

WASHINGTON-ALASKA REGIONAL MEDICAL PROGRAM

The Washington-Alaska Regional Medical Program under the leadership of Dr. Donal R. Sparkman, Program Coordinator, and an advisory group of thirty members has completed its first year of planning and embarked upon its initial operational program. Current awards for both continued planning and initial operations total \$1,656,151.

It is one of the eight Regional Medical Programs which has reached the operational stage. Continuing education for physicians and the training of allied health personnel figure importantly in its operational program. Several projects are aimed specifically at enhancing the health resources of Alaska. More detail on the program can be found in the attached summary.

The University of Washington School of Medicine, located in Seattle, is the coordinating headquarters of the Washington-Alaska Regional Medical Program

WASHINGTON-ALASKA REGIONAL MEDICAL PROGRAM

REGION: States of Washington and Alaska

COORDINATING HEADQUARTERS: University of Washington School of Medicine

STARTING DATE: September 1, 1966

FUNDING:

Current Award: \$1,656,151

Projected Next Year: \$2,387,587

OPERATIONAL STATUS: Now pending. See project descriptions below.

PROGRAM COORDINATOR: Dr. Donal R. Sparkman

Associate Professor, School of Medicine

University of Washington

ADVISORY GROUP: 1. Chairman: Dr. Donal R. Sparkman

2. Membership 30 (attached)

Practicing MD's 11, Medical Center 4, Hospital Administrators 2, Voluntary

Health Agencies 3, Public Health Officials 2,

Other Public Officials 1, Allied Health

Personnel 2, Public 5.

Organization and Staffing

During the past year, several top staff members were recruited to assist Dr. Donal Sparkman, who has been the program's director since its inception. The key staff personnel now include Mr. Tasker Robinette, Director of Health Care Services, Mr. Bill Thompson, Director of Project Administration, Mr. Jack Kornfeld, Director of Data Analysis, Mrs. Marion Johnson, Director of Communications, Dr. Stephen Yarnall, Director of Project Development, and Mr. Lawrence Sharp, Sociology Consultant. In addition, several project directors for the operational projects have been recruited through the University. The Washington-Alaska Regional Medical Program core staff personnel has been instrumental in the planning activities of the region, and in formulating policies by which the program will operate.

Subregional Development

The Alaska and Spokane areas have been operating as subregions in relation to the core staff in Seattle. Plans to further implement the subregional concept are presently being considered.

Regional Advisory Group

An active Regional Advisory Group has most recently reviewed and approved the operational grant proposal, which was subsequently awarded. In addition, this 30 member group has made several recommendations concerning program goals, and has appointed an Executive Committee to be responsible for major Regional Medical Program interim decisions. The Group also recommended that categorical subcommittees be established, and they are presently very active in reviewing and proposing specific projects.

Planning Activities

The major thrust of Washington-Alaska's Regional Medical Program planning has been in the areas of data collection and feasibility studies, with the core staff providing the major inputs into this planning. A Planning Committee and a Consulting Committee have also been formed to aid in the overall Planning process. In the specific areas mentioned above, the following are representative of some of the efforts made to date:

(1) Data Studies:

- (a) patient origin
- (b) heart registry
- (c) stroke facilities
- (d) nursing manpower

(2) Feasibility Studies:

Health resources study--to test the feasibility of providing emergency health care services without a doctor.

Operational Activities

The following are summaries of the Washington-Alaska Regional Medical Program operational projects, which were recently funded:

(1) Central Washington Project

Several methods of bringing the medical resources of Seattle closer to Central Washington have been proposed. First physicians from the University of Washington will hold conferences and seminars at various hospitals in Yakima (Central Washington). The doctors from Yakima will then act as consultants for the smaller community hospitals in the area. Second educational television programs conducted by faculty at the University of Washington will be broadcast to Yakima where physicians will summarize the content for

Operational Activities

(1) Central Washington Project cont'd.

outlying practitioners. Thirty-five community hospitals will be connected by an EKG hotline that will permit quick analysis by trained technicians.

(2) Southeastern Alaska Project

To alleviate Southeastern Alaskan physicians problems of isolation, several long-range communication methods will be used to bring information to the practitioner. As in the Central Washington project consultants from Seattle telelectrures EKG hotlines, and library support will be tested.

(3) Postgraduate Preceptorships for Physicians--University of Washington School of Medicine

This project provides the opportunity for isolated practitioners to come to Seattle for a week or more to study coronary care under the guidance of a preceptor. Stipends for the preceptees will be provided, as will physicians to cover their practice while they are in Seattle. This program will serve as a pilot project to test the feasibility of the preceptor approach to continuing education in other areas.

(4) Two Way Radio Telephone Conferences on Continuing Health Sciences Education (RAD TEL-CON) -- University of Washington

Six radio programs on topics selected by a panel of physicians will be broadcast to twenty hospitals in Washington, each of which will be provided with slides to accompany the presentation. A two way radio hook-up between the instructor and the hospitals will offer physicians in the audience an opportunity to ask questions.

(5) Information and Education Resource Support Unit

The support unit is a central clearing house for Washington-Alaska Regional Medical Program educational programs. It will produce educational informational and promotional literature films and programs, as well as coordinate audiovisual projects such as those mentioned in 1, 2, and 4. The central coordinating unit is especially important to Washington-Alaska Regional Medical Program because so many of its projects are individual programmed learning units aimed at each practitioner's unique needs. A central support unit can send each individual the precise learning unit he requests.

Operational Activities cont'd.

(6) Coronary Care Unit Coordinator

The CCU Coordinating Committee will distribute new information on patient care in coronary units. The committee will also write a syllabus for a course in coronary care unit work, and set standards for the many nurses and physicians training courses in this area.

(7) Continuing Education and On-The-Job Training of Laboratory Personnel

Five designated local training centers will list laboratory procedures that should be available in their communities and send the list to the University of Washington. The University of Washington will make the list available to smaller community labs, which will then designate in which procedure training courses they would like to place a trainee. University of Washington will arrange for one of the five training centers to run a course for the trainee.

(8) Cardiac-Pulmonary Technician Training Program

This project will develop a program for training cardio-pulmonary technicians to take over non-critical functions in coronary care units and free physicians for other duties. Four major hospitals and the Spokane Community College will cooperate in conducting the program.

(9) Alaska Medical Library

Since Alaska has no medical library the Washington-Alaska Regional Medical Program proposes to establish one in Anchorage the State's population center. Cooperative arrangements with other libraries will be established.

(10) Anchorage Cancer Program

In 1966, 102 cancer patients in Alaska required super-voltage therapy treatment but there was no equipment for it in the State. Some local money has been raised the rest is being applied for in this grant. The facility will be located in Anchorage.

(11) Children with Cancer

This is a study to determine the impact of different methods of caring for childhood cancer. Specifically, children treated in their local community and at a major center will be compared as to

Operational Activities

(11) Children with Cancer cont'd.

(1) their physicians' feelings about the treatment (2) why or why not the children were treated at a center (3) socio-economic impact on their families and (4) availability of adequate equipment.

(12) Radiological Physics Program

The Washington-Alaska Regional Medical Program wants to hire a radiological physicist as a consultant for smaller hospitals to aid in dosimetry and other problems of radiotherapy. Provisions will also be made for equipment calibration.

(13) Computer Aided Instruction in Heart Disease, Cancer, Stroke and Related Diseases

A group of nurses studying electrocardiographic diagnosis of arrhythmias will be given supplemental computer aided instruction. Another group will not. The results of the comparative studies will be used to determine the effectiveness of computer aided instruction for teaching medical techniques. The participants will also become familiar with using computer terminals which are becoming more important in medical work.

Relationship to Comprehensive Health Program

The Washington-Alaska Regional Medical Program has planned to set up a number of community planning bodies, which it is anticipated will tie-in with the comprehensive area-wide health planning under this program.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS

IN WASHINGTON AND ALASKA

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Washington State Hospital Association
Seattle, Washington

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King County and Providence Hospitals
Seattle, Washington

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Assistant Dean
School of Medicine
University of Washington
Seattle, Washington

Charles N. Lester, M.D.
Seattle-King County Health Department
Seattle, Washington

Robert M. Levenson, M.D.

Past President, Washington State Heart Association

Seattle, Washington

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Gordon A. Logan, M.D.
Director, Providence Heart Center
Providence Hospital
Seattle, Washington

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President, North Coast Life Insurance Company
Spokane, Washington

William E. O'Neil Seattle, Washington

William O. Robertson, M.D.
Associate Dean, Medical Director
Affiliated Hospitals
University of Washington School of Medicine
Seattle, Washington

Carl P. Schlicke, M.D.
Past President, Washington State Medical Association
Spokane, Washington

Paul Shields, M.D. President, Northeastern Division Washington State Heart Association Spokane, Washington

Jess B. Spielholz, M.D. Washington State Department of Health Olympia, Washington

Thomas B. Stewart Judge, Superior Court President, Alaska Heart Association Juneau, Alaska

Harry Wheeler, Administrator Deaconess Hospital Spokane, Washington

W. R. Williams Spokane, Washington

Bruce C. Wright, M.D. Chairman, Alaska Coordinating Committee for WARMP Anchorage, Alaska