



E000596



RMP Grant Funding (through 12-31-71)

Number of grants	56	(55 are operational)
Number of projects funded out of grants	569	
Number of positions supported by grants	2,750	
Projects level	\$42.2 M.	
Core support:		
Administration and planning	8.8 M.	
Project support and assistance	30.2 M.	
Subtotal	39.0 M.	
Total	\$81.2 M.	

Emphasis of RMP Project Funds

<u>Patient care demonstrations,</u> <u>which directly benefit patients</u>	\$15.4 M.	37%
<u>Manpower training and utilization</u>	22.8 M.	54%
<u>Other activities such as communications</u> <u>networks, improved patient record</u> <u>systems, and coordination of services</u>	4.0 M.	9%
The last two also lead to expanded and improved care, but <u>indirectly</u>	\$42.2 M.	100%

Patient Care Demonstrations Which Improve Quality,
Accessibility, and Organization of Health Services

86 <u>coronary and other intensive care</u> activities	7.5 M.
Expanded and improved <u>ambulatory care</u> in neighborhood health centers, clinics, and outpatient departments	9.2 M.
Expanded and improved <u>home care</u> and <u>long-term care</u>	2.8 M.
<u>Other</u> activities such as emergency services, mobile units, specialized care services, and non-intensive in-hospital care	7.3 M.

Manpower Training and Utilization

It is estimated that approximately 148,600 physicians, nurses, and other health personnel will have been trained in fiscal year 72 at a cost of about \$32 million. Purposes of RMP training and continuing education are generally to either (1) up-grade present skills and knowledge, (2) train in new skills or (3) train new personnel.

Estimated numbers that will have been trained:

	<u>Physicians</u>	<u>Nurses</u>	<u>Allied Health</u>	<u>Multiprofessional</u>	<u>Total</u>
New People . . .			2,300		2,300
New skills . . .	3,500	10,900	18,900	16,800	50,100
Upgrading existing . . .	22,900	16,700	4,600	52,000	96,200
TOTAL . . .	26,400	27,600	25,800	68,800	148,600

CHARACTERISTICS OF REGIONAL MEDICAL PROGRAMSDEMOGRAPHIC FACTS

There are 56 RMPs which cover the entire United States and its trust territories. The Programs include the entire population of the United States (204 million) and vary considerably in their size and characteristics.

* LARGEST REGION

- . In population: California (20 million)
- . In size: Washington/Alaska (638,000 square miles)

* SMALLEST REGION

- . In population: Northern New England (445,000)
- . In size: Metropolitan Washington, D.C. (1,500 square miles)

* SOME REGIONS ARE MAINLY URBAN (NEW YORK METROPOLITAN), SOME RURAL (ARKANSAS)* GEOGRAPHIC BOUNDARIES: Number of Regions which

- | | |
|---|----|
| . Encompass single states | 33 |
| . Encompass two or more states | 4 |
| . Are parts of single states | 11 |
| . Are parts of two or more states | 8 |

* POPULATION: Number of Regions which have

- | | |
|---|----|
| . Less than 1 million persons | 5 |
| . 1 million to 2 million. | 11 |
| . 2 million to 3 million. | 14 |
| . 3 million to 4 million. | 8 |
| . 4 million to 5 million. | 7 |
| . Over 5 million. | 11 |

REGIONAL ADVISORY GROUPS

SIZE:

. 1967	1849 Persons (Total) 38 (Average Group)
. 1969	2324 Persons (Total) 42 (Average Group)
. 1970	2481 Persons (Total) 45 (Average Group)
. 1971	2696 Persons (Total) 48 (Average Group)

COMPOSITION OF REGIONAL ADVISORY GROUPS

	<u>FY '71 (10/71)</u>		<u>FY '70 (4/70)</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Total	2696	100	2481	100
Practicing Physicians	726	27	656	26
Hospital Administrators	376	14	327	13
Medical Center Officials	217	8	259	10
Voluntary Agencies	200	7	212	9
Public Health Officials	150	6	134	6
Other Health Workers	298	11	216	9
Members of Public	556	21	468	19
Other	173	6	209	8

TASK FORCES AND COMMITTEES

NUMBER AND SIZE:

- . 1969: 492 Committees in 54 Regions: 5,320 Total membership
- . 1971: 410 Committees in 55 Regions: 6,379 Total membership

COMPOSITION:

<u>By Profession</u>	<u>Number</u>		<u>Percent</u>	
	(1969)	(1971)	(1969)	(1971)
Physicians	3273	3523	61	55
Nurses	486	580	9	9
Allied Health	672	802	13	13
Other*	889	1456	17	23
Total	<u>5320</u>	<u>6379</u>	<u>100</u>	<u>100</u>

(* Includes members of the public, hospital administrators, and others)

TYPE OF TASK FORCE/COMMITTEE:

<u>Category</u>	<u>No. of Committees</u>		<u>Percent</u>	
	(1969)	(1971)	(1969)	(1971)
Heart	65	41	13	11
Cancer	60	42	12	10
Stroke	54	36	11	9
Other Disease (including Kidney)	39	30	8	7
Planning & Evaluation	30	27	6	8
Continuing Education & Training	45	47	9	12
Health Manpower	11	27	2	4
Other	188	160	39	39
Total	<u>492</u>	<u>410</u>	<u>100</u>	<u>100</u>

REGIONAL HEADQUARTERS

	<u>Coordinating Headquarters</u>	<u>Grantees</u>
<u>Universities</u>	31	34
Public	(25)	(27)
Private	(6)	(7)
<u>Other</u>	25	22
Medical Societies	(4)	(4)
Newly Organized Agencies/ Corporations	(18)	(15)
Existing Corporations	(3)	(3)

REGIONAL MEDICAL PROGRAMS CORE STAFF

Core staff in the 56 Regional Medical Programs are involved in project development, review and management, professional consultation and community liaison; program direction and administration; planning studies and inventories; feasibility studies; and central regional services.

* DISTRIBUTION OF CORE STAFF EFFORT BY FUNCTION

. Project Development	20%
. Professional Consultation	29%
. Program Direction	22%
. Planning Studies	14%
. Feasibility Studies	7%
. Central Regional Services	6%
. Other	2%

* COMPOSITION

	<u>Core FTE</u>
TOTAL	1,584
Physicians	184
Registered Nurses	63
Allied Health	37
Other Professional/Technical	677
Secretaries	623

OPERATIONAL PROGRAMS

The LEVEL OF FUNDING as of 12-31-71 reflects the following program emphases:

Operational Activity Emphasis

Organization and Delivery for	
Patient Services	37%
Training Existing Health	
Personnel in New Skills	31%
Personnel in New Skills	3%
Training New Health Personnel	20%
General Continuing Education	
Other activities, such as communications	
networks, improved patient record	
systems, and coordination of services	9%

Categorical Emphasis

An analysis of all the operational grants awarded to date along categorical lines indicates the following breakdown:

Single Disease	
Heart	22%
Cancer	12%
Stroke	11%
Kidney	5%
Related Diseases	7%
Multicategorical	43%

HOSPITAL PARTICIPATION IN REGIONAL MEDICAL PROGRAMS

	Total # of short-term non-Federal hospitals	Number participating in planning and operational activities	Number participating in operational activities only
FY 1968	5,850	851	301
FY 1969	5,820	1,638	1,246
FY 1970	5,853	2,084	1,471
FY 1971 (est.)	5,880	2,693	2,079

Distribution of Grants Awarded
by Primary Activity Emphasis and Categorical Disease
(Net to Date and Available Current Period)

<u>Net Operational Grants Awarded to Date (12/31/71)</u>	<u>Funds Available Current Program Period (Level as of 12/31/71)</u>
Total Net	<u>\$321.5</u>
Program Direction - Project Development, Planning	<u>125.8</u>
Operational Projects	<u>195.7</u>
<u>Activity Emphasis - Projects</u>	<u>195.7</u>
Manpower training and utilization	105.9
Demonstration of Care	65.2
Other activities	24.6
<u>Disease</u>	<u>195.7</u>
Heart	53.1
Cancer	21.2
Stroke	20.9
Related (Diabetes, Kidney, Pulmonary)	20.3
Multicategorical	80.2
	<u>81.9</u>
	<u>39.0</u>
	<u>42.9</u>
	<u>42.9</u>
	23.4
	15.5
	4.0
	<u>42.9</u>
	9.5
	5.3
	4.7
	4.9
	18.5

March 7, 1972
OPPE

Status of
OPERATIONAL GRANTS

	<u>1967</u> <u>Awarded</u>	<u>1968</u> <u>Awarded</u>	<u>1969</u> <u>Awarded</u>	<u>1970</u> <u>Awarded</u>	<u>1971</u> <u>Awarded</u>	<u>1972</u> <u>Awarded</u>
28 Alabama.....	...	...	903,105	1,148,226	1,067,901	...
04 Albany.....	914,627	1,140,015	139,617	1,534,208	1,846,824	982,902
52 Arkansas.....	...	...	579,924	983,127	1,249,896	1,465,202
56 Bi-State.....	...	...	...	1,012,307	44,453	1,285,855
19 California.....	...	2,232,864	9,602,090	2,376,152	7,058,036	9,244,495
50 Central N.Y.....	...	460,314	1,237,940	45,039	...	651,128
40 Colorado-Wyoming...	...	...	1,146,824	1,336,738	2,907,348	1,068,854
08 Connecticut.....	...	...	1,548,257	1,197,354	1,281,811	1,797,208
31 D.C. Metropolitan..	...	418,318	1,427,008	1,189,486	1,676,022	...
24 Florida.....	...	...	779,085	1,757,031	1,265,412	...
46 Georgia.....	...	1,416,777	2,635,789	68,660	1,537,845	2,055,040
26 Greater Delaware...	...	...	2,862,484	2,500,033	1,534,753	...
58 Greater New York...	967,010	1,127,282	371,532	3,093,923	2,286,741	2,363,582
01 Hawaii.....	...	...	903,301	914,701	914,184	937,448
43 Indiana.....	...	...	1,572,396	1,632,990	945,098	1,217,006
15 Intermountain.....	1,790,603	1,789,792	3,113,706	3,553,599	3,109,870	...
27 Iowa.....	...	412,841	73,979	1,208,683	629,860	888,998
02 Kansas.....	1,076,600	1,576,304	1,727,063	58,516	1,151,663	1,603,419
54 Maine.....	...	318,239	862,529	453,406	819,839	959,331
44 Maryland.....	...	...	2,236,520	2,124,469	1,644,556	...
51 Memphis.....	173,119	749,448	890,107	1,301,111	...	1,501,786
53 Michigan.....	...	852,241	989,229	2,725,658	1,029,651	2,119,381
57 Mississippi.....	...	...	731,406	1,754,474	1,208,896	...
09 Missouri.....	2,887,903	4,490,607	5,227,008	4,996,201	2,676,311	...
32 Mountain States....	...	206,913	1,997,283	1,959,224	...	...
47 Nebraska - South D.	350,339	214,987	501,206	1,162,224	...	...
42 New Jersey.....	...	...	1,030,563	1,412,366	1,342,186	...
34 New Mexico.....	...	475,798	1,959,119	...	1,093,221	1,033,148

Status of
OPERATIONAL GRANTS

	<u>1967</u> <u>Awarded</u>	<u>1968</u> <u>Awarded</u>	<u>1969</u> <u>Awarded</u>	<u>1970</u> <u>Awarded</u>	<u>1971</u> <u>Awarded</u>	<u>1972</u> <u>Awarded</u>
03 Northern New England	955,086	313,788	566,542	824,846
21 Northlands.....	1,308,058	1,470,765	1,251,176	...
06 North Carolina.....	...	1,799,654	2,168,829	2,275,014	2,326,821	...
63 Northwestern Ohio....	1,545,276	442,715	369,114
22 Ohio State.....	964,367	204,175	1,244,532	340,835
48 Ohio Valley.....	855,317	1,269,711	934,092	...
23 Oklahoma.....	1,121,457	1,408,097	927,010	...
12 Oregon.....	...	598,879	831,888	888,385	944,660	...
65 Puerto Rico.....	...	238,027	253,065	1,058,789	909,353	...
25 Rochester.....	...	724,664	1,018,675	939,674	382,196	891,656
35 South Carolina.....	931,507	1,234,457	1,025,253	1,341,412
59 Susquehanna Valley..	546,067	719,427	563,777	...
18 Tennessee Mid. South	2,088,598	2,712,154	2,668,969	2,663,096	2,279,526
07 Texas.....	...	1,943,569	...	2,764,538	1,497,302	1,088,151
62 Tri-State.....	436,122	1,642,162	2,028,941	2,461,425
38 Wash. - Alaska.....	...	1,086,764	1,090,197	2,035,610	2,274,505	1,868,168
13 Western N.Y.....	...	357,761	1,647,796	1,413,701	17,500	...
31 Western Pennsylvania	2,359,490	1,299,857	...
37 Wisconsin.....	...	643,008	1,209,914	1,841,718	1,074,609	1,763,505
	8,160,201	27,363,664	65,099,569	71,553,652	69,701,375	46,964,003
55 Arizona.....	817,812	831,951
61 Illinois.....	1,662,754	...
33 Louisiana.....	771,383	160,000
66 Nassau-Suffolk.....	795,737	...
47 Nebraska.....	475,185	...
60 North Dakota.....	296,294	332,287
64 Northeast Ohio.....	368,116	322,167
47 South Dakota.....	472,198	...
40 Utah.....	736,755	197,371

REGIONAL MEDICAL PROGRAMS SERVICE
 ESTIMATE OF APPROVED BUT NOT FUNDED
 ACTIVITIES AS OF 12/31/71

Alabama	\$ 783,474
Albany	- 15,910
Arizona	575,069
Arkansas	384,248
Bi-State	141,030
California	3,189,406
Central New York	149,909
Colorado/Wyoming	7,774
Connecticut	726,472
Florida	321,928
Georgia	1,500,157
Greater Delaware Valley	442,222
Hawaii	178,857
Illinois	321,250
Indiana	- 21,411
Intermountain	- 29,063
Iowa	99,112
Kansas	267,497
Louisiana	95,883
Maine	610,092
Maryland.	435,623
Memphis	165,952
Metro. New York	- 204,796
Metro. D.C.	351,178
Michigan	112,903
Missouri	- 35,610
Mountain States	- 100,764
Mississippi	202,553
North Dakota	- 17,382
Nebraska	290,070
South Dakota	66,500
New Jersey	1,663,745
New Mexico	- 146,719
North Carolina	503,895
Northeastern Ohio	-0-
Northern New England	- 25,191
Northlands	196,232
Northwestern Ohio	- 46,862
Ohio State	-0-
Ohio Valley	599,901
Oklahoma	175,937
Oregon	152,945
Puerto Rico	200,876

Rochester . . . . .	.\$ - 90,371
South Carolina	329,291
South Dakota	- 66,500
Susquehanna Valley	114,449
Tennessee Mid-South	23,861
Texas	273,300
Tri-State	617,515
Virginia	92,209
Washington/Alaska	- 22,029
Wisconsin	- 31,569
Western New York	215,824
Western Pennsylvania	429,143
West Virginia	413,243
	<hr/>
Total Direct Costs . . . . .	.\$ 16,567,348
Estimated Indirect Costs	3,561,980
	<hr/>
@ 21.5% Direct Costs	
TOTAL . . . . .	.\$ 20,129,328

1972 AWARDS LESS THAN 1971

<u>REGION</u>	<u>1971</u>	<u>1972</u>	<u>Explanation</u>
Albany	\$834,207	\$982,902	Although the 1972 award is greater than 1971, the operating level is lower in 1972. 1971 - \$1,135,942; 1972 operating level - \$1,009,532. <i>Council approved level was lower than the 1971 level after cutback. C Category</i>
New Mexico	1,093,221	1,033,148	Due to the fact that the Council approved level was lower than the 1971 level after the cutback. However, a higher level has been approved and the budget is being negotiated.
Northeast Ohio	368,116	322,167	Minor adjustments in funding level in anticipation of merger of NE and NW Ohio RMP's. <i>C Category</i>
Northwest Ohio	442,715	369,114	Minor adjustments in funding level in anticipation of merger of NE and NW Ohio RMP's. <i>C Category</i>
Rochester	382,196	891,656	1970 was last full year of funding - \$939,674. Only awarded \$382,196 in 1971 to extend grant period for 6 more months. <i>C Category</i>
Texas	1,497,302	1,088,151	RMP given additional funds at end of FY 1971 for one time investment.



ONGOING CONTRACTS

Professional and Technical Development

American Neurological Association	Development of Guidelines for Facilities Providing Training in the Field of Stroke. (Organizational Liasion)	148,000
American Heart Association	Development of Guidelines and Criteria for Preventive Diagnostic and Therapeutic Services. (Organizational Liasion)	23,500
University of Washington	Training Evaluation Specialists for education in health sciences.	125,000
Long Island Jewish Medical Center	Community demonstration of out-patient clinic for secondary prevention of chronic obstructive lung disease.	10,800
University of California	Tumor registry training program	48,097
Connecticut Utilization and Patient Information System (CUPIS)	Develop the programming and computer capabilities for evaluating regular health programs.	68,452
Empire State Medical, Scientific, and Educational Foundation	Central New York regional rural medical planning study	75,475

Kidney Disease Control

Mayo Foundation	Home training Dialysis	226,900
Peter Brent Brigham Hospital	Home training Dialysis	298,484
Grassland Hospital	Home training Dialysis	384,697
Research Hospital	Home training Dialysis	187,626

February 28, 1972

ONGOING CONTRACTS

Evaluation

American Heart Association	Evaluation of Heart Guidelines	139,640
Institute for Study of Health and Society	Support for evaluation of the Second National House Staff Conference	10,000

February 29, 1972

STATUS OF CONTRACT FUNDS

FY '72 Contract Funds Available		\$4,300,000
Obligated to date:		
University of Washington	\$125,000	
Long Island Jewish Medical Center	10,800	
University of California	48,097	
American Neurological Association	148,000	
American Heart Association (2)	163,140	
Institute for Study of Health and Society	10,000	
Grassland Hospital	384,697	
Mayo Foundation	226,900	
Peter Brent Brigham Hospital	298,484	
Research Hospital	<u>187,626</u>	
Total Obligated		\$1,602,744
Contracts in Process:		
Kidney Disease Control		
Home dialysis training		
Mt. Sinai Hospital	150,000	
Charity Hospital of New Orleans	180,000	
University of Utah	165,000	
Other		
Peter Brent Brigham Hospital	9,500	
Hennepin County Hospital	50,000	
Olive View Hospital	75,000	
St. Francis Hospital	40,000	
Cleveland Metropolitan Hospital	15,555	
Professional and Technical Development		
Joint Commission on Accreditation of Hospitals	225,000	
National Academy of Science	23,000	
American Neurological Association	16,000	
Johns Hopkins University	<u>90,000</u>	
Total in process		\$1,039,055
Contracts to be processed		\$1,658,201
Total planned		\$4,300,000

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REGIONAL MEDICAL PROGRAMS SERVICE

	<u>\$ Estimate</u>	<u>Page Number</u>	<u>Quartile Priority</u>
(1) Consultant Services	\$ 10,000	5	1
(2) Evaluation of Heart Guidelines	140,000	7	1
(3) Effects of TV Anti-smoking Ads on Smoking Behavior	80,000	9	2
(4) Multi-regional Evaluation	50-150,000	11	2
(5) Measures and Methods for Assessing "Facilitation"	25,000	13	2
(6) Validating RMPs Review Criteria	15,000	16	3
(7) Training in Case Study Method	15,000	18	3
(8) Effectiveness of Regional Advisory Groups as Decision-making Bodies	2,500	20	3
(9) Project Termination in RMPs	2,500	22	3
TOTAL ESTIMATED COST OF PROJECTS	<u>\$420-525,000</u>		
TOTAL EVALUATION SET-ASIDE AVAILABLE TO PROGRAM	<u>\$ 358,290</u>		

Lawrence Horowitz, M.D.
Special Projects Officer
Office of Program Planning and Evaluation, HSMHA

Roland L. Peterson, Director
Office of Planning and Evaluation
Regional Medical Programs Service, HSMHA
RMPS Project Summaries for Second Evaluation Review Board

We are including the subject summaries as requested in your February 7 memorandum. We are aware of the change of dates and will see you on Monday, February 28 between 2:00 and 3:00.

Enclosures - 11

cc: Official File - JdelaP
Mr. Peterson - Complete set. ✓ for project
Project Officers - Applicable contract/summaries

OP&E:JdelaPuente/dhn 2/17/72

TO : Program Evaluation Teams

H. Jensen
DATE: February 9, 1972

FROM : Special Projects Officer
Office of Program Planning and Evaluation

SUBJECT: Evaluation Review Board

Because of a scheduling oversight, the Review Board will be held February 28, 29, and March 1, instead of February 22, 23, and 24. The schedules will be identical and the schedule of February 22 will be followed on February 28, the schedule of February 23 will be followed on February 29, and the schedule of February 24 will be followed on March 1.

Reports are still due in this office February 17.

Larry H.
Lawrence Horowitz, M.D.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Program Evaluation Teams

DATE: February 7, 1972
John P.

FROM : Special Projects Officer
Office of Program Planning and Evaluation

SUBJECT: Second Evaluation Review Board

Yes, there will be a second session of the Evaluation Review Board! In preparation for this, please complete the attached forms for each evaluation project currently underway or being planned. These format sheets should cover fiscal year 71 and fiscal year 72. The following guide should be used in filling out each section:

1. Project title. This should include not only the name of the study but the official number of the study.
2. Contractor. This space should be used to indicate the name of the contractor. If this is an in-house study, it should be so indicated. If consultants are being used, they should be named.
3. Objectives of study. This should be more than a repetition of the objectives listed in the evaluation plan. It should reflect the specific thinking that went into the development of the RFP and the letting of the contract.
4. Current status. Any results to date should be summarized here, as well as a description of the progress of each study. Problems should not be included in this section.
5. Major problems. A listing of all major problems, why they arose, and what has been done to solve them.
6. Expected completion date. Self-explanatory.

The schedule for this round of the Evaluation Review Board is as follows:

~~Tuesday, February 22~~ - 9:00 to 10:30 a.m. - CHS-CHP (a joint session).

Monday, " 28

Please bring representatives of both teams.

11:00 - 12:00 noon - HMOS

1:00 - 2:00 p.m. - NCHSR&D

2:00 - 3:00 p.m. - RMP

Page 2 - Program Evaluation Teams

Wednesday, February 23 - 9:00 - 10:00 a.m. - IHS
Tuesday, " 29 10:00 - 11:00 a.m. - FHPS
11:00 - 12 noon - NCFPS
1:00 - 2:00 p.m. - MCHS
2:00 - 3:00 p.m. - NHSC
3:00 - 4:00 p.m. - NIOSH
4:00 - 5:00 p.m. - HCFS

~~Thursday, February 24~~ - 1:00 - 1:30 p.m. - BCEM
Wednesday, March 1 1:30 - 2:15 p.m. - CDC
2:15 - 4:00 p.m. - NIMH
4:00 - 5:00 p.m. - NCHS

Once again we would like the head of OPPE to be present with no more than one backup man.

Written material requested in this memo should be furnished to OPPE by close of business February 17 (that means NIMH too).

Lawrence H.
Lawrence Horowitz, M.D.

Encl.

cc Dr. Weikel

PROJECT TITLE	CONTRACTOR	OBJECTIVES OF STUDY	CURRENT STATUS	MAJOR PROBLEMS	DATE
<p>Information System RMPs</p> <p>110-70-380</p>	<p>Harvard Center for Community Health and Medical Care 401 Commonwealth Avenue Boston, Mass 02215</p> <p>Harold Keairnes, M.D., Project Director</p>	<p>To develop, field test, and assess a new methodological tool for program evaluation (Information Support System) to assist RMPs in the review of their own activities and the development of their proposed program. It was based on the premise that evaluation efforts must be useful and must influence, if appropriate, future program development. ISS takes into account that RMP functions as a facilitator of change, is a "helping" organization--that is, it is a broadly aimed program in which there is commitment to achieve a change-for-the-better in a large system and in which an unstandardized and large scale intervention is made in an ongoing system. Most such "helping" organizations are not initiated to achieve specific changes. They often do not have clearly defined objectives and they intervene in such a wide range of matters that it is difficult to select criteria for their evaluation. Specifically, ISS seeks to describe (1) the organizational climate in which the program operates, (2) the leaders and key people in the medical care system, (3) the problems facing the medical system of the region, and (4) the activities of the program. And to evaluate (1) the apparent relationships</p>	<p>A methodology and procedures were developed in the first year (7/70-6/71), based on case study, survey research and market analysis methods. The basic procedures can be classified as (1) semi-structured leaders interviews, (2) unstructured key informant interviews, (3) activity analysis, (4) document analysis. These ISS program evaluation activities were conducted in four RMPs (Maine, Nassau-Suffolk, Western Pennsylvania, and Western New York) during that period. Modifications and refinements were made in the methodology and procedures as a result of the first year's experience, and ISS was extended to four other RMPs (Calif., Arca IV, Illinois, Tennessee Mid-South, and Wisconsin) in the second year (7/71-6/72). In addition, two of the initial four RMPs (N/S, and WNY) are being "tracked" for a second year.</p> <p>The entire process has been completed in two of the RMPs scheduled in the second year, and the field work in a third. In addition, a two-day meeting was recently held (2/9-10) involving five outsiders to critique the methodology and procedures which were employed and the tentative findings and conclusions flowing from the first year's activities. These findings included (1) most persons interviewed believe that the RMP has a broader mandate than the Programs themselves believe. Programs with the best representation of leaders on the Regional Advisory Group tend to have a</p>	<p>No major problems have been encountered with this contract in terms of content elements and scheduling. There have, however, been some methodological problems, false starts, etc. For example, the problems concerning the identification of key health leaders, structural vs. unstructured questionnaire approach, timing and nature of feedback to the RMPs involved, and the problem matrix utilized.</p> <p>The central question (or problem) is whether Iss is an effective methodological tool for program evaluation; whether RMPs really would find it useful. That is problematic at this juncture given the experience and evidence. On the other hand, insights and methodologies have been developed which probably will have some utility and/or implications for the RMPs and RMPs.</p>	<p>June 24, 1972</p>

OBJECTIVES (con't)

between objectives, activities and problems; (2) the relationship between past activities and problem solving activities perceived by leaders; (3) the relationship between proposed activities and problem solving activities recommended by leaders; (4) the reported influence of the program on changes that have recently occurred in the medical care system of the region; (5) the reported purpose, success and future of the program; (6) relation of the program to the leaders in the medical care system.

CURRENT STATUS (con't)

better correlation between proposed and recommended activities. (2) about a third of the persons "associated with change" are not identified as key health leaders in the region. This resource is probably underutilized by the RMP in comparison with "leaders of position," (3) activities of an agency must be visible in order to encourage financial support; operational projects tend to be more visible than core staff activities; consequently, RMPs remain more concerned with projects than program, and (4) the correlation between RMP supported and proposed activities and either a Region's stated goals and objectives or the major problems and needs as perceived by its key health leaders, is not highly positive.

PROJECT TITLE

g RMPs
Criteria

No. HSM 110-RMP-
34(2)

CONTRACTOR

Sources Sought
Announcement:

OBJECTIVES OF STUDY

(1) Assess the manner in which the established criteria relating to performance, process, and program are sensitive tools to adequately and objectively assess the effectiveness of Regional Medical Programs from the standpoint of the national RMP review process.

(2) Conduct a series of interviews with members of advisory bodies regarding the adequacy of review criteria.

(3) Develop suggestions for improvement of the review criteria.

CURRENT STATUS

Proposed notice for publication in Commerce Business Daily submitted to Contracting Officer, HSMHA. Program review now in process.

MAJOR PROBLEMS

None.

COMPLETION
DATE

June 1973

PROJECT TITLECONTRACTOROBJECTIVES OF STUDYCURRENT STATUSMAJOR PROBLEMSCOMPLETION
DATE

Termination

RMPs/OPE
In-House
(No consultants)

Designed to examine funding levels by various categories in all Regions for periods preceding and following the rebudgeting (and reconsideration of program priorities) occurring in all Regions due to the \$8 million reduction in RMP allocated grant funds ordered by the OMB in Spring 1971.

By early February, after several test runs, two of three tables required by the study were provided to the Office of Planning and Evaluation by the Office of Systems Management: (1) A set of three tables (By disease category, by primary purpose, and by type of sponsoring agency) showing total funds awarded for each category in December 1970 and June 1971, and the increases and decreases in each category; (2) A single table comparing disease categories and primary purpose categories for all projects with net changes in funding over the study period.

3) The third table will be prepared by OPE manually later in the study--a matrix of sponsor and grantee agency for all projects.

In mid-February, the OPE staff have prepared percentages for all categories in the first set of tables and are working to obtain indirect cost data, which is not available in entirety from the computer system. OPE is also negotiating details of two further requests with OSM: a comparison of Core funding for all RMPs for the two study periods (12/70 and 6/71), and data for a further table on the 143 terminated projects (as of 6/71).

Some problems exist in terms of data and programming requirements, especially in terms of data available for the third table, which cannot be obtained from the computer system.

May 1972

PROJECT TITLE

Business of
Regional Advisory
Groups
Decisionmaking

CONTRACTOR

RMPS/OPE
In-house
Mrs. Dorothy Moga,
Consultant

OBJECTIVES OF STUDY

Assess the structure of Regional Advisory Groups in terms of their operating characteristics and the influence that these characteristics have on the effectiveness of the decisionmaking process.

CURRENT STATUS

Phase I of this study was presented for final review in January 1972. The report entitled "Review of Regional Advisory Group Bylaws" depicts the patterns of authority available to Regional Advisory Groups of 56 regions, and provides recommendations for change and further study. We will be developing a "model" set of bylaws based on present findings. This model will be distributed to the RMPs for review, acceptance, and in some instances, implementation. We will also prepare an issue paper on the authorities of the RAG, grantee institution, and RMP Coordinator, based on present findings.

MAJOR PROBLEMS

None

COMPLETION
DATE

June 1972

PROJECT TITLE

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MAJOR PROBLEMS

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& Methods
Assessing
Facilitation"

M10-RMP-37(2).

BACKGROUND

Sources Sought
Announcement

OBJECTIVES OF STUDY

- (1) Develop an operational definition of facilitation
- (2) Develop gross measures to assess facilitation activities in individual Regional Medical Programs

CURRENT STATUS

Proposed notice for publication in Commerce Business Daily submitted to Contracting Officer, HSMHA. Program review in process.

ADMINISTRATIVE

None

PROJECT TITLE

Training
Pre-
analysts in
ation

10-70-351

CONTRACTOR

Univ. of Illinois
College of
Medicine
Chicago, Illinois

George E. Miller,
M.D., Project
Director

OBJECTIVES OF STUDY

(1) Support short-term training and update education for 250 evaluators and health professionals to enable them to understand, and make appropriate use of, educational evaluation techniques which may be used to guide and evaluate efforts to improve health care and health care delivery services.

(2) Consultation to local RMPs on problems of evaluation of educational strategies.

CURRENT STATUS

Three 2-day workshops have been planned for San Diego, regarding the use of medical audit techniques. Continuing consultation is being given to the Vermont RMP Core Staff. For the balance of the year, a continuation of emphasis on developing skills in education evaluation among core staffs and others with on-site programs are anticipated in three regions.

MAJOR PROBLEMS

Low registration due to requirement that hospital teams rather than individuals for training.

Hospital boards of directors have shown considerable interest in many instances to medical audit models. Brown despite the participating hospitals are enthusiastic.

PROJECT TITLE

Regional
Evaluation of
Dial Access
Services

110-RMP-31(2)

CONTRACTOR

Univ. of Wisconsin
333 N. Randall Av.
Madison, Wisc.

Thomas Meyer, M.D.
Project Director

OBJECTIVES OF STUDY

(1) Make a general assessment of the value of existing dial access libraries as a method of information retrieval by physicians and nurses. This objective shall be met by utilizing data collected by existing services, presenting cumulative and comparative data on utilization, costs, and behavior change.

(2) Compare several different types of dial access libraries both with each other and with a more traditional form of library service. This objective shall be accomplished through collection of data pertinent to services provided and subsequent comparison in terms of both costs and utilization.

CURRENT STATUS

Request for Contract submitted to Contracts Review Committee. Recommendations of Committee not yet received.

MAJOR PROBLEMS

None

PROJECT TITLE

Illustrating
Effect of RMP
Coronary Care
Activities on
Process of
Regionalization

SM 110-71-222

CONTRACTOR

Medical Care &
Education Founda-
tion, Inc.
Boston, Mass.

Harold Keairnes,
M.D., Project
Director

OBJECTIVES OF STUDY

To utilize existing skills and methodologies of information support system and existing organization and methodologies of the Inter-regional Management Information System for coronary care to identify: (1) To what extent have Northern New England, Maine, and the Tri-State RMPs taken regionalization into account in their planning and decisions about coronary care activities; (2) to what extent have the coronary care activities entailed regionalization specifically in regard to establishment, expansion, improvements, or utilization of coronary care units and training of personnel, both through directly, and indirectly supported programs; (3) have RMP supported coronary care units and coronary care activities contributed significantly more to regionalization than similar non-RMP supported units and activities; and (4) if RMP supported coronary care activities have entailed regionalization, have they had any effect on regionalization in non-

CURRENT STATUS

By now the contractor has determined the nature and magnitude of resources, facilities, and manpower in the area of coronary care. By April 1 the analysis of documents and information obtained from interviews related to RMP and non-RMP supported coronary care activities will be completed. By June 30 the contractor will have completed a comprehensive data gathering process related to medical, demographic, and related socio-economic characteristics of the patients admitted to intensive coronary care units.

MAJOR PROBLEMS

None

PROJECT TITLE

Guidelines of Heart

10-72-2

CONTRACTOR

American Heart Association
44 East 23rd St.
New York, N.Y.

Richard E. Hurley,
M.D., Project
Director

OBJECTIVES OF STUDY

(1) Evaluation of guidelines established by the Inter-Society Commission for Heart Disease Resources as to their dissemination, understanding, and acceptance, and applicability, both potentially and actually.

(2) Development of a plan for evaluation of their implementation and short-term impact on the processes of care by individual and institutional providers. This objective would place emphasis on recommendations whose implementation would lead to more effective utilization of manpower and facilities and reduction in cost while improving the delivery of care to patients with cardiovascular disease.

CURRENT STATUS

No results to date. Organizational planning has taken place in the last 1½ months.

MAJOR PROBLEMS

None

PROJECT TITLE

Anti-
Ads on Less
Hazardous Smoking

10-72-70

CONTRACTOR

Adtel, Limited
261 Madison Ave.
New York, N.Y.

John Adler,
Project Director

OBJECTIVES OF STUDY

To determine the effects of
a television campaign directed
toward "less hazardous
smoking," that is, the use
of low-tar, low nicotine
cigarettes, reducing
inhalation, smoking less of
each cigarette, etc.

CURRENT STATUS

Currently on schedule. Ads have
been on television since October.
Weekly reports on what T.V. pro-
grams are cut in on, and base-line
diary information has been sub-
mitted.

MAJOR PROBLEMS

None.

PROJECT TITLE

Department of a
Management
Information System
Planning &
Operating RMPs

10-71-88

CONTRACTOR

Univ. of Wash-
ington
Seattle, Wash.

(Washington/
Alaska RMP)

Donal R. Spark-
man, M.D.
Project Director
and Director,
Washington/Alaska
RMP

OBJECTIVES OF STUDY

(1) Design and test various techniques necessary to develop a management information system which will enable RMPS and the W/ARMP to optimize decision making with respect to program evaluation and budget allocation.

(2) Develop a Procedures Manual which will enable replication of the model system in other RMP's without their having to duplicate the development and testing phases already accomplished within W/ARMP.

CURRENT STATUS

Slightly behind schedule. Most of the Regional Reporting and Evaluation System processes, functions, criteria, formats and their instructions are operational, but not completely tested. Current preliminary results indicate that the RRES items and formats are transferrable and usable by another RMP. Testing will be continued to ensure the validity of these preliminary test results and conclusions. Several sections of procedures manual nearing completion. Completed current revisions to General Time-Oriented Flow Chart; submitted revised copies of the Operation and Planning Cycle Time-Phased Detail Flow Charts, and the General Flow Chart of Regional Reporting and Evaluation System (RRES). In the near future will complete definitions and five systems modules agreed upon by RMPS and W/ARMP.

MAJOR PROBLEMS

None



Composition of Direct Operations
and
Program Direction and Management Services

1973
Pres. Budget

Direct Operations

Division of Operations & Development	83
Division of Professional & Technical Development	92 (EMS=25)
Office of Systems Management	<u>19</u>
Total	194

Program Direction & Management Services

Office of Director	12
Communications & Public Information	11
Administrative Management	29
Planning & Evaluation	<u>16</u>
Total	68

Grand Total 262

Object Class Increases

Positions	+25	For new Emergency Medical Services activity.
Personnel compensation	+\$323,000	For new Emergency Medical Services activity and within-grade pay increases.
Personnel Benefits	+\$34,000	For new Emergency Medical Services activity and within-grade pay increases.
Travel and transportation of persons	+\$25,000	For new Emergency Medical Services activity.
Other services	+\$82,000	For new Emergency Medical Services activity and working capital fund charges.
Supplies and materials	+\$3,000	For new Emergency Medical Services activity.
Grants, subsidies & contributions	-\$14,200,000	The decrease of \$14,200,000 in 1973 reflects adjustments for two nonrecurring items in 1972 of \$21,200,000 and an increase of \$7,000,000 for a new program of grants and contracts for emergency medical services.

25 positions and \$350,000 are included for the new Emergency Medical Services Program. These resources will be used to provide planning and evaluation, professional and technical assistance, standard setting, project review, project grants and contracts management, data systems development, and program direction and management services.

<u>Directive Staff</u>	<u>Grade</u>	<u>Number</u>	<u>Annual Salary</u>
MD - Supervisory PHA	GS-15	1	\$24,251
Administrative Asst/Evaluation	GS-9	1	10,470
Secretary	GS-6	1	7,727
<u>Technical/Consultative</u>			
Emergency Medical Advisors/ Community Organizers - PHA	GS-12	7	105,280
Project Officers for Contracts Public Health Analysts	GS-13	3	53,283
Secretary	GS-5	3	20,814
Secretary	GS-4	4	24,808
<u>Data Development</u>			
Supervisory Systems Analyst	GS-14	1	20,815
Systems Analyst	GS-13	1	17,761
Systems Analyst	GS-12	1	15,040
Secretary	GS-5	1	6,938
Secretary	GS-4	1	6,202
		25	313,389