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MISSOURI REGIONAL MEDICAL PROGRAM (MRMP)*



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OPERATIONAL PROGRAM FOR MISSOURI REGIONAL MEDICAL PROGRAM

The Missouri Regional Medical Program seeks to provide optimum health for the greatest number of people by accelerating the application of effective preventive and therapeutic measures for heart, stroke and cancer patients or those with related diseases.

The Missouri Regional Medical Program Operations Divisions is responsible for implementing activities developed by the Planning Division through the Missouri Regional Medical Program review groups and given financial support by the Regional Medical Program National Advisory Council.

These projects fall into three groups:

- (1) those that define the nature of heart, stroke and cancer problems.
- (2) those that aid in bringing these patients or suspects into the health delivery system, and
- (3) those that aid physicians in providing effective diagnostic, therapeutic or preventive measures to those who need them.

It is the Missouri Regional Medical Program plan to help close the time gap between discovery and application by introducing innovations into the Missouri health delivery system on a demonstration basis.

(1) TO DEFINE AND MEASURE

For any health program to be effective it is essential to know who has or is prone to have disease. In what kind of an environment are they living, what health services do they need, and which ones are they demanding and receiving? The "Population Study Group Surveys" represents MRMP's effort to determine the nature of the heart, stroke and cancer problem in this region. This project will be supplemented by the "Automated Hospital Patient Survey."

The physician's office is where most patients gain access to the services of health workers and related resources that make up the health delivery system. Analysis of health care systems as an aid in determining rational innovation is the responsibility of the "Operations Research and Systems Design" project. This project is using its esoteric and highly technical skills to analyze the many forces at play within the Missouri Regional Medical Program, and soon should be in a position to propose more effective use of available resources.

As we acquire information germane to a specific problem we attempt to simulate the situation by model development and testing through the "Data Evaluation and Computer Simulation" project.

The most difficult task in introducing an innovation into the health delivery system is to foretell the effect or value of the innovation. Today's health delivery system is the product of innumerable variables that have been introduced from several sources. Most changes have been made on an empirical basis rather than on a carefully calculated cost-benefit basis. As therapeutic measures (such as renal dialysis and organ transplants) which can prolong a productive life at costs that few individuals or their families can afford, there arises a critical need for methodologies to evaluate the practice of such extraordinary measures. The development of these methods is one of the responsibilities of the "Program Evaluation Center" project.

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The "Communications Research Unit" has set out to determine and measure the elusive factors in communication which cause people to react or not react under varying circumstances. The medical profession has had little real success in "selling" the principles of well being to the public. Our "Communications Research Unit", for the first time, is delving deeply into this crucial problem on a scientific and closely controlled basis.

(2) TO DETECT OR PREDICT

Although, there are many forces that influence the ways a person may gain access to the health delivery system, MRMP is directing its primary effort toward means of detecting signs of disease. Three of these projects are self explanatory:

1. Multiphasic Testing
2. Mass Screening-Radiology
3. Automated Patient History.

A fourth, "Bioengineering", provides support to several projects through the development of new or different kinds of electronic and mechanical "packages". One such development, for example, has involved the design and building of a "diagnostic chair". In less than two minutes and without the need for attached terminals, it can produce three-lead electrocardiograms, and other measuring devices are now being built into it.

(3) TO CLOSE A GAP

Modern information storage and retrieval methods are being blended together so they will aid the physician as he considers various diagnostic possibilities suggested by signs and symptoms in a patient. It is the mission of the "Computer Fact Bank" to provide information more rapidly and pertinently than would be available in any other way.

"Automated Electrocardiography" which provides computer interpretation of electrocardiograms is currently being "field tested" at six different locations in Missouri. It is anticipated that in the near future computer interpretation of electrocardiograms will be as readily available to physicians in Missouri as their telephones. This same technique could be used with phonocardiograms, electroencephalograms, and many other diagnostic signs. Computers are finding their place in the practice of medicine as a diagnostic aid to a physician.

But computers are merely tools to help

the diagnostician or the practicing physician. They neither can, nor likely ever will, supplant the basically vital "doctor-patient" relationship that is the keystone of effective medical practice.

We look upon all such activities as critical experiments and we are carrying them out, in two carefully selected communities under limited and controlled conditions and only with the closest collaboration with professional and administrative personnel in these communities. Our reason for proceeding with caution is because we believe that the future of the Missouri Regional Medical Program depends on our ability to learn how to carry out experiments like the "Smithville" project and the "Comprehensive Cardiovascular Care Unit" in Springfield in such a way that when these projects are completed the heart, stroke and cancer patients in these communities will continue to enjoy an improvement in their health services.

At Smithville, which is, in effect, our "pilot" community, we are considering the whole person and the several factors which may have brought him to the condition of apparent illness at the time he seeks his doctor's help. Health care doesn't begin when a patient goes into a doctor's office or when he enters a hospital. Nor does total health care end when he is discharged. We need to be concerned with such matters as: how do you keep from becoming ill; what is the best care for a person who is ill, and how does one best readjust to normal living once medication has ended?

At Springfield, through the energetic efforts of a number of highly motivated physicians, the Missouri Regional Medical Program is acting as a powerful catalytic force in developing an ideal comprehensive cardiovascular care program. To this end a model "cardiac hall" has been developed at St. John's Hospital where an entire area is devoted totally to intensive, intermediate and recuperative care of heart patients.

A "Manual of Services", prepared by a Missouri Regional Medical Program team of researchers, in cooperation with the Missouri Health Council, lists for the first time, a thorough description of all medical and paramedical services in the state. It soon will be available to every physician in the state, as well as to many other persons who are concerned with the well being of our people.