
E001223

A.M.

Notes

1-16-67

(A) RMP = Unused piece of legislation.
Vaughley worked - Best conditions for innovation + creativity + Accuracy
(1) What is working for prospective prog.
(2) " " not "
(3) What are your expectations

Prog. under analysis - are the premises on which it was established still valid.
Health phy. Obsolence.

(6) Disparity between the phy. + research are not as great as the education between the people + the demand for medical care. The average phy. doesn't deal with HC + S as much as the other areas. Need To expand more time on the education process. Enlist the aid of the medical students to circulate among the poorer classes to educate. Matter of apathy ignorance + indifference.

(16) Problem of identifying the questions to be asked in the area on Heart Cancer + Stroke. Creating more Chs Programs. Continuation

Notes

(A) Is there any attempt to fill the knowledge gap.

(6) G.P. required to take so many hours post-graduate course. This group has done the most to keep ahead of the times. Has to see 35 patients a day not because he wants but because he has to.

(8) Found there was a lack of information in the physician population not because they want to but because they are swamped. Planned to set up an ongoing learning centers in the communities.

(4) Most areas have kept the physicians informed. Optometric problem. Do not have the facilities. Reports in the lab. Quality. Getting the facilities well enough developed so that he can use these for. to the fullest of his training. Quality of lab at his disposal. Times of referral be clearly delineated. Develop a better cooperation among the medical facilities

Notes

Hope this program will do.

(A.) Has anyone set up a method for evaluating the prog. effectiveness

(4) Comm chap? Who will do it.

(16.) Hope that com-med people will address themselves to the problem in these areas. Set up guidelines.

(4.) Not difficult to survey a facility but difficult to survey the quality of care.

(A) Prog. Based on knowledge gap. but what is heard does not support this.

(5.) Use of public tax money. 1st step survey of med facilities to see if there is actually a knowledge gap. Information vs. education. Com reform put phy. will have to use the info to educate himself. Trauma is just as important as H C + S. These people are not as well informed as they could be.

(3) The use of medical groups to [illegible] are ... there needs exist.

Notes

(A) Anyone developing what the pharm. really know.

(18) Use of people to find out what is available to the patient. Might find out what is available + what is being done. Students of Med School maybe room.

(17) Getting the people motivated to ask in the manner of the med student. More knowledge of what is available.

(15) The knowledge gap in Applied. A look at the quality of the care being rendered. Panel of pharm put to gether to establish a criteria. Assure the way medicine is being practiced.

(9) See you see the info mechanic of your org. generating the instructions.

(15) They are trying but to your avail. Only at the point of admission at the hospital, do the

Notes

Review of the chart submitted. Very emotional charge. Is this the kind of care called for.

(A) Is the type of info you have available to P.M.P.

(B) Avail. data scattered. S.C. has done a fair amount of profile. Standardized data for counting not very valuable.

(2) A more valuable source. P.A.S. (Professional Activities Study) Established. All VT. Hospitals required to subscribe. Met resistance from small hosp. Felt they were being put on

(2) Blue cross will only give you info on Hosp Patient. Need to get the patient of the physician. No system designed to collect this info.

(1.) No effective system involved in this program. Hard to exercise any admin. control without a system. Removed the term "Regional Complex" took out "Major" inserted "related". Feel that is a highly sophisticated program to create more money into the med

Notes

(17.) Have an organized course for the phy. No time.

(6.) How can we educate the doc. in the boondocks. What he wants and what he needs. How do we find this out.

(8) Depending the aspects of the grad, it is not to be increase the offers of the Med. School.

(A.) Not to change the existing arrange.

(9.) 2nd para - how "afford to med phy the opp. to pursued to there patients latest advances". we don't give the doc the facilities to practice what he learn to provide the best quality of care to his patient. State provided the facilities to diagnosis tumor if the doc wanted to use them. need Examine the community facilities. Will he utilize these facilities, Has the physician the facility to do what he is [illegible] Failed economics.

Notes

Cooperating between phy. & ~~Comm~~ Health agencies

(2) Doctor should have the public health officer (Nurse) to go into home of infected. C.M.D. could help in training these people.

(3) Both an organizational and educational problem.

(5) Build up the C.D.

(6) Gap of knowledge or gap of treatment. ~~The~~ The FMC is concerned with the latter. Feels that the faculty gap is the most accurate of these problems. The med center is not the ultimate. Nurse to follow up is good idea. Responsibility on the phy. in the local area. See that his facilities are improved

(8) Facilities - Brick & mortar or personnel?

(4) Personnel - trained ancillary personnel.

(10) Become a clearing house. Knows there is a knowledge gap between himself & his faculty. Being meaningful with to the ~~community~~ Physician. How to do this

Notes

Economics involved. Cannot drive these paramedical people, part of diminishing returns. Medical continuing training given even six years. How do you keep in touch with the guy who has been out for 14 years? Delightfully confused.

(12) How has S.C. T.U. system been.

(19.) Med. program put ~~on~~ every (2) month – available at High schools & in the special ed. chapels. ~~How~~ Difficult to evaluate the effectiveness. 90-95 in High schools. ? How many stay home & watch it. Telephone call arrangements.

(4) Does what is taught show up in practice.

(19) No study on this to date. Talked about what kind of med. care is provided in state. What care. Some of the communities cannot ~~afford~~ support a Doc. A very large density of Medical care. Phy. [illegible] that of minor work.

Notes

(4.) Does the legislation hinder the development of the.

(17) Will always have the people could community should support but will not be able to.

(A.) Thru this program close the gap and help support a doctor in the bloodlocks? Can this prob. be solved under the law.

(15) This will have to be decided under the plan.

(4.) Will this provide transportation facilities.

(20) New Bill

(5.) Come to continued education and quality of experience. Doc will have to present himself that he is still competent. By Urban Med. profession is sought (Success) guidelines will become fewer.

(4) Motivation of Med Dean (1) Service (2) Autonomy - (3) Research + Develop. Average doc not go into medicine. Pay neither average motivated or intelligent.

(A) part of law that deals with co-op arrangements.

Notes

What steps to evolve the Co-op arrangements

(16) Explanation - Strengths + Weaknesses. Had everyone come to Ein. for a Bull session. Group then decided to meet 4 different times. Must go in a political basis. Demographic. Then you would ~~go~~ involve the people. Needed someone to provide their full output. Core orgs. Distinct from each of the Union. Cancer + Heart called in

(1) 89-749 + this prog. as it related to State Health agencies

(16) No pub - at local level. Really don't know yet.

(A) What other devices have been ~~explored~~ instituted in other areas to achieve co-op arrangements.

Notes

Monday P.M.

(2) Cooperative arrangements - still in planning stages - med school took the lead.

(4) N.D. State Med assoc. took the lead in the develop of R.M.P. Med Assoc. has always taken the lead. Dean of Med school will be the Coordinator

(18) Both Mefarry + Vanderbilt [illegible] appointed a full time administrator. How

(A) How rational the size + shape of the area?

(18) The people within the area must be the decision making group. two programs

(16) Feels it is reasonable [illegible] deal in the same area. Joint should be very flexible and fluid.

(A) How do you diffuse the med. school leadership once it is under way.

(18) Broadening the advisory group. Tried to go out + let the people know what it is all about.

(4) What is being done about inter-regional coordination. What is a reasonable approach. Isn't there more need for full time inter-reg. Comm.

Notes

(2) Have had two meetings on this to date, with Vt., Buffalo, Syracuse, Maine.

(20) Want this take place once we all get directors on board.

(A) How do you decide what grant funds go in for support. [margin: grants]

(16) App. go thru a panel then to the executive council, Ron Smith at Louisville feels the Ex. council should [illegible].

(14) Informed that should form a new corp or [illegible] one of the existing institutions become the grantee.

(A) What about O.H.

(18) To be shared. Housed in office building.

(A) Expounded on Minn. Situation. Fiscal responsibility.

(A) Has anyone gotten into problems with other groups.

(20) No problems at all.

(18) Liaison committee set up.

(13) Most people don't know what it's all about. Turn gown problem.

(A) There is not any problems [illegible] O. [illegible] [illegible]

Notes

(8). Talked about operational request. 11 the residue of about 50 requests.
(A) Do you have an overall criteria?
(8.) Not really.
(A) What is the over all concept of the program Unifying idea.
(4.) Problems are so diverse. Low population density. Two year Med. School. 2% of students stay. Reverse the brain drain. Create a better research resource environment.
(A) Maybe a post-graduate training program is your solution.
(10.) Involved with WICHE + have not had any violent misunderstanding.
(6.) Impressed with the vagueness of Dr. Marston's. No program so far.
(16) No plan as yet. Have accepted the challenge of the program.
(12.) New emerging med sch. will be created in.
(7.) VRA sees it as a good in.
(9) No comment.
(19.) Took a long time to get it organized. Pulled back to med college. No mistakes still planning.

Notes

(18) Two major stumbling blocks
(1.) Communication
(2.) Man power

(2.) If the prog. is to succeed there has to be allied health personnel. U.H. trying to set up an associate degree program in this area.

(20) Make sure that all groups have been covered. Study the regional needs should be the first step.

(A.) Categorical (emphasis) question. Is it a problem?

(15) Makes it difficult to explain the problem, most of the people who have contacted them want hardware.

(16) In essence it is seed money. We need something to keep it going. If we are going to start this thing and we will have to keep it going. Med schools will not be able to keep it going. How to [illegible]

Notes

together medical schools.

(A.) If cate. emphasis were off would at the bottom.

(16.) Does not think the 749 is the answer.

(12.) Feels the box categorical format not the answer.

(4) Med. will be able to pick up on part of the continuity of the program

(19.) Problem of getting the thing going and then have it stay? Need text funds commit keep it going.

(4.) Should be a joining of the private and state monies.

(16.) Service will be the problem. Do we do what we can in service or do we assume an across the board approach. Have to act on a limited basis.

(1.) Impact of this program will be a limited one.

(16) Keep it with cost Diverse backgrounds are starting to

Notes

(16) Examine relationships of their people,
(4) "Everyone will be able to obtain excellent medical care. Free legal service will be available to those who cannot

(18) Term some problem in our world.

A. Relationship to other programs.

(16) No one knows what to do when the programs are conflict.

A. Discuss the background of terms.

1-17-67

Notes

(A) Report to Congress

(3) Construction - may be adequate better
(1.) Current Capabilities Existing & Program
(2.) Changes in the law.

(A) Going yesterday should not allow const. because there are other sources

(3) Political expert explanation.
(11) Should not alter the law at this time until more experience is gained.
(A) Community Hosp. involvement. expand for the Comm. need.
(11) Feels the comm. has cmin to this need.
(5) How about the marginal areas of the country. Not Building hospital beds.

(10) No place to set up your facilities. No funds available. If you want Res + Cont. Ed. you are going to have to provide the facility.
(11) We have set up planning centers in cafeterias.
(A) Health Dept. can direct you to the funds.

Notes

(13) Has not seen the need for added funds.

(2) Feels it like spring practice we will have to wait until we play a few games

(4) Comment of yesterday on state-private money.

(11) How the Navy would not be approved until they have cooperation.

(A) This should be a continuing program.

(13) Have not given thought as to where other funds will come from

(1) Annual cost to keep planning going will be 4.5 mill.

(11) Automatic confirmation. Date good Games frugality.

(A) Expanding the legislation to establish inter-regional programs. Not last week with other coordinators to see about data coll. center. 13 western states set up central coll. data center.

Notes

(2.) ~~Start~~ Will find out the planning if they should be a region.
(9m) A mech. should be set up.
A new recommendation should be made.
(4.) Inter-regional Council. - yesterday.
(10.) Anything good from program will be research. All regions should report to a central office. SSA IRS - Large data bank. Medicare system. reservations in the area / continuing education
(3.) Before we implement we should know what we are doing / info we are talking about.
(10) —
(2) The major objective was to help the physician. Is this wrong?
(10) Should know where to send the patient.
(2.) We don't have enough Docs and the distribution is poor. Preventive medicine. Should be able to delegate the menial tasks. Office organization. A process to bring the Docs up to date.
(12) The health team — " " "

Notes

(A) Process of Evaluation.
How to build in "Methods"

(11) Clinic — Internal evaluation. One doctor going over each case history.
Devise something that is an automatic evaluation.

(A.) Is there an evaluation source we ~~can~~ can call on.

3) VA + Padding education - give grants to inst. for "
(2) A community level of sharing

10) make evaluation objective. So many forms of post-grad. courses. Before service.

11) Evaluation of the effectiveness to the patient.

E) What is our end product.

1) Eval. of procedures processes + costs

(A.) Giving all patients the optimum opportunity of the best care.

4) Is his care better because of this program. He does not know.

12) How to bring the people in. Do not charge the Plan/Info