician and laboratory support from the local Veterans Administration Hospital. Local people and personnel from the Office of Economic Opportunity work together in performing clerical duties. Local physicians established the clinic at Jacksonville, a community with a 60 percent white, 40 percent black, population. The clinic offers family planning services once a week, and has an immunization program. It also has been developed with the assistance of the ARMP and OEO.

Status: Professional staff activity

The Arkansas RMP covers the entire State of Arkansas and has been operational since February 1, 1969. Their commitment level was \$887,506 for FY 1970 and \$1,209,251 for FY 1971. These funds were used in 1971 to support 15 projects, of which 4 were in the area of general continuing education, 5 for training existing health personnel in new skills, 3 for a combination of training and patient services, 1 for coordination for health services, 2 for R&D, and a number of core activities.

CALIFORNIA

SAN FERNANDO VALLEY OUT-PATIENT CLINICS

Three out-patient clinics will be serving six disadvantaged communities in the northeast San Fernando Valley as a result of a study of the area undertaken by the California Regional Medical Program.

The area is in need of additional health care facilities now due to the destruction of hospitals in the recent earthquake. Particularly needed is a new method of transporting persons to the remaining hospitals. A new local bus transportation system for patients is to be set up as part of the project.

Geared for future development into a health maintenance organization, the clinics will be staffed by community health aides. The program will serve six communities which are contiguous and disadvantaged, but which differ greatly from one another in character. For example, one group is composed of retired, middle-class whites living in trailers, while another is made up of elderly poor persons who are not very mobile. A third contingent is a poor community which is 80 percent black, 20 percent Mexican-American.

Included in the project will be allied health career training programs involving local colleges and schools. Funds from the Office of Economic Opportunity have been requested to supplant CRMP monies. However, if OEO funds are not granted, CRMP will continue its financial support until other sources of funding can be found.

Status: Professional staff activity

The California RMP covers the entire State of California and two counties in Nevada, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$8,012,055 and for FY 1971 was \$6,220,094. These funds were used in FY 1971 to support a total of 24 projects, of which 3 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 6 for patient services demonstrations, 8 for a combination of patient services and training, 1 for coordination for health services, 1 for R&D, and a number of core activities.

ILLINOIS

VALLEY CLINIC

Although it is located adjacent to one of the largest medical centers in the world, Chicago's "Valley" had little available medical care until the opening of a free medical clinic in 1969. The population of 10,000 in this low income area adjoining the West Side Medical Center is 95 percent black.

When the clinic started operating, its services were limited to acute care. Now, however, full clinic services are provided, including gynecological, pre-natal and post-natal care, emergency services, screening and diagnostic care, nutritional counseling, and social services. Dental and X-ray care are provided at a back-up institution. Seriously ill and injured persons are referred to the University Hospital and other nearby facilities.

To date, 3500 patients have been treated. It is expected that this number will increase to 6000 in the next year. Pediatric team care is provided. Other teams are being formed in adult, maternity, and community care.

The IRMP provided initial funding and continues to fund the clinic's innovative aspects. The costs of routine care have been assumed by other agencies.

Status: Professional staff activity
\$71,400 planning study

The Illinois RMP covers the State of Illinois, with the exception of that part included in the Bi-State RMP, and has been operational since February 1, 1970. Its commitment level for FY 1970 was \$1,585,643, and for FY 1971 was \$1,524,286. These funds were used in FY 1971 to support a total of 7 projects, of which 4 were for patient services demonstrations, 2 for coordination for health services, 1 for R&D, and a number of core activities.

NEW JERSEY

HOSPITAL BASED AMBULATORY CARE

Indigent patients will be given private appointments with the same family physician each time they visit the hospital-based clinic being set up at Middlesex General Hospital in New Brunswick. One of the goals of this project is to see if it is more efficient than the traditional neighborhood clinic arrangement where patients wait for the first doctor available, and then are referred to other clinics if they need specialists.

Aiming at a team approach, in addition to general practitioners the Middlesex Hospital clinic will have obstetrician-gynecologists and other specialists. If a patient needs to see a type of specialist not assigned to the clinic, he will be referred to a specific physician on the hospital staff. Similarly, if he needs X-rays, lab work, or pharmacy services, he will be referred to hospital facilities.

The clinic will serve approximately 4,000 persons beginning in September 1971. Middlesex Hospital was chosen as the pilot site for this type of project because it is located in the middle of a low-income area. Funding the project are Medicare, Medicaid, hospital resources, and the New Jersey Regional Medical Program.

Status: 1st year -- \$143,000

The New Jersey RMP covers the entire state of New Jersey and has been operational since April 1, 1969. Their commitment level was \$1,237,781 for FY 1970 and \$1,225,026 for FY 1971. These funds were used in 1971 to support 11 projects, of which 4 were in the area of general continuing education, 2 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of training and patient services, 2 for coordination for health services, 1 for R&D, and a number of core activities.

CALIFORNIA

LIVINGSTON-STANFORD MEDICAL ALLIANCE

As an outgrowth of extra care provided for migrant workers during the summer, a community clinic has been established at Livingston in cooperation with the Stanford University School of Medicine and with the assistance of the California Regional Medical Program. For the last 25 years, this rural community of 3,000 was served by only one physician. The physician's office also served as the clinic for migrant workers. After searching unsuccessfully for years to find a replacement, the doctor finally felt able to leave the community when the clinic took over health care responsibilities.

The clinic, which began operating last summer, is staffed by Stanford medical students and community residents. A heart specialist, pediatrician, and an internist spend two days each at the clinic. In addition, seven medical students and two student nurses work there on a full-time basis. The clinic is open to all Livingston residents 5 days a week and emergencies are handled on a 24-hour-a-day basis.

Community residents initiated a fund-raising campaign to pay for supplies in the day-to-day operation of the clinic. They have formed several committees to work in conjunction with the clinic. These include: an outreach program using community aides to help break down the language barrier and to help citizens find -- and transport them to -- proper medical treatment in the area; a committee on the special problems of the ill and aged such as transportation, proper diet, and regular medical check-ups; and a family planning committee.

Status: Professional staff activity

The California RMP covers the entire State of California and two counties in Nevada, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$8,012,055 and for FY 1971 was \$6,220,094. These funds were used in FY 1971 to support a total of 24 projects, of which 3 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 6 for patient services demonstrations, 8 for a combination of patient services and training, 1 for coordination for health services, 1 for R&D, and a number of core activities.

WASHINGTON/ALASKA

KINATECHITAPI INDIAN HEALTH CLINIC

At their local pow-wows, Kinatechitapi Indians learn of health clinic services available to them. Most of the members of the 20 to 30 small tribes in the Seattle area have recently moved from their reservations to the city. Many are indigent. They do not know where to go for medical help.

Therefore, the Kinatechitapi Indian Health Clinic sends representatives to the tribal meetings to tell the Kinatechitapis about the clinic currently operating in space in the Public Health Service Hospital in Seattle.

The clinic began functioning on shoestring funds from the Office of Economic Opportunity. It is now open three nights a week, serving from 20 to 30 patients a night. The Washington/Alaska Regional Medical Program hopes to expand clinic hours and the number of persons served.

The purpose of the clinic is to assist the urban Indian in learning how to use the existing system of medical and social services, rather than to provide a continuing separate health care facility for a minority group. It is a cooperative effort of the Bureau of Indian Affairs, OEO, the Washington Department of Health and Social Services, and the W/ARMP.

Status: Professional staff activity
1st year -- beginning 1/72 -- \$44,080

The Washington/Alaska Regional Medical Programs covers the States of Washington and Alaska and has been operational since February 1, 1968. Their commitment level for FY 1970 was \$1,606,157 and for FY 1971 was \$1,447,885. These funds were used in 1971 to support a total of 22 projects, 7 of which were for general continuing education, 3 for training existing health personnel in new skills, 2 for patient services demonstrations, 1 for a combination of patient and training services, 3 for coordination for health services, 6 for R&D, and a number of core activities.

SOUTH CAROLINA

HEART CARE FOR INDIGENT PERSONS

Nine heart clinics provide diagnostic and follow-up care for indigent persons in South Carolina. The clinic at Spartanburg, which is funded by the South Carolina Regional Medical Program, is fairly typical. It is responsible for a three-county area with a growing population of approximately 220,000. The clinic provides services--including cardiac catheterization--for indigent persons with congenital heart disease, vascular disease or other complex conditions. It also disseminates information to physicians in Spartanburg, Cherokee and Union counties.

During a recent six-month period, the clinic treated 136 heart patients and recorded an average attendance of 24 physicians and nurses at the monthly clinic conferences.

The clinic is sponsored in cooperation with the State Board of Health and the State Heart Association.

Status: Operational as of 8/68
1st year -- \$24,692
2nd year -- \$24,220
3rd year -- \$22,058

The South Carolina RMP covers the entire State of South Carolina, and has been operational since August 1, 1968. Its commitment level for FY 1970 was \$988,082 and for FY 1971 was \$958,340. These funds were used in FY 1971 to support a total of 16 projects, of which 2 were in the area of general continuing education, 5 for training existing health personnel in new skills, 7 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

KANSAS

PROTOTYPE AREA HEALTH EDUCATION CENTER

Untrained persons were taking X-rays in smaller hospitals in the rural Great Bend area until the Kansas Regional Medical Program instituted a X-ray technology training program. Fourteen medical technicians, nurses and other hospital personnel -- who were serving as X-ray technicians because there were no trained technicians available -- participated in classes held at the Central Kansas Medical Center.

Because the equipment used at the training course was not always like that at the trainees' hospitals, as the second phase of the course the radiologic technician from CKMC visited the smaller hospitals to assist the trainees in their own laboratories. Films of the trainees at work before and after the course are being evaluated by KRMP.

This training program is one of several that are conducted as part of a prototype area health education center that has been developed by the KRMP in the Great Bend area.

Status: "Great Bend Educational Program"

Operational as of 5/69

1st year - \$105,757

2nd year - \$105,757

3rd year - \$105,757

4th year - \$105,757

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

WASHINGTON/ALASKA

WAMI PROGRAM

Two heart attack victims in the remote Alaska community of Sipta are alive today because their physicians participated in a region-wide program of continuing medical education. In this program physicians had learned how to insert central transvenous pacemakers. This knowledge saved the lives of the two stricken patients.

The program in which the doctors participated, along with other physicians, nurses and other health professionals from remote areas, is held through the University of Washington at several centers in the region. The centers include Seattle, Takoma, Anchorage, Yakima, Spokane, and Wenatchee. They provide a place for health personnel in remote areas to meet with their urban colleagues to discuss the newest methods of medical treatment.

The centers are part of WAMI, a region-wide program of medical education designed to provide more physicians for communities in Washington, Alaska, Montana and Idaho (WAMI).

The Washington/Alaska Regional Medical Program has played an important role in the development of the WAMI program. For example, W/ARMP provides support for regular visits of consultant-teachers from the centers to remote areas in Washington and Alaska. As a result of these visits, physicians in the outlying areas regularly communicate with those in the centers, and there is more frequent referral of rural patients to doctors in the cities, when their own physicians lack the resources to provide the best treatment.

Status: Professional staff activity

The Washington/Alaska RMP covers the entire States of Washington and Alaska and has been operational since February 1, 1968. Their commitment level was \$1,606,157 for FY 1970 and \$1,447,885 for FY 1971. These funds were used in 1971 to support a total of 22 projects, of which 7 were for general continuing education, 3 for training existing health personnel in new skills, 2 for patient services, 3 for coordination for health services, 6 for R&D, and a number of core activities.

WESTERN PENNSYLVANIA

IMPROVED DIAGNOSTIC TECHNIQUES

The use of renin assays to determine if a patient's high blood pressure is surgically remediable has resulted in the cure of persons in rural areas who otherwise would still be suffering from hypertension. The expanded use of this new diagnostic technique is one outcome of a continuing education course for physicians held in 17 hospitals in the Cambria-Somerset area of Western Pennsylvania, with the support of the Western Pennsylvania Regional Medical Program.

As another part of this program, physicians from the University Health Center in Pittsburgh visit community hospitals, and with one of the local physicians as their guide, help in the routine care of patients. If necessary, the urban physician offers to take patients to the Health Center laboratory for tests. This expanded consultation and referral system between the community physician and Health Center specialists has resulted in the doubling of the use of more modern diagnostic techniques by local doctors.

Status: Operational as of 7/69
1st year - \$34,000
2nd year - \$39,000
3rd year - \$25,484

The Western Pennsylvania RMP covers the city of Pittsburgh, and 28 surrounding counties and has been operational since July 1, 1969. Their commitment level was \$934,041 for FY 1970 and \$996,338 for FY 1971. These funds were used in 1971 to support a total of 7 projects, of which 2 were in the area of general continuing education, 2 for training existing health personnel in new skills, 2 for patient services demonstration, 1 for coordination for health services, and a number of core activities.

KANSAS

INSTITUTE FOR DIETITIANS

Only thirty registered dietitians serve a much greater number of small hospitals and nursing homes in rural Central and Western Kansas. Two of these dietitians organized a dietary center in Central Kansas Medical Center where they hold courses for the cooks who serve these institutions.

With the help of the Kansas Regional Medical Program, eight classes for 80 cooks from 12 counties have been held. Subjects taught by the two registered dietitians included general principles of dietetics, sanitation and personal hygiene in the prevention of food poisoning, diabetic and fat-controlled diets and the importance of sodium-balanced diets.

Status: Operational as of 2/69
1st year -- \$18,264
2nd year -- \$12,836

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

WESTERN PENNSYLVANIA

TRAINING FOR NURSING HOME PERSONNEL

The standards of patient care in the nursing homes of Western Pennsylvania have been improved through a training project undertaken by that Region's RMP. As of February 1971, 42 homes, one-third of the nursing homes providing skilled care in the Region, have participated in a training project to improve the quality of their nursing and administrative services. An intensive 8-month course, planned and implemented with the support of specialists in hospital management and nursing education from the University Health Center in Pittsburgh, has trained 137 nurses and administrators. Nursing practices in the participating homes have been significantly improved as have the social services provided by the homes. Various administrative procedures have been improved through the development of such practices as prospective budgeting and personnel management. This project is also being studied as a means of providing alternatives to the more expensive hospital inpatient care.

Status: Operational as of 7/69
1st year - \$125,000
2nd year - \$136,000
3rd year - \$22,000

The Western Pennsylvania RMP covers the city of Pittsburgh, and 28 surrounding countries and has been operational since July 1, 1969. Their commitment level was \$934,041 for FY 1970 and \$996,338 for FY 1971. These funds were used in 1971 to support a total of 7 projects, of which 2 were in the area of general continuing education, 2 for training existing health personnel in new skills, 2 for patient services demonstration, 1 for coordination for health services, and a number of core activities.

INDIANA

CONTINUING PULMONARY EDUCATION

Five new lung function laboratories, two new inhalation therapy and rehabilitation centers, and three new respiratory intensive care units have been established as a result of a continuing education project in pulmonary diseases for physicians sponsored by the Indiana Regional Medical Program.

The project consisted of a five-day intensive training course at the Indiana University Medical Center followed by one-day symposia throughout the year at the trainees' parent institutions. During the first year of the project, 12 physicians from nine areas participated. During the second year, the number of trainees rose to 29 from 16 areas.

After completing the course, the trainees trained other physicians in their locality in the care of patients with pulmonary disease. The ten new respiratory facilities were developed at the local level by trainees and the physicians they trained.

Status: Operational 1/70 - 12/71 --\$15,873

The Indiana RMP covers the entire State of Indiana, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,271,411, and for FY 1971 was \$968,842. These funds were used in FY 1971 to support a total of 6 projects, of which 2 were in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

GEORGIA

EDUCATIONAL TV NETWORK

The first educational television network devoted to serving the private physician and other medical personnel has been established by the Georgia Regional Medical Program. When the project began in 1968, six medical institutions were part of the network. Today, the network has grown to 22 hospitals, doctors' offices and clinics.

The Atlanta-based network broadcasts an average of 22 hours a week and has a tape library of more than 500 programs. Although the Georgia Regional Medical Television Network has ceased weekly State-wide broadcasts in favor of a tape lending library, it does produce and broadcast live and videotaped programs over an Atlanta Metropolitan Network. More than 44 percent of Georgia's physicians and nurses, and nearly one-third of all the State's hospital employees are within the GRMIN broadcast range. Further, 87 percent of all physicians, 80 percent of all nurses and 69 percent of all hospital employees in the State have access to either live broadcasts or videotape recordings.

To be responsive to professional needs, GRMIN is sending a list of 50 topics to all medical personnel within the broadcast range for ranking in order of preference. The 25 most preferred topics will be selected for production. When programs are broadcast, a sampling of viewer response will be taken. The project is a cooperative effort of Emory University, the Medical College of Georgia, and GRMP.

Status: Operational as of 5/68
1st year - \$522,491
2nd year - \$355,882
3rd year - \$148,561

The Georgia RMP covers the State of Georgia and has been operational since July 1, 1968. Their commitment level was \$1,922,571 for FY 1970 and \$1,779,862 for FY 1971. These funds were used in 1971 to support 23 projects of which 6 were in the area of general continuing education, 6 for training existing health personnel in new skills, 2 for training new health personnel, 3 for patient services demonstration, 1 for a combination of training and patient services, 5 for coordination of health services, and a number of core activities.

WASHINGTON/ALASKA

NURSING TRAINING IN STROKE:

Stroke patients are getting out of bed sooner, are able to feed and dress themselves earlier, and have fewer complications as a result of a basis continuing education program for nurses in Centralia, Washington, and the adjoining town of Chehalis.

Centralia has a population of 10,000 and is located 90 miles from Seattle. Local citizens and health personnel set up the program of restorative and rehabilitative nursing at Centralia Community College. Nursing homes and hospitals provided the initial funding for the project. The funding was matched by the Washington State Heart Association and supplemented in 1969 by Washington/Alaska Regional Medical Program funds.

Techniques acquired through the program are used by the entire nursing team -- including registered nurses, practical nurses and nurses' aides -- in participating hospitals, nursing homes, and private homes.

Status: Operational as of 7/69
1st year - \$4,700
2nd year - \$13,000

The Washington/Alaska Regional Medical Program covers the States of Washington and Alaska and has been operational since February 1, 1968. Their commitment level for FY 1970 was \$1,606,157 and for FY 1971 was \$1,447,885. These funds were used in 1971 to support a total of 22 projects, 7 of which were for general continuing education, 3 for training existing health personnel in new skills, 2 for patient services demonstrations, 1 for a combination of patient and training services, 3 for coordination for health services, 6 for R&D, and a number of core activities.

SOUTH CAROLINA

CARDIOPULMONARY RESUSCITATION PROJECT

More than a quarter of all employed nurses in South Carolina received training in mouth-to-mouth resuscitation and closed chest massage during the first year of a South Carolina Regional Medical Program and Heart Association project.

The pilot program was held in Dorchester County Hospital. First, physicians and nurses were trained in the methods used to revive victims of heart attack, suffocation, electric shock, and drowning. Then the training was broadened to include inhalation therapists, firemen, policemen and other emergency personnel.

The project has been extended to include 208 free training programs. In a number of counties, all hospitals' staffs have had the training. Twenty-five of the forty-one counties in the State having at least one hospital, have had one or more hospital-based training programs.

Status: Operational as of 8/68
1st year -- \$42,774
2nd year -- \$40,645
3rd year -- \$40,341

The South Carolina RMP covers the entire State of South Carolina, and has been operational since August 1, 1968. Its commitment level for FY 1970 was \$988,082 and for FY 1971 was \$958,340. These funds were used in FY 1971 to support a total of 16 projects, of which 2 were in the area of general continuing education, 5 for training existing health personnel in new skills, 7 for patient services demonstration, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

NORTHLANDS

SHORT-TERM RESIDENCIES FOR PRACTITIONERS

General practitioners, internists and surgeons are being trained for periods of one-three months in a speciality or combination of specialities at the Mayo Clinic, under a regional postgraduate medical education program supported by the Northlands Regional Medical Program. The specialities available are neurology, hematology, gastroenterology, oncology, and cardiovascular medicine. Eventually envisioned for state-wide participation, the project initially involves physicians from five southeastern Minnesota hospitals.

Status: Professional staff activity

The Northlands RMP covers the entire State of Minnesota, and has been operational since March 1, 1969. Its commitment level for FY 1970 was \$1,676,227, and for FY 1971 was \$1,157,524. These funds were used in FY 1971 to support a total of 8 projects, of which 6 were in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for coordination for health services, and a number of core activities.

NEW JERSEY

LPN PROGRAM

Standardized training for Licensed Practical Nurses will be accomplished by a training program for LPNs working in the State's coronary care units. This project represents one of the first attempts in the Nation to offer standardized CCU training for LPNs.

At present, New Jersey's LPNs have a variety of educational backgrounds, ranging from formal training to license by waiver. One of the goals of the New Jersey Regional Medical Program-sponsored training is to insure that all LPNs working in coronary care units will have been adequately trained for the new duties they will be called upon to perform as Registered Nurses move into supervisory roles. Another goal is to determine specifically what new duties the LPNs should be allowed to perform. Clinical experience will make up at least half of the course.

Although the pilot course of the program will be given at Hackensack Hospital this fall, it is expected that after the initial two courses the program will be decentralized to 20 hospitals in Sussex, Warren, Bergen and Passaic counties.

Status: Operational as of 4/71
1st year - \$31,108

The New Jersey RMP covers the entire state of New Jersey and has been operational since April 1, 1969. Their commitment level was \$1,237,781 for FY 1970 and \$1,225,026 for FY 1971. These funds were used in 1971 to support 11 projects, of which 4 were in the area of general continuing education, 2 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of training and patient services, 2 for coordination for health services, 1 for R&D, and a number of core activities.

KANSAS

RETRAINING INACTIVE NURSES

Inactive nurses in the Greater Kansas City area are being retrained in six-week refresher courses supported by the Kansas Regional Medical Program. Classroom work is received at the KRMP headquarters in Kansas City with clinical experience at any one of 15 area hospitals in Kansas City, Missouri; Kansas City, Kansas or Independence, Missouri. The course, oriented to retrain inactive nurses who desire to maintain and extend their professional competence, is designed to stimulate self-confidence by updating nursing skills. The aim of the program is to return these nurses to active practice and thereby relieve the shortage of trained nurses. Approximately 75% of the nurses retrained to date have returned to active practice.

Status: Operational as of 5/68
1st year -- \$60,416
2nd year -- \$72,513
3rd year -- \$36,802
4th year -- \$36,802

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

INDIANA

REACTIVATED THERAPISTS IN STROKE PROJECT

Retired health personnel have been brought back to work to meet the need for trained therapists in Indiana.

When the Indiana Regional Medical Program's stroke project began, only 35 out of the 112 general hospitals in the State had physical therapy service, 15 had occupational therapy service, and only 14 hospitals had both. The project has placed teams composed of a physical therapist, an occupational therapist, and a language therapist in each of five areas in the State. Among the therapists are many who had essentially retired. After making regular visits to hospitals to help determine their needs, the teams develop training programs for nurses or lay personnel so that they can better care for stroke patients. A three-bed demonstration teaching center, where patients in various states of cerebral vascular disease are diagnosed and treated, reinforces the IRMP stroke training program.

After two years of project operation, there are only 39 hospitals which are without full therapeutic facilities. However, all of the 39 have at least one person who is trained in one of the three therapeutic disciplines.

Status: Operational as of 1/69
1st year - \$222,116
2nd year - \$281,241
3rd year - \$211,500

The Indiana RMP covers the entire State of Indiana, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,271,411, and for FY 1971 was \$968,842. These funds were used in FY 1971 to support a total of 6 projects, of which 2 were in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

GEORGIA

CONTINUING EDUCATION

Twenty-six courses were offered Georgia's physicians this year in a program of continuing clinical education sponsored by the Georgia Regional Medical Program. The courses are taught at the Medical College of Georgia and the Emory University School of Medicine and include topics relating to kidney disease, heart disease, respiratory disease, gastrointestinal disturbances, endocrine disease, cancer, internal medicine, neurology, liver disease, and obstetrics and gynecology.

Before the project began in 1968, there was no organized plan by the two medical schools to provide clinically-oriented continuing education sessions because the schools lacked funds.

As of February 1971 40 physicians had participated in the program. Additional physicians and at least 60 nurses and other allied health professionals will participate in the near future. It is hoped that those taking part in this program will then serve as resources consultants to continuing education programs in their local hospitals.

Status: Operational as of 5/68
1st year - \$47,492
2nd year - \$91,085
3rd year - \$41,000

The Georgia RMP covers the State of Georgia and has been operational since July 1, 1968. Their commitment level was \$1,922,571 for FY 1970 and \$1,779,862 for FY 1971. These funds were used in 1971 to support 23 projects of which 6 were in the area of general continuing education, 6 for training existing health personnel in new skills, 2 for training new health personnel, 3 for patient services demonstration, 1 for a combination of training and patient services, 5 for coordination of health services, and a number of core activities.

ALABAMA

MEDICAL INFORMATION SERVICE VIA TELEPHONE

Physicians practicing in small towns and isolated rural areas of Alabama have instant access to specialists at the University of Alabama in Birmingham, through the Medical Information Service via Telephone, known in Alabama medical circles as MIST. Calls can be placed free of charge from any point in Alabama, at any time of the day or night, on the MIST circuit. To date, more than 750 of the State's 2,200 practicing physicians had placed some 4,500 calls requesting the latest and best treatment for a variety of medical problems. MIST switchboard operators are trained to locate specialists in all fields on split-second notice. The program was developed through the cooperative efforts of the Alabama Regional Medical Program, the University of Alabama in Birmingham, and the American Medical Association's Education and Research Fund. It has served as a prototype for similar programs being developed in other Regions.

Status: Ongoing since 4/1/71

1st year - \$21,000 carryover funds and \$10,000 care staff funds

2nd year - unfunded - will be core staff activity

The Alabama Regional Medical Program covers the entire State of Alabama and has been operational since April 1, 1969. Their commitment level for FY 1970 was \$980,709 and for FY 1971 was \$766,278. These funds were used in 1971 to support a total of 5 projects, 3 of which were for training existing health personnel in new skills and 2 for training new health personnel, and a number of core activities.

KANSAS

MEDICAL LIBRARY NETWORK

Kansas health professionals can place requests for medical information around the clock as part of the Kansas Regional Medical Program's Medical Library System project. Calls can be made to the central library or its three branches on a free telephone line. Trained medical librarians answer phones on weekdays and night calls are recorded and answered the following day.

From July, 1969, to November, 1970, 3,779 persons used the library. Of these 47 percent were physicians. During the second year of operation there was a 120 percent increase in requests, and an increase of 87 percent in the number of health professionals using the service. It was found that rural physicians use the service more than urban physicians.

The central office is located in the Clendening Medical Library at the University of Kansas Medical Center. Branches are at Stormont-Vail Hospital, Topeka; Wichita State University; and Central Kansas Medical Center, Great Bend. Among the services of the library are drug product information, medical references, preparation of bibliographies, and in submitting requests in MEDLARS (Medical Literature Analysis) and photocopying and mailing journal articles.

Status: Operational as of 2/69
1st year - \$208,545
2nd year - \$88,889

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

INDIANA

EXPANSION OF MEDICAL LIBRARY EXTENSION SERVICE

Indiana physicians can call their local libraries for any medical reference material and pick up a xeroxed copy of the material at the library within the next day or two. The local library teletypes the physician's request to the medical library at the Indiana University Medical Center in Indianapolis. The medical library then mails xeroxed copies of the requested material to the local library.

The network reaches 150 communities and has 1,052 patrons. In an average month, 580 articles are supplied to Indiana physicians. In addition, the project has conducted three seminars for a total of 40 non-professional library personnel who work in hospital libraries throughout the region. The seminars were designed to upgrade the quality of service in hospital libraries.

Status: Operational as of 1/71
1st year - \$26,197
2nd year - \$21,800

The Indiana RMP covers the entire State of Indiana, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,271,411, and for FY 1971 was \$968,842. These funds were used in FY 1971 to support a total of 6 projects, of which 2 were in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

KANSAS

MIGRANT MEDICAL RECORDS SYSTEM

Taking into account the lifestyle of the migrant worker, the Kansas Regional Medical Program has developed a method of putting the workers' medical records in a concise, durable, and easily available form.

The method includes a central library system, an identification card, and an educational program. The library houses comprehensive medical records for all migrants. The records are available on a 24-hour-a-day basis to all physicians and institutions via telephone, TWX, or telegraph. Records are filed by number, and the numbers cross-filed twice by social security number as well as by name and date of birth.

Because of the success of the Social Security Administration in convincing migrants to carry social security cards, KRMP expects the issuing of health identification cards to be readily accepted. The plastic-laminated card shows the patient's color photo, his name, social security number, date of birth, Migrant Medical Records number, and vital medical information such as diabetes or antibiotic sensitivity. The back of each card carries instructions in both English and Spanish for reaching the MMRS library.

Participation is being encouraged through Migrant Health Service field workers, migrant schools and the development of a short audio-visual program, narrated in Spanish, for use at birth control clinics and migrant gatherings such as family nights.

Status: Professional staff activity

The Kansas RMP covers the entire State of Kansas, and has been operational since June 1, 1967. Its commitment level for FY 1970 was \$1,346,744 and for FY 1971 was \$1,236,220. These funds were used in FY 1971 to support a total of 10 projects, of which 6 were in the area of general continuing education, 3 for training existing health personnel in new skills, 1 for R&D, and a number of core activities.

NORTH CAROLINA

PHYSICIAN'S ASSISTANT PROGRAM

The ability of physicians to serve more patients is being expanded through the Physician's Assistant Program being carried out at Duke University School of Medicine with support from the North Carolina RMP and from other sources. This program was one of the first of its kind in the nation and is being emulated nationally by many other programs. Physician assistant graduates are presently working with local practitioners in the State of North Carolina and are functioning as a welcomed addition to the health care team.

Status: Operational as of 7/1/70
1st year -- \$183,321

The North Carolina RMP covers the entire State of North Carolina, and has been operational since March 1, 1968. Its commitment level for FY 1970 was \$2,047,486 and for FY 1971 was \$1,844,692. These funds were used in FY 1971 to support a total of 21 projects, of which 10 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 5 for a combination of patient services and training, and a number of core activities.

WEST VIRGINIA

PEDIATRIC NURSE PRACTITIONERS

Because of an acute shortage of pediatricians in rural areas, a program has been instituted to train pediatric nurse practitioners. The program is supported by the West Virginia Regional Medical Program in cooperation with the West Virginia University School of Nursing and the Department of Pediatrics at the University's School of Medicine.

The concept has won the acceptance of pediatricians as well as the School of Nursing which made an exception to its policy by allowing nurses receiving pediatric training to be non-baccalaureate students.

After four months of training, the nurses are placed in private clinics in rural areas. Four nurses were trained the first year, with a more extensive program planned for the future.

Status: Professional staff activity

The West Virginia RMP covers the entire State of West Virginia, and has been operational since January 1, 1970. Its commitment level for FY 1970 was \$524,048 and for FY 1971 was \$580,978. These funds were used in FY 1971 to support a total of 4 projects, of which 1 was for training existing health personnel in new skills, 1 for patient services demonstrations, 2 for R&D, and a number of core activities.

INDIANA

MANPOWER FOR MULTIPHASIC SCREENING

A multiphasic screening program supported by the Indiana Regional Medical Program has shown that relatively uneducated indigenous persons from the poverty area can be effectively trained to conduct the testing accurately. Today, 35 technicians, many of whom did not have a high school education, have been trained. The project also has shown that it can pick up diseases. Sampling of screenees indicate that approximately 50% of these patients had a significant test abnormality of which they had no previous knowledge. The multiphasic screening programs have been moved recently into neighborhood health centers which has resulted in an excellent follow-up on screened patients. Efforts are being made to screen large number of patients to bring the cost down to about \$35 per patient for 22 tests.

Status: Operational as of 12/68

1st year - \$225,000

2nd year - \$265,000

3rd year - \$196,000

The Indiana RMP covers the entire State of Indiana, and has been operational since January 1, 1969. Its commitment level for FY 1970 was \$1,271,411, and for FY 1971 was \$968,842. These funds were used in FY 1971 to support a total of 6 projects, of which 2 were in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of patient services and training, 1 for coordination for health services, and a number of core activities.

TRI-STATE

NURSE PRACTITIONER PROGRAMS

A Geriatric Nurse Practitioner program has been developed at the Cambridge Hospital (a municipal hospital) with the cooperation of the Boston University School of Nursing. The program will teach nurses to take over much of the care of older persons, particularly in nursing homes and extended care facilities. Support is being provided by the Tri-State RMP, the Commonwealth Fund and the City of Cambridge.

Status: Core activity
\$9,000 contract

* * *

A Pediatric Nurse Practitioner program has been developed by the Massachusetts General Hospital with the aid of a TRMP contract. The course was developed in such a way that it could be given for credit at Northeastern University and become self-supporting on a tuition basis.

Status: Professional staff activity
\$10,000 contract

The Tri-State RMP covers the entire States of Massachusetts, Rhode Island, and New Hampshire, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$1,467,436 and for FY 1971 was \$1,814,132. These funds were used in FY 1971 to support a total of 5 projects, of which 1 was for training existing health personnel in new skills, 2 for patient services demonstrations, 2 for a combination of patient services and training, and a number of core activities.

MEMPHIS

HEALTH EVALUATION TECHNICIAN

The health evaluation technician, a newly defined allied health professional, has been developed in connection with a Memphis-based multiphasic screening project funded by the Memphis RMP. The technician assists with physiological tests. Initially, seven technicians were trained, many of whom were ghetto residents whose rapport with clients is of great advantage. Other technicians are also being trained in the operation of computer terminals used in the screening process.

The project will annually screen about 20,000 persons for heart disease, cancer, stroke and related diseases. Patients are drawn from the city of Memphis Hospital Out-Patient Clinic and Welfare recipients in the inner city.

Status: Operational as of 5/70
Training is component of project # 17,
"Prevention Services - Heart, Cancer, Stroke
and Related Diseases" - 1st year (16 months) -- \$269,470

The Memphis Regional Medical Program covers parts of Western Tennessee, Northern Mississippi, Eastern Arkansas and portions of Kentucky and Missouri and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$1,284,714 and for FY 1971 was \$955,722. These funds were used in FY 1971 to support a total of 13 projects, of which 1 was in the area of training existing health personnel in new skills, 2 in patient services demonstrations, 7 in a combination of patient services and training, 2 in coordination for health services, 1 for R&D, and a number of core activities.

TRI-STATE

MEDEX DEMONSTRATION PROGRAM

Former military medical corpsmen are being retrained as physician's assistants to expand the availability of primary medical care in rural New England. The MEDEX program is being sponsored by the New Hampshire Medical Society and the Dartmouth Medical School with the assistance of the Tri-State Regional Medical Program.

Each assistant will spend a year working for a physician in private practice. Although he will maintain radio communications with the physician, the assistant will make house calls and visit nursing homes by himself. He will also assist at surgery, apply and remove casts, and perform some laboratory work.

In a recent survey by the New Hampshire Medical Society, doctors felt that between 11 and 12 percent of their cases could have been treated by a trained physician's assistant. Among general practitioners, it was felt that 14.5 percent of their cases could have been handled by a trained assistant.

Status: Professional staff activity

The Tri-State RMP covers the entire States of Massachusetts, Rhode Island, and New Hampshire, and has been operational since February 1, 1969. Its commitment level for FY 1970 was \$1,467,436 and for FY 1971 was \$1,814,132. These funds were used in FY 1971 to support a total of 5 projects, of which 1 was for training existing health personnel in new skills, 2 for patient services demonstrations, 2 for a combination of patient services and training, and a number of core activities.

MAINE

NURSE PRACTITIONER PROGRAM

Nurses are learning to assume many of the tasks of the pediatrician while working closely under his supervision in a training program being supported by the Maine Regional Medical Program. The 16-week Pediatric Nurse Associate course is being presented at the Maine Medical Center in Portland, using local nurse and physician resources. The first class of six nurses graduated in March 1970. These nurses are participating in Model Cities areas of Lewiston and Portland, West Central Maine's Comprehensive Health Planning efforts, Head Start programs, Webber Hospital Children's clinic and the Penobscot Bay Medical Center's health program.

Status: Ongoing as of December 1969
1st year - \$18,000
2nd year - \$10,000 - contract

The Maine RMP covers the entire State of Maine, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$956,904, and for FY 1971 was \$814,422. These funds were used in FY 1971 to support a total of 6 projects, of which 3 were in the area of general continuing education, 2 for training existing health personnel in new skills, 1 for coordination for health services, and a number of core activities.

WEST VIRGINIA

TRAINING OF ALLIED HEALTH PERSONNEL

A program to train School Health Aides who will serve primarily as links between school health programs and families who have children with health problems is being developed with the assistance of the West Virginia RMP. These Aides will also assist in the service and educational programs in the schools. Other types of new health manpower to be trained are Pediatric Nurse Practitioners and Audit-Technicians. The latter will be trained to glean pertinent information from patient care records, both in the physician's office and in hospitals.

Status: Professional staff activity

The West Virginia RMP covers the entire State of West Virginia, and has been operational since January 1, 1970. Its commitment level for FY 1970 was \$524,048 and for FY 1971 was \$580,978. These funds were used in FY 1971 to support a total of 4 projects, of which 1 was for training existing health personnel in new skills, 1 for patient services demonstrations, 2 for R&D, and a number of core activities.

PEDIATRIC CLINICAL ASSOCIATES

A survey shows that parents are as well satisfied with examinations performed by newly-trained pediatric clinical associates as with those by physicians in a screening program for children with heart disease. The clinical associates are being added to the team of medical personnel in the Iowa Regional Medical Program project.

The associates conduct initial and follow-up interviews, perform limited examinations, and counsel the children and their parents.

As a part of their training, the associates are required to pass the junior medical class pediatric examination. Comparisons between the performance of the associates and that of pediatricians and pediatric cardiologists show that the two groups' judgments are in agreement at least 90 percent of the time.

In the last year, more than 3300 children have been screened by the three pediatric clinical associates trained thus far.

Status: Operational as of 4/69
 Component of "Diagnosis and Follow-up Care of Children
 with Heart Disease"
 1st year - \$52,799
 2nd year - \$55,693
 3rd year - \$51,400

The Iowa RMP covers the entire State of Iowa, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$716,744, and for FY 1971 was \$573,247. These funds were used in FY 1971 to support a total of 7 projects, of which 4 were for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 1 for coordination for health services, and a number of core activities.

CALIFORNIA

INDIAN COMMUNITY HEALTH AIDES

Health Aides from within the Indian community are helping to create an awareness of proper health care in a mountainous region in northern California which previously has had almost no medical services. The several thousand Indians living in an isolated area the size of Rhode Island are served by only five doctors. Humboldt and Del Norte Counties, and part of Trinity County are included in this area.

In the next three years, the Indian health aides will help set up an extensive health education program stressing prevention and early detection. Fostering an awareness of proper health care is an essential element of the program. The health aides will stress such routine items as regular check-ups for babies, and pre-natal care.

The University of California at Berkeley is cooperating with the California Regional Medical Program in this project.

Status: Professional staff activity

The California RMP covers the entire State of California and two counties in Nevada, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$8,012,055 and for FY 1971 was \$6,220,094. These funds were used in FY 1971 to support a total of 24 projects, of which 3 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 6 for patient services demonstrations, 8 for a combination of patient services and training, 1 for coordination for health services, 1 for R&D, and a number of core activities.

WEST VIRGINIA

STUDY OF STATE HEALTH LAW

Revision of the State's vague health laws will be considered by 40 health leaders during a two-year study of the health manpower laws funded by the West Virginia Regional Medical Program. The study will enable health experts to advise lawyers on specific revisions or new laws that will allow the State to cope more efficiently with its health personnel shortage problems.

The present laws, according to WVRMP officials, are too vague, and leave too much to interpretation. For example, a law passed only recently allows for the practice of nurse assistants, but does not include in this category, pediatric nurse practitioners who have recently been trained under another WVRMP project.

It is expected that changes in the health manpower law will result in added flexibility in the use of health manpower while maintaining or enhancing protection for the patient. It is also hoped that through these changes, West Virginia will be encouraged to develop a Health Manpower Council.

Status: Professional staff activity

The West Virginia RMP covers the entire State of West Virginia, and has been operational since January 1, 1970. Its commitment level for FY 1970 was \$524,048 and for FY 1971 was \$580,978. These funds were used in FY 1971 to support a total of 4 projects, of which 1 was for training existing health personnel in new skills, 1 for patient services demonstrations, 2 for R&D, and a number of core activities.

NEW JERSEY

SCREENING IN PATERSON NEIGHBORHOOD HEALTH CLINIC

Screening for sickle cell anemia and for lead poisoning will be two of the services offered by a neighborhood health clinic being set up in Paterson with the combined funds of the Model Cities Program, the city Health Department, and the Family Planning Association of Passaic.

The clinic is part of an experimental revamping of the city's health delivery program in which the New Jersey Regional Medical Program is playing an important role. The aim of the program is to deliver direct services to low income patients. Among services to be offered are medical examinations, TB screening, dental services, family planning, pediatric services and diabetes screening.

Paterson is one of the nine Federally-designated Model Cities in the State which, on the invitation of the mayor, is provided with RMP planning staff. In addition, 21 State-designated Community Development Cities are also provided with RMP staff.

Status: Professional staff activity

The New Jersey RMP covers the entire state of New Jersey and has been operational since April, 1, 1969. Their commitment level was \$1,237,781 for FY 1970 and \$1,225,026 for FY 1971. These funds were used in 1971 to support 11 projects, of which 4 were in the area of general continuing education, 2 for training existing health personnel in new skills, 1 for patient services demonstrations, 1 for a combination of training and patient services, 2 for coordination for health services, 1 for R&D, and a number of core activities.

CALIFORNIA

SAN JOAQUIN VALLEY MOBILE HEALTH UNIT

Fiestas and church services are also times for health check-ups in the San Joaquin Valley. Under a program conceived by the San Joaquin Medical Society and Foundation for Medical Care, and funded by the California Regional Medical Program, a mobile health unit travels to migrant worker camps and other poverty pockets south of Stockton. Because many of these people are reluctant to seek preventive medical care, the mobile unit appears at places and occasions where the people will be already gathered.

The goal of the program is to screen 3,000 persons a year during the next three years. Multiphasic tests are given by a staff of bi-lingual doctors, registered nurses, and technicians in a mobile unit made up of three trailers. Facilities and personnel are made available by Health Facilities-Health Testing Services of Berkeley.

Organizations which helped formulate the program include the Black Unity Conference, San Joaquin County Health Department, San Joaquin General Hospital, Stockton Community Action Council, Stockton Chamber of Commerce, Mexican-American Political Association, South Stockton Parish, and Stockton Unified School District.

Status: Operational as of 5/70
1st year - \$26,667
2nd year - \$160,000

The California RMP covers the entire State of California and two counties in Nevada, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$8,012,055 and for FY 1971 was \$6,220,094. These funds were used in FY 1971 to support a total of 24 projects, of which 3 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 6 for patient services demonstrations, 8 for a combination of patient services and training, 1 for coordination for health services, 1 for R&D, and a number of core activities.

MISSOURI

OPERATION HI-BLOOD

Over 1,200 high risk individuals for hypertension have been contacted and almost 500 hypertensives have been seen and brought under treatment through Operation Hi-Blood, centered at the OEO Wayne Miner Neighborhood Health Center in Kansas City. Programs for the physicians of the area are being developed. The training of new allied health personnel as medical assistants and the development of outreach centers is well underway. Cooperating in these efforts have been a number of agencies, including the Missouri Regional Medical Program.

Status: Operational as of 7/69
1st year -- \$56,741
2nd year -- 129,985
3rd year -- 160,237

The Missouri RMP covers the State of Missouri, exclusive of Metropolitan St. Louis, and has been operational since April 1, 1967. Its commitment level for FY 1970 was \$3,074,230 and for FY 1971 was \$1,947,417. These funds were used in FY 1971 to support a total of 29 projects, of which 1 was in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for training new health personnel, 7 for patient services demonstrations, 6 for a combination of patient services and training, 11 for coordination for health services, 2 for R&D, and a number of core activities.

TENNESSEE/MID-SOUTH

MULTIPLIPLIC SCREENING PROGRAM

Sixty patients a day from the inner city of Nashville are being screened in a Tennessee/Mid-South Regional Medical Program-funded project. Follow-up is carried out with the cooperation of an OEO Neighborhood Health Center and the reorganized, comprehensive out-patient department of Hubbard Hospital, the teaching hospital of Meharry Medical College. The screening and follow-up program is being extended to cover an entire rural poor population in the counties of Humphrey, Houston and Stewart in Mid-Tennessee at the request of community leaders.

Status: Operational as of 2/68
1st year - \$436,025
2nd year - \$605,906
3rd year - \$604,535
4th year - \$307,897

The Tennessee Mid-South RMP covers the State of Tennessee and parts of Southwestern Kentucky, and has been operational since February 1, 1968. Its commitment level for FY 1970 was \$2,128,110 and for FY 1971 was \$1,747,352. These funds were used in 1971 for a total of 26 projects, of which 4 were in the area of general continuing education, 7 for training existing health personnel in new skills, 3 for training new health personnel, 7 for patient services demonstrations, 3 for a combination of patient services and training, 2 for R&D, and a number of core activities.

MISSOURI

SCREENING FOR HEART DISEASE

Twenty-five thousand children have been screened for heart disease in the Missouri Regional Medical Program PhonoCardioScan Project. As of the beginning of 1971, 356 children with previously undetected murmurs have been referred to their physicians for follow-up, one of whom required open heart surgery on an urgent basis. The screening is being conducted by the Missouri Heart Association, working through the school system, with an impressive amount of active involvement by persons in the Region. There have been 40,000 letters sent to parents, over 3,000 school officials and teachers have actively cooperated and over 10,000 hours have been put in by Heart Association volunteers.

Status: Operational as of 4/69
1st year - \$59,636
2nd year - \$34,055
3rd year - \$18,000

The Missouri RMP covers the State of Missouri, exclusive of Metropolitan St. Louis, and has been operational since April 1, 1967. Its commitment level for FY 1970 was \$3,074,230 and for FY 1971 was \$1,947,417. These funds were used in FY 1971 to support a total of 29 projects, of which 1 was in the area of general continuing education, 1 for training existing health personnel in new skills, 1 for training new health personnel, 7 for patient services demonstrations, 6 for a combination of patient services and training, 11 for coordination for health services, 2 for R&D, and a number of core activities.

NASSAU-SUFFOLK

NASSAU-SUFFOLK CLINICAL SOCIETY

Eighty black physicians and dentists have organized into a new entity called the Nassau-Suffolk Clinical Society, with the assistance of the Nassau-Suffolk Regional Medical Program. The Society was formed to deal with some of the major problems of low income blacks living in the area. Sixteen Health Committees of this group have formed, having both provider and consumer representation. The first project to be undertaken is an education and screening program for sickle cell anemia. The Society will then move into other health problems peculiar to blacks.

Status: Professional staff activity

The Nassau-Suffolk RMP covers the counties of Nassau and Suffolk (Long Island, New York) and has been operational since June 18, 1971. Its commitment level for FY 1971 was \$794,494. These funds were used in FY 1971 to support a total of 7 projects, of which 1 was in the area of general continuing education, 1 for training new health personnel, 1 for patient services demonstrations, 1 for a combination of patient services and training, 2 for coordination for health services, 1 for R&D, and a number of core activities.

IOWA

SCREENING FOR DISEASE RISK FACTORS

School children in Muscatine, Iowa, are being screened for early risk factors of coronary heart disease, hypertension, stroke, obesity, and diabetes.

The 3700 children in grades three through 12 were examined as to height, weight, blood pressure, serum cholesterol, serum triglyceride and blood sugar. Of the first 160 students studied, 7.1 percent of the boys and 10 percent of the girls had high serum triglyceride, 11.1 percent of the boys and 10.4 percent of the girls were obese, and 11.4 percent of the boys and 12 percent of the girls had high blood pressure readings.

Follow-up tests as well as counseling for families of children with high risk factors are scheduled for the summer. In November of 1972, children in grades one through three will be tested. Students will be retested until completion of the project.

Supporting agencies are the Iowa Regional Medical Program, the Research Center of the University of Iowa, and the National Institutes of Health.

Status: Operational as of 7/68
1st year -- \$88,790
2nd year -- \$55,693
3rd year -- \$51,400

The Iowa RMP covers the entire State of Iowa, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$716,744 and for FY 1971 was \$573,247. These funds were used in FY 1971 to support a total of 7 projects, of which 4 were for training existing health personnel in new skills, 1 for training new health personnel, 1 for patient services demonstrations, 1 for coordination for health services, and a number of core activities.

WEST VIRGINIA

PROGRESSIVE SCHOOL HEALTH PROGRAM

A new school health program conducted by the West Virginia Regional Medical Program is helping to compensate for the loss of medical services that accompanies general population loss in Upshur County.

The strongest remaining institution in this community with a median economic level is the county school board. Working through the board, WVRMP is aiming its program at fifth, sixth, and seventh graders. The children will be taught physiology of the circulatory, respiratory, and nervous systems. A pediatric nurse practitioner, a school health aide, and a dental hygienist will help in the early detection of disease and preventive care. An equal amount of health manpower will be made available by the school system through its local option on the use of Title I educational funds.

Status: Operational as of 6/71
1st year - \$37,267

The West Virginia RMP covers the entire State of West Virginia, and has been operational since January 1, 1970. Its commitment level for FY 1970 was \$524,048 and for FY 1971 was \$580,978. These funds were used in FY 1971 to support a total of 4 projects, of which 1 was for training existing health personnel in new skills, 1 for patient services demonstrations, 2 for R&D, and a number of core activities.

GEORGIA

LEARNING RESOURCES SERVICES

"Are You Ready To Go Home and Is Your Home Ready For You," a pamphlet aimed at helping patients make a better transition from hospital to home environment, has been produced by the State's Easter Seal Society with the help of Georgia Regional Medical Program's Learning Resources Services.

LRS production assistance has also been given to a rehabilitation clinic for a sound/slide patient orientation program. In addition, GRMP personnel are helping develop a game idea to help nonreading diabetics learn about proper diet.

The demonstration LRS is located in Atlanta. It provides assistance to medical educators in the development and effective use of audio-visual aids. It will also serve as a training facility for new audio-visual technicians. At present, there is no other means of training audio-visual personnel recruited from local areas.

Status: Operational as of 9/71
1st year - \$20,000

The Georgia RMP covers the State of Georgia and has been operational since July 1, 1968. Their commitment level was \$1,922,571 for FY 1970 and \$1,779,862 for FY 1971. These funds were used in 1971 to support 23 projects of which 6 were in the area of general continuing education, 6 for training existing health personnel in new skills, 2 for training new health personnel, 3 for patient services demonstration, 1 for a combination of training and patient services, 5 for coordination of health services, and a number of core activities.

WISCONSIN

HEALTH INFORMATION AND REFERRAL CENTER

Spanish-speaking citizens who live in the south inner city section of Milwaukee are gaining access to medical care with the help of a Health Information and Referral Center. Milwaukee County maintains very fine health care facilities for the indigent. Some find it difficult, however, to enter the system because of language or cultural barriers. With the assistance of the Wisconsin Regional Medical Program the center is aiding the Spanish-speaking citizens of the area make use of the resources which are available to them and provide what are essentially satellite clinical activities within the neighborhoods. Community health aides are being trained to staff the center.

Status: Professional staff activity

The Wisconsin RMP covers the entire State of Wisconsin and has been operational since September 1, 1969. Their commitment level was \$1,098,429 for FY 1970 and \$951,781 for FY 1971. These funds were used in 1971 to support a total of 13 projects, of which 4 were in the area of general continuing education, 2 for training existing health personnel in new skills, 3 for patient services demonstration, 1 for a combination of training and patient services, 1 for coordination for health services, 2 for R&D, and a number of core activities.

CALIFORNIA

COMMUNITY REFERRAL AND INFORMATION SERVICE (CRIS)

A phone call to the Community Referral and Information Service (CRIS) brings Santa Ana residents information on health and other services available in the area.

With support from the California Regional Medical Program, CRIS began operating in May of 1970. It is staffed primarily by volunteers, and receives 18 to 20 new clients daily--mostly through phone calls. CRIS staff has on hand information from Orange County agencies concerned with health and other social services. If a caller requests information which CRIS does not have, the staff makes every effort to obtain the information.

Funding comes from CRMP, the American Cancer Society and a variety of in-kind contributions.

Status: Professional staff activity
\$15,000 contract

The California RMP covers the entire State of California and two counties in Nevada, and has been operational since July 1, 1968. Its commitment level for FY 1970 was \$8,012,055 and for FY 1971 was \$6,220,094. These funds were used in FY 1971 to support a total of 24 projects, of which 3 were in the area of general continuing education, 4 for training existing health personnel in new skills, 1 for training new health personnel, 6 for patient services demonstrations, 8 for a combination of patient services and training, 1 for coordination for health services, 1 for R&D, and a number of core activities.

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