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S. FRIEDEL
DISTRICT 7 - BALTIMORE

MARYLAND REGIONAL MEDICAL PROGRAM

The Regional Medical Program is, like most programs, still in the planning stage of development. Advisory Groups and staff have been appointed. Five standing committees--on heart disease, cancer, stroke, continuing education, and statistics and epidemiology--have been established. These Standing Committees have developed plans for projects covering each of their areas of interest. In addition, feasibility studies have been planned to determine manpower and equipment needs; and patient and physician acceptability. Illustrative of the cooperative spurt of the Program is the fact that the State Health Officer is Chairman of the Advisory Committee with the Program Coordinator from the University Medical School. Current funding is at a level of \$412,227 and an additional request for planning totals \$386,389.

Additional information on the Maryland Regional Medical Program follows.

March 1968

S. FRIEDEL
DISTRICT 7-BALTIMORE

MARYLAND REGIONAL MEDICAL PROGRAM

REGION

State of Maryland

COORDINATING HEADQUARTERS

Administrative Committee of the Regional Medical Program for Maryland on behalf of the Maryland Department of Health, The Johns Hopkins University Medical School and the University of Maryland Medical School.

STARTING DATE

January 1, 1967

FUNDING

Current Award:

\$412,227

Current Request:

\$386,389

Projected Next Year:

\$5,500,000

OPERATIONAL STATUS

Anticipated FY 69

PROGRAM COORDINATOR

Dr. William S. Spicer, Jr. (Acting)
University of Maryland Medical School

ADVISORY GROUP

1. Chairman: Dr. William J. Peeples
Commissioner
State Department of Health
2. Membership: 37. (attached)
Practicing M.D.'s 6; Medical Centers 10;
Hospital Administrators 2; Voluntary
Health Agencies 5; Public Health
Officials 3; Other Public Officials 5;
Allied Health Personnel 2; Public 4.

Organization and Staffing

The Maryland Regional Medical Program is administered by an Administrative Committee consisting of the Deans of the two medical schools and the Commissioner of Health of Maryland. This Committee, under the policy decisions of the Advisory Group, administers the program through the acting coordinator. In addition to the coordinator, the Maryland core staff consists of a business manager, and a director of information. Associate Coordinators have also been

designated from each of the participating institutions, namely Johns Hopkins, State Health Department and the University of Maryland. Assistant coordinators that have been recruited cover the areas of audiovisual, medical care administration, and continuing education. As the planning has progressed, each staff member has taken on certain categorical duties in addition to the institutional responsibilities, so there has been no duplication in their professional activities.

Subregional Development

So far, formal subregionalization has taken place along institutional lines. This trend will probably continue since 21 community hospitals in the region have indicated their interest in the program.

Regional Advisory Group

The Maryland Advisory Group, presently consisting of 37 members, has played an active role in formulating and carrying out the establishment and operations of the program. There have been five meetings of this group since its formation, four of such meeting having been held in the last half of 1967.

An operational review committee has also been established to review proposals before presentation to the Advisory Group. In addition, five standing committees have been established to help plan for the region in the areas of heart disease, cancer, stroke, continuing education and statistics and epidemiology.

Planning Activities

The major thrust of the region's planning so far has been the activities of the Standing Committees. Some of the specific planning activities include:

- (1) Continuing Education - establishment of a unit for evaluation of medical care and continuing education.
- (2) Data Collection - priority has been given to the establishment of an Epidemiology and Statistics Center. In addition, several hospital surveys are planned.
- (3) Heart Disease - established priorities include: (a) the establishment of cardiopulmonary resuscitation programs; (b) establishment of cardiac clinics; (c) establishment of rehabilitation program; and (d) establishment of a screening program.
- (4) Cancer - priorities include assisting in the development of a conjoint cancer clinic; expanding the cytological services in the region; and establishing facilities for radiation therapy.

- (5) Stroke - priorities include developing a functional communications network using closed circuit TV, and constructing stroke units within the state.

In addition to the above, plans have been made for feasibility studies to determine manpower requirements, equipment needs, and patient and physician acceptability. It is anticipated that these studies will permit more realistic operational proposals in the future.

Relationship to Comprehensive Health Programs

Conferences have been held between members of the Maryland Regional Medical Program staff and representatives of the State Agency for Comprehensive Health Services Planning, which is in the executive offices of the Governor. These conversations have been directed towards identification of areas of cooperation between the two programs. Following further appointments by the Governor, more active moves toward coordination will be undertaken.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS

IN MARYLAND

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Baltimore, Maryland

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State Department of Health
Baltimore, Maryland

Dr. William S. Stone
Dean, School of Medicine
University of Maryland
Baltimore, Maryland

Dean*
Johns Hopkins University
School of Medicine
Baltimore, Maryland

*To be appointed as of July 1, 1968