



E000695

PROFILE: CALIFORNIA REGIONAL
MEDICAL PROGRAM

Originally prepared by: Anthony L. Komaroff, M.D.
Operations Officer

Original date: March, 1969

Up-Dated: June, 1969

September, 1969

Jan. '66

June

Jan. '67

June

Jan. '68

June

Jan. '69

June

Jan. '70

June

Jan. '71

(supplemental grants for planning at the various Area offices)

01 Planning - \$223,400

01S1 - \$1,099,968

UCLA, USC, UCSF, CMERF, CMA

01S2
\$188,013

Davis

\$14,635 ← 01S3

San Diego

\$49,080 ← 01S4

Stanford

\$109,965

\$1,026,936

02 Planning - \$2,504,497

02S1

01S2

01 Operational
\$2,232,864

01S1 - \$140,124

02 Operational (+Core)
\$8,435,030

CALIFORNIA GRANT AWARDS
(total costs)

GEOGRAPHY AND DEMOGRAPHY

The Region is coterminous with the State, except for the Reno and Las Vegas, Nevada, areas which are "shared" jurisdictionally with the Mountain States and Intermountain RMPs.

Currently, the Region is divided into eight Areas, each centered around a medical school. Data for the entire Region will be presented first, followed by data for individual Areas.

Region

Land Area: 156,573 sq. mi.

Total population: 18,293,000 (1965)

% Urban: 81%
Median Age: 30.0 (average)
Racial (1960)
White: 92%
Negro: 6%
Other: 2%

Major metropolitan areas (1960):

North

San Francisco-Oakland	2,649,000
Sacramento	626,000
San Jose	642,000
Stockton	260,000

South

Los Angeles-Long Beach	6,039,000
San Diego	1,033,000
San Bernardino-Riverside	810,000
Anaheim-Santa Ana- Garden Grove	704,000
Bakersfield	292,000
Fresno	366,000

Note: Breakdown of population by RMP areas will be included later.

Health Statistics:

Mortality rates

Heart:	322/100,000	(low)
Cancer:	139	(average)
Stroke:	89	(low)

Health Facilities:

Medical Schools - will be discussed under Areas

Nursing Programs:

62 total programs, including 42 collegiate

Medical Technology Programs: 20

Hospitals:

Total: 615 (138,722 beds)

The vast majority are non-federal, short-term hospitals

Personnel:

Physicians (includes all but about 100 osteopaths who
have been given MD by State medical examiners)

35,224 (212/100,000 - high)

Nurses:

Total: 91,961

Active: 57,700 (347/100,000 - high)

POLITICS

Governor: Ronald Reagan (R), 1966-1970

Senators: George Murphy, (R), 1964-1970; Member, Senate Committee on Labor and Public Welfare (Health Subcommittee)

Allan Cranston, (D), 1968-1974; Member, Senate Committee on Labor and Public Welfare (Health Subcommittee)

Congressmen:

John McFall, (D), Appropriations (not on HEW subcommittee)

Jeffery Cohelan, (D), Appropriations (not subcommittee)

Glenard Lipscomb, (R), Appropriations (not subcommittee)

Burt Talcott, (R), Appropriations (not subcommittee)

John Moss, (D), Interstate and Foreign Commerce (not subcommittee)

Lionel Van Deerlin, (D), I & FC (not subcommittee)

CHRONOLOGICAL REVIEW

October 1965

Passage of PL 89-239. Within two months, committees had been appointed at UCSF, UCLA, Stanford, and USC to study the legislation.

The California State Department of Health organized the "California Coordination Agency for Training, Research, Education, and Demonstration in the Field of Heart Disease, Cancer, Stroke and Related Diseases". This agency included representatives from the California Medical Association, the California Hospital Association, and the Deans of the eight schools of medicine. The Agency was organized with the purpose of developing an "overall plan" for cooperative medical arrangements throughout the State. Planning for developing regional medical programs was to proceed at each of the participating medical centers. The Coordination Agency would "develop suggestions" to delineate geographic areas of responsibility for each of the medical centers, and would coordinate and mediate other questions. The proposed method of operation relied heavily on systems analysis techniques.

May 1966

The Agency submitted an application outlining its structure and goals, as described above. At this time, the Agency Chairman was Dean Robert Glaser of Stanford, and the Project Director was to be Dr. Nemat Borhani of the State Department of Public Health.

The major question raised by the application was the creation of a "mega-region" ---a question not discussed in PL 89-239.

July 1966

Site visit: Team included Dr. Marston, Mr. Yordy, Dr. Sloan, and others from DRMP, as well as Dr. Howell, Dr. Everist, and Dr. DeBakey from the Council.

Dr. Marston indicated that legal counsel had advised against RMP creating a central agency unless it were to coordinate a group of "subregions." The Region decided on this kind of structure; UCLA withdrew the planning application it had independently submitted. The various medical centers agreed to reconsider at a later date whether to break up into several regions, perhaps before receiving operational grants.

August 1966

A revised application incorporating the decisions

June, 1967 01S2 Planning Award \$151,358 from 6/1/67 to 10/31/68
(Davis)

September 1967 01S3 Planning Award \$10,417 from 11/1/66 to 10/31/67
(San Diego)

September 1967 01S3 Planning Award \$37,256 from 11/1/66 to 10/31/67
(Stanford)

October 1967 01 Planning Review:

1. Most activity had occurred in the prior three months
2. Planning and decision-making were going on primarily at the Area level
3. UCLA and UCSF had begun to place staff outside their medical centers
4. Contact between Areas and with adjacent Regions was documented
5. Planning underway included:
 - a. Review of morbidity and mortality data
 - b. Analysis of hospital discharges
 - c. Inventory categorical disease special resources
 - d. Inventory of allied health programs
 - e. Analysis of patient referral patterns

December 1967 02 Planning Award \$2,509,197 from 1/1/68 to 12/31/68

Total cost budget breakdown:

Area I (UCSF) -	\$559,035
Area II (Davis)	220,184
Area III (Stanford)	247,582
Area IV (UCLA)	689,747
Area V (USC)	533,892
Area VI (LL)	118,000
Area VII (UCSD)	148,935
Area VIII (UCI-CCM)	187,500
CCRMP	219,331
CMERF	50,291

April 1968

Site visit on Operational Application

Team: Dr. Millikan, Mr. Thompson, Dr. Raventos,
Dr. Dyson, Dr. Schmidt, Mrs. Phillips, Dr. Conley,
Mr. Alpert

The team felt that each Area had begun to forge meaningful cooperative relationships within the community it served. They were disappointed, however, by the apparent lack of interaction between Areas. Total regional planning and direction were hard to discern.

June 1968

01 Operational Award \$1,957,146 from 7/1/68 to 6/30/69
Includes nine projects (including two "earmarks") of 21 requested.

reached at the Site Visit, was submitted. The coordinating agency became a non-profit corporation and changed its name to California Committee on Regional Medical Programs (CCRMP). The Grantee became the California Medical Education and Research Foundation (CMERF), a second non-profit corporation, the fiscal arm of CCRMP, with its own part-time staff.

November 1966

01 Planning Award \$223,400; November 1 1966, to October 31, 1967; for CCRMP only.

February 1967

Mr. Paul D. Ward appointed Program Coordinator.

February 1967

Site Visit. Team: Mr. Yordy and Dr. Hazen of DRMP.

Discussion centered around Council's concern that the planning application for subregions demonstrated little cooperation between the subregions and little overall planning. Mr. Ward assured the Visitors that a revised application would be submitted.

March 1967

Site Visit. Team: Dr. Shanholtz, Dr. Millikan, Mr. Yordy, Dr. Sloan, Mr. Alpert. The team found:

1. The Region had been divided into areas covering entire state, each with its own active Local Advisory Committee.
2. Funds were being directly transmitted through the central office to the Areas.
4. The central office was felt to have primary value in setting overall program "themes", adjudicating disputes, more dispassionate evaluation, relating to the California Medical and Hospital Associations.

It was recommended that the central office remain small, and that it be phased out in future years if this seemed indicated.

5. It was decided to recommend funding planning proposals separately identified as emanating from the California Medical Association and California Hospital Association, for "tactical reasons".

April 1967

01SI Planning Award \$945,706, April 1, 1967 to October 31, 1967 for planning at UCSF, UCLA, USC, CMA, and CHA.

Note: See discussion of projects later.

October 1968

0151 Award for planning in the Northeast San Fernando Valley (LA poverty area)--\$119,998 to 6/30/69

December 1968

Site visit to review several supplemental operational projects.

Team: Mr. Thompson, Dr. Raventos, Dr. Fields, Dr. Komaroff, Mrs. Salazar.

Action on these projects will be discussed later. Administrative action pending on project request.

December 1968
and
March 1969

Core staff support extended at current level until June 30, 1969, pending April site visit evaluation.

March 1969

Technical Site Visit on Medical TV Project

April 1969

Special Site Visit to each of the Areas, lasting 5 days, with purpose of evaluating progress of the overall program. Individual projects were considered only briefly. Site Visitors were impressed with most of the Areas, particularly with Areas I, III, IV, V, VII, and VIII.

Most impressive was the evidence of true peripheral involvement. The Watts-Willowbrook District appeared to be progressing very well. During the Visit, Area IV (UCLA) raised the possibility of making each Area a separate Region; there was little support for this position outside of Area IV.

June, 1969

Roger O. Egeberg, M.D., Chairman of CCRMP (RAG) is appointed Assistant Secretary for Health and Scientific Affairs, DHEW. Dr. James MacLaggan becomes acting Chairman.

July, 1969

Site Visit: Team: Dr. H. Lemon, Dr. B. Decker, Dr. John Johnson, Dr. William Fields, Mrs. Silsbee, Dr. Komaroff.

Site visitors review 13 project proposals, approve 11 at approximately 45% requested level. Projects

include a number of stroke proposals. Operational projects approved in Areas III and VII for the first time.

REGIONAL CENTRAL STAFF

California Regional Medical Program has a unique organizational structure.

The California Committee on Regional Medical Programs (CCRMP) is the Regional Advisory Group, with functions of overall policy-making, and final project review. CCRMP has 27 members, including:

- a. Deans of the (8) medical schools
- b. Director State Department of Health
- c. California Medical Association (3)
- d. California Hospital Association (3)
- e. California Heart Association (1)
- f. California Division Cancer Society (1)
- g. Deans of the (2) Schools of Public Health
- h. Representatives of the public (8)

CCRMP has five subcommittees in Heart, Cancer, Stroke, Related Diseases, and Continuing Education, and has appointed several ad hoc subcommittees. These subcommittees also act to consider policy and offer technical project review, and are composed of specialists from throughout the Region.

Chairman of CCRMP was Dr. Roger Egeberg, Dean of the USC School of Medicine, until his appointment in June, 1969, as DHEW Assistant Secretary for Health and Scientific Affairs. Acting Chairman is now Dr. James MacLagan.

Executive Director of the Region is Mr. Paul Ward. Mr. Ward has a long background in state and national health legislation.

Mr. Ward directs a staff of 11 people in the Region's central office of San Francisco. On the staff are three non-M.D. Associate Coordinators, and one Coordinator each for Evaluation and Administration. The central staff received \$291,331 in the 02 planning grant.

Grantee is the California Medical Education and Research Foundation (CMERF). CMERF was formed in 1962 by the California Medical Association to handle grant funds. CMERF is staff by 15 part-time (4 to 40%) people, all from the CMA. The director is Mr. Murray Klutch. CMERF has also undertaken several surveys for the Region. CMERF received \$50,291 in the 02 planning grant.

The Region is divided into 9 Areas. These Areas were created to operate out of the 8 medical schools and the Charles Drew Postgraduate Medical School (Watts-Willowbrook) for purposes of planning, and have since also administered operational projects.

Each Area has its own Core Staff; many Areas have large voluntary committee staffs. Each Area has its own Area Advisory Group, with a broad representation as specified in the RMP Guidelines. Some of these Area Advisory Groups have subcommittees.

Several Areas are further subdivided into Districts, and some of these Districts also have Advisory Groups.

The paid administrative personnel in all the California Regional Medical Program offices totals 239 people, including 110 full-time and 149 professional staff.

Over 500 people serve on committees and subcommittees throughout the Region, receiving reimbursement only for expenses.

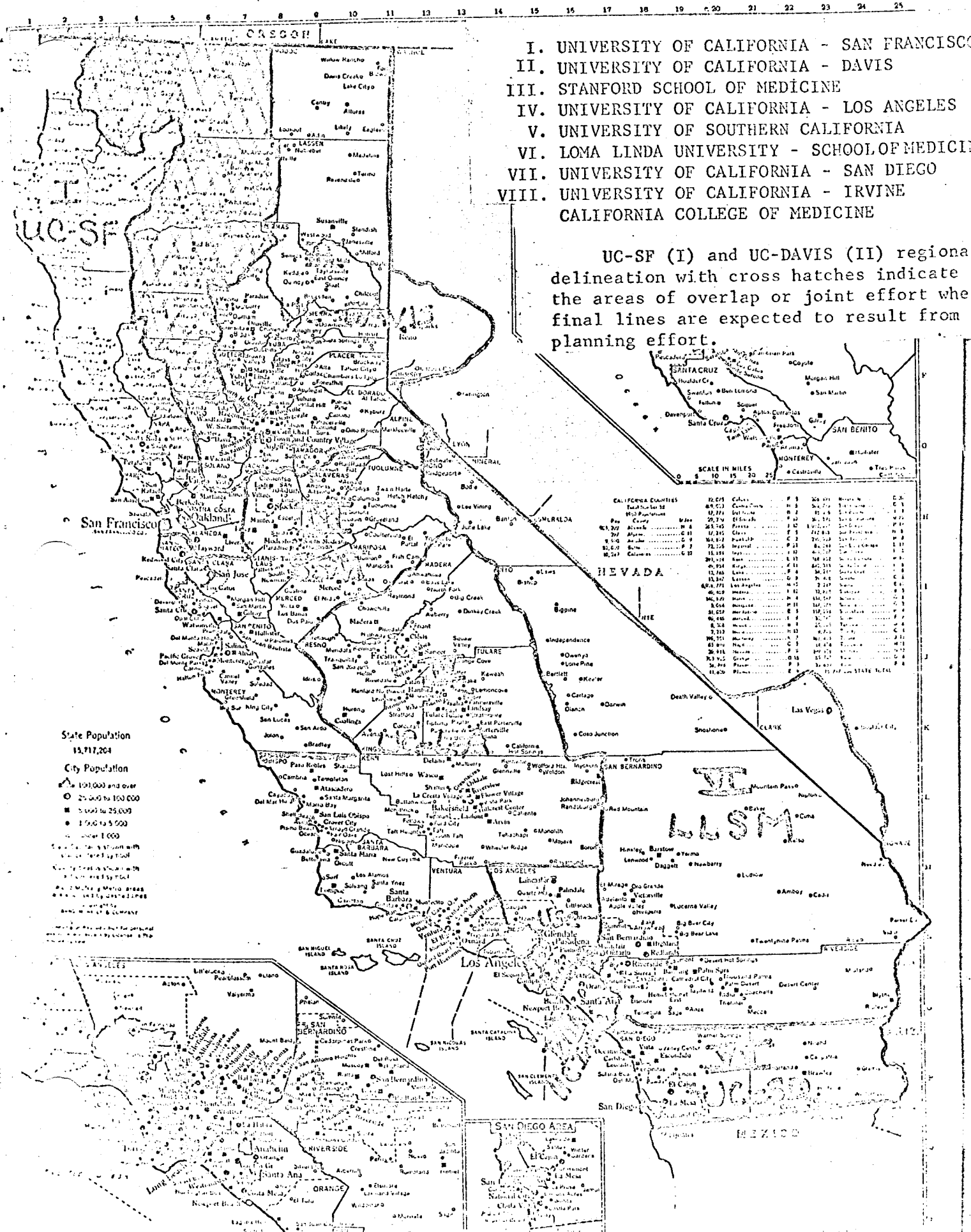
CCRMP has completed the following planning activities:

1. A study of hospital discharges
2. A region-wide survey of special facilities
3. An inventory of training resources
4. A region-wide survey of physician attitudes toward existing forms of continuing medical education
5. A region-wide survey of physician attitudes in the categorical diseases.

THE AREAS

STATE COUNTY CITY MAP

SIZE 8 1/2" X 11"



- I. UNIVERSITY OF CALIFORNIA - SAN FRANCISCO
- II. UNIVERSITY OF CALIFORNIA - DAVIS
- III. STANFORD SCHOOL OF MEDICINE
- IV. UNIVERSITY OF CALIFORNIA - LOS ANGELES
- V. UNIVERSITY OF SOUTHERN CALIFORNIA
- VI. LOMA LINDA UNIVERSITY - SCHOOL OF MEDICINE
- VII. UNIVERSITY OF CALIFORNIA - SAN DIEGO
- VIII. UNIVERSITY OF CALIFORNIA - IRVINE
CALIFORNIA COLLEGE OF MEDICINE

UC-SF (I) and UC-DAVIS (II) regional delineation with cross hatches indicate the areas of overlap or joint effort where final lines are expected to result from planning effort.

State Population
13,717,264

City Population

- 101,000 and over
- 25,000 to 100,000
- 10,000 to 25,000
- 5,000 to 10,000
- under 5,000

CALIFORNIA COUNTIES	Pop.	County	Miles	Pop. Density	Area	Pop. Density
Alameda	48,533	Alameda	712	68	712	68
Albany	12,771	Albany	1,212	11	1,212	11
Alameda	20,730	Alameda	1,212	17	1,212	17
Alameda	263,765	Alameda	1,212	218	1,212	218
Alameda	17,315	Alameda	1,212	14	1,212	14
Alameda	161,812	Alameda	1,212	134	1,212	134
Alameda	72,125	Alameda	1,212	59	1,212	59
Alameda	13,181	Alameda	1,212	11	1,212	11
Alameda	291,128	Alameda	1,212	240	1,212	240
Alameda	67,034	Alameda	1,212	55	1,212	55
Alameda	12,748	Alameda	1,212	11	1,212	11
Alameda	13,167	Alameda	1,212	11	1,212	11
Alameda	458,771	Alameda	1,212	379	1,212	379
Alameda	46,429	Alameda	1,212	38	1,212	38
Alameda	162,473	Alameda	1,212	134	1,212	134
Alameda	5,654	Alameda	1,212	5	1,212	5
Alameda	33,612	Alameda	1,212	28	1,212	28
Alameda	80,456	Alameda	1,212	66	1,212	66
Alameda	8,328	Alameda	1,212	7	1,212	7
Alameda	7,313	Alameda	1,212	6	1,212	6
Alameda	196,351	Alameda	1,212	162	1,212	162
Alameda	63,974	Alameda	1,212	53	1,212	53
Alameda	26,918	Alameda	1,212	22	1,212	22
Alameda	73,745	Alameda	1,212	60	1,212	60
Alameda	34,393	Alameda	1,212	28	1,212	28
Alameda	11,620	Alameda	1,212	10	1,212	10

SCALE IN MILES

CALIFORNIA COUNTIES	Pop.	County	Miles	Pop. Density	Area	Pop. Density
Alameda	48,533	Alameda	712	68	712	68
Albany	12,771	Albany	1,212	11	1,212	11
Alameda	20,730	Alameda	1,212	17	1,212	17
Alameda	263,765	Alameda	1,212	218	1,212	218
Alameda	17,315	Alameda	1,212	14	1,212	14
Alameda	161,812	Alameda	1,212	134	1,212	134
Alameda	72,125	Alameda	1,212	59	1,212	59
Alameda	13,181	Alameda	1,212	11	1,212	11
Alameda	291,128	Alameda	1,212	240	1,212	240
Alameda	67,034	Alameda	1,212	55	1,212	55
Alameda	12,748	Alameda	1,212	11	1,212	11
Alameda	13,167	Alameda	1,212	11	1,212	11
Alameda	458,771	Alameda	1,212	379	1,212	379
Alameda	46,429	Alameda	1,212	38	1,212	38
Alameda	162,473	Alameda	1,212	134	1,212	134
Alameda	5,654	Alameda	1,212	5	1,212	5
Alameda	33,612	Alameda	1,212	28	1,212	28
Alameda	80,456	Alameda	1,212	66	1,212	66
Alameda	8,328	Alameda	1,212	7	1,212	7
Alameda	7,313	Alameda	1,212	6	1,212	6
Alameda	196,351	Alameda	1,212	162	1,212	162
Alameda	63,974	Alameda	1,212	53	1,212	53
Alameda	26,918	Alameda	1,212	22	1,212	22
Alameda	73,745	Alameda	1,212	60	1,212	60
Alameda	34,393	Alameda	1,212	28	1,212	28
Alameda	11,620	Alameda	1,212	10	1,212	10

DEATH VALLEY

CLARK

SAN BERNARDINO

VI

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

LOS ANGELES

Area I - UC San Francisco Medical CenterStatistics:

1. Includes parts of 17 counties
2. Population roughly 3.5 million, urban and rural

02 Planning Level: \$559,035

Core Staff:

1. Coordinator: No full-time Coordinator appointed yet. Dr. Elliot Rapaport, Professor of Medicine (Cardiologist), has been part time (20%), unsalaried Acting Coordinator for past two years.
2. Staff of 31, including:
 - a. 13 physicians, located at 5 different University-affiliated, San Francisco hospitals
 - b. 2 MFHs, 1 MBA, 2 RNs
 - c. 11 secretaries
 - d. 20 positions are full-time

Area Advisory Committee

1. Appointed by Dean
2. Final review group for proposals
3. Sets priorities
4. Includes 20 members
 - a. Some from each District Advisory Committee
 - b. Several (8) at large representatives
 - c. Mostly MDs, 2 RNs, hospital administrators, lay public, minority groups

District Advisory Committees

1. There are five DACs
 - a. San Francisco County
 - b. Alameda-Contra Costa
 - c. Marin County
 - d. Redwood Empire (5 counties)
 - e. Humboldt-del Norte-Trinity Counties
2. Members represent broad spectrum (Guidelines requirements for RAG)
3. Serve both in planning and in initial evaluation

Evaluation Committee

1. Functions to determine whether a proposal has adequate evaluation procedures
2. Advisory to Coordinator, appointed from relevant faculty

University Planning Committee

1. Appointed by Dean

2. All faculty of Medical Center
3. Advises Dean and Coordinator about Medical Center's support of RMP

Progress to Date:

1. Extension meetings with health and health-related professionals
2. Contacts with representatives of agencies in the poverty areas
3. Operation of three funded projects, with four other approved but not as yet funded projects (see next page)
4. Proposed activities for next two years include:
 - a. Expansion of patient care programs in all the categorical diseases
 - b. Development of a television network
 - c. Special attention to health and urban and rural poor
 - d. Expansion of cooperative relationships
 - e. On-going evaluation.

Project No.	1st Year Budget Total	Description
	\$321,055 (funded)	<u>Coronary Care Training</u> - will develop and establish a confederation of CCU's throughout northwestern California. Training will be provided for nurses and physicians in patient care and for nurse educators and nurse administrators. Supportive programs will be coronary care conferences; a reference information center and newsletter; and consultation on unit design, management; and specific care problems.
15	\$566,901 (requested)	x <u>A Regional Cancer Program</u> - (Dosimetry involved - awaiting "special" review) will provide assistance to peripheral groups, and assisting these groups to develop capacity for complete cancer management. Three parts: (1) clinical oncology, (2) data retrieval, and (3) educational services.
18	\$ 47,683 (funded)	<u>Training for Physicians - Intensive Care</u> - pilot project for one year only to train M.D.'s to provide intensive care to patients with acute myocardial infarction in small general hospitals.
	\$289,543 (requested)	x <u>Intensive Training Course in CRR for Emergency Resc Personnel</u> - training courses for rescue and emergency personnel in a seven-county area (Redwood Empire).
27	\$132,861 (requested)	x <u>Primary Physician Training and Continuing Education Rural Community Hospital Demonstration Cooperative Program</u> - builds on a general practice residency program at Sonoma Community Hospital and involvement of the Division of Ambulatory and Community Medicine at UCSF Medical Center to train "primary physician, rehabilitation, multidisciplinary approach to neoplastic disease and health problems of the rural poor.
20	\$333,226 (funded- earmarked)	<u>Hypertension - Northwest California</u> - demonstration training program for medical and allied health personnel in 10 community hospitals for referral and follow-up of hypertensive patients. Includes computerized registries.
25	\$289,543 (requested)	x <u>A Proposal for Rehabilitation and Continuity of Care Services</u> - develop role of "Liaison Nurse" (nurse with Pub. Health training who coordinates "discharge planning services"). Proposal has 3 components, involving 7 counties: 1) Alameda-Contra Costa Project, 2) Humboldt-Del Norte Area, 3) Sonoma-Mendocino-Lake Counties. Each of the 3 areas differs somewhat in its methodology and objectives. Each area has a nurse coordinator and secretary with a nurse project director and staff to administer the grant located in San Francisco. Workshops proposed to promote understanding of "Discharge planning services."

x - approved - just now
being funded

Project #	1st year Budget Total	Description
41	\$371,584 (requested)	<u>Patient Monitoring System</u> - Pilot program. Will demonstrate the feasibility of substituting computer monitoring for selected people in CCU's. Will offer training for M.D.'s and R.N.'s toward the reduction of manpower and instrumentation need.
42	\$ 95,267 (requested)	<u>ICU in Small Hospitals</u> - Will offer a one-week residency at Pacific Medical Center. Subsequently instructors-in-residence will be able to teach key intensive care skills.
43	\$655,472 (requested)	<u>Stroke Program</u> - Directed at three major problems: (1) the absence of readily available educational programs on the care of the stroke patient; (2) inadequate reliable information regarding the extent of the problem caused by stroke; (3) the lack of a flexible health care system that will permit the introduction and implementation of new knowledge as well as the development of new information. Program includes two major components: educational programs and services available to the entire Area to meet the needs of a specific community.
44	\$338,820 (requested)	<u>Medical Oncology Program (phase II of the Regional Cancer Program)</u> - Programs in postgraduate education, manpower, communications and clinical services, all related to the total care of the cancer patient.

Area II - UC Davis Medical SchoolStatistics:

- 1) Includes parts of 14 counties
- 2) Population roughly 1 million, urban (e.g. Sacramento) & rural

02 Planning Level: \$220,184

Core Staff:

- 1) Coordinator: Dr. Reed Nesbit; Professor Emeritus of Urology, recent past President American College of Surgeons, recruited in early 1968, now full-time.
- 2) Staff of 14, including 3 M.D.s (two part-time District Coordinators), one Ph.D, 2 MPHs, and 5 secretaries.

Area Advisory Council

- 1) Membership of 45, including broad representation outlined in Guidelines (no nurses, minority representation)
- 2) Self-contained organization, with established by-laws
- 3) Meets quarterly to review proposals and advise on policy
- 4) Contains several standing committees, including an Executive Committee and categorical disease committees which help evaluate local needs, stimulate local interest, and review project proposals.

District Coordinators

- 1) Presently, two private physicians are with RMP 25% of the time to act as local catalysts and organizers of two "districts" - Reno (Western Nevada), and Butte-Glenn County. Three other district coordinators are anticipated.

History To Date:

- 1) Received first planning grant in July, 1967, at a time when the new Medical School had a faculty of seven, and no students. The faculty is now over 70, and the first class began in September, 1968.
- 2) Planning so far has included surveys of hospitals, nursing homes, cancer radiotherapy units, coronary care units, physicians and allied health personnel, training facilities; collection of demographic information by age and sex, and mortality data. Close relationships are stated to exist with CHP.

- 3) Contacts with medical societies & community physicians have been made.
- 4) Contacts with adjacent areas & Regions has been made, and boundary issues are apparently resolved. No clear geographical delimitation of responsibility with Area I on parts of northern California has yet been made.
- 5) Staff is apparently engaged in developing evaluation procedures coincident with planning.
- 6) Main priority of Area seems to be in education of all health personnel and the public.
- 7) One operational project is currently funded (see attached sheet).

<u>Project #</u>	<u>1st year Budget Total</u>	<u>Description</u>
2	\$ 89,700 (funded)	<u>Roseville Pilot Program</u> - will be a living laboratory for development of programs in continuing physician education, in-service training for paramedical personnel, multiphasic screening, community information and education, tumor board consultation, and cerebrovascular disease and CNS malignancy diagnosis and evaluation. Applicable to entire area.
45	\$155,753 (requested)	<u>Stroke Program</u> - The project will collect data on occurrences of cerebrovascular disease treated both in hospitals and in physicians' offices. Continuous feedback of information to physicians to create awareness of stroke and upgrade level of patient care.

Area III - Stanford University Medical SchoolStatistics:

1. Includes parts of six counties
2. Population roughly 2.5 million, urban (e.g. Palo Alto, San Jose) and rural (large migrant farmer population)

02 Planning Level: \$247,382

Core Staff:

1. Coordinator: Dr. John Wilson, 75% with RMP since mid-1968.
2. Staff of 11, including 5 MDs (including Associate Coordinators for Heart and Cancer), 1 MPH, 1 MBA, and 3 secretaries.

Area Advisory Committee

1. Composed of 21 persons, including the broad representation suggested in the Guidelines
2. Includes 6 MDs, 1 RN, 1 DDS
3. Includes the Chairmen of the 5 District Committees
4. Primary functions are policy-making and final project review at Area level.

District Advisory Committees

1. Five Districts have been created:
 - a. San Mateo County
 - b. Santa Clara County
 - c. Monterey - Santa Cruz County
 - d. San Joaquin - Calaveras - Tuolumne
 - e. Merced - Mariposa
2. Stanislaus County may join either Area III or Area VI (Loma Linda)
3. Each District Committee has a role in policy-making, program planning locally, public relations and the stimulation of local interest and initiative, and initial project review.

Faculty Advisory Committee

This committee, appointed by Dean Glaser, advises the Dean, the Area Coordinator, and the faculty on RMP activities, and consults the faculty for advice.

History to Date:

1. Area III received its first planning grant in September 1967, but began to develop only after the arrival of Dr. Wilson in July 1968.
2. The Area presently has no funded operational projects. Three project requests are in the Division review cycle.
3. The main thrust of the program is in two parts:
 - a. The development of comprehensive programs in the categorical diseases, including preventive and educational components, involving a large number of

- hospitals in cooperative arrangements.
- b. The development of comprehensive care programs in poverty areas, including multiphasic screening and the use of "neighborhood health advocates"

<u>Project No.</u>	<u>1st Year Budget Total</u>	<u>Description</u>
5	\$1,086,651 (requested)	x x <u>Heart Program</u> - an area-wide cooperative program structured as sub-projects for: Hypertension; Metabolic Diseases leading to Atherosclerosis; CPR training; Nurses' CC Education; Physician CC training; Digital Computer Systems for Monitoring Cardiovascular patients; and Cardiac Rehabilitation.
37	\$264,613 (requested)	x x <u>Stroke Program</u> - a cooperative phased plan to establish a stroke program involving education, conservation, investigational and organizational aspects, eventually to extend to entire Area and be integrated with related programs in adjacent Areas.
38	\$119,692 (requested)	x x <u>Multiphasic Screening</u> - will establish a Multiphasic Screening Center within the Neighborhood Health Center in East Palo Alto-East Menlo Park.
46	\$476,838 (requested)	<u>San Joaquin Multiphasic Screening</u> - Mobile Multiphasic screening units will help detect and identify pre-clinical indications of cancer, heart disease, stroke and other major diseases among urban poor and migrant farm families in San Joaquin County.
7	\$145,571 (requested)	<u>Community Health Aides</u> - Door-to-door neighborhood education efforts to persuade citizens of deprived section of San Jose to seek health screening and medical referral services. Indigenous health workers will be trained, including community education, Medical examinations in local settings, case follow-through, etc.
51	\$48,325 (requested)	<u>Pretransfusion Training</u> - Will offer to clinical lab. technologists the opportunity to learn new and improved techniques in pretransfusion procedures thru a series of wet workshops, supplemented by follow-up sessions and, where appropriate, additional instruction for individual or small groups. Training sessions have been planned by the Calif. Blood Bank System (CBBS), an association of Calif. community and Red Cross blood banks & transfusion centers. CBBS will administer the activities, which are thought to offer, through Region-wide training programs, the possibility of significant reduction of hazards associated with blood processing.

xxPending Review

Area IV - UCLA Medical School

Statistics:

1. Includes parts of 8½ counties--part of LA county is shared with Area V and VIII
2. Population of over 5.1 million, urban and rural

O2 Planning Level: \$689,747

Core Staff:

1. Coordinator: Dr. Donald Brayton has been full-time (90%) Coordinator since the Area received its first planning grant
2. Staff of 33 includes 10 MDs (8 are District Coordinators), one Ed.D., 2 MSWs, 1 RN, 16 secretaries
3. Full-time staff (80% +) are 21
4. Of the 33 total staff, 25 are located at UCLA or affiliated hospitals.

Volunteer Planning Organization

I. Area Council (Area Advisory Committee)

1. Total membership of 44
2. Includes broad representation described in Guidelines--apportioned on a 1/250,000 population basis. The Council includes representatives from District Committees, Chairmen of Categorical Committees.
3. Contains 6 task forces for Area Boundaries, Communications, Evaluation, Policy Development, Program Planning, and Resource Development. Membership on these task forces includes selected experts, as well as AAC members. They function both as policy-making and review bodies.
4. The overall AC functions include policy-making, review and community relations.

II. District Committees

1. There are District Committees in each of the 11 Districts, initiated like the Area Advisory Committee by leadership from county medical associations.
2. Functions the same as those of AAC, only at a preliminary and local level.

IV. Categorical Committees

1. There are 4 Categorical Committees--Heart and Related, Cancer, Stroke, Continuing Education.
2. Membership includes faculty from UCLA Health Sciences Center Schools, chairmen from District Categorical Committees, selected specialists
3. They participate in planning project initiation and development, and offer technical consultation and evaluation in their specialty areas. Hope to coordinate projects into Area-wide plan.

District Coordinators

1. Each of the 11 Districts is to have a District Coordinator (8 are presently active)
2. The Coordinators are locally practicing physicians who work part-time with RMP
3. Their primary function is to involve local physicians and health facilities in RMP

History to Date:

1. UCLA became Area IV with a planning grant in May 1967. Prior to that time they had applied to become a separate RMP.
2. Contact with county medical associations, health agencies, hospitals, and teaching facilities established
3. Lay community, including business, labor and minority groups involved
4. Area Coordinator member of CHP
5. Communication with other Areas was found to be poor by site visitors in April 1968.
6. Communication with other Regions has apparently centered largely around the TV project (see projects)
7. An Objectives Conference has been held including RMP staff from all over state to discuss RMP objectives
8. Acceptance of RMP by academic and community physicians described as improving
9. Data Source Books developed for each District, containing basis for identifying needs and resources. These were developed by UCLA School of Public Health, which also supplied them to USC, Area V.
10. Monthly newsletter published
11. Four operational projects funded, two are really planning activities (see attached sheet).
12. Area IV discusses with site visitors (April, 1969) the possibility of being a separate region.
13. Area reorganizes its advisory bodies, streamlining them and making them more representative of the community "consumers."

Project No.	1st Year Budget Total	Description
4	\$247,182 (funded)	<u>A Training Program for Physicians in Coronary Care (Cedars-Sinai Medical Center)</u> - to provide training programs for physicians who will occupy positions as directors or associate directors of CCU's in community hospitals and who will ultimately provide leadership in cardiology at the community level. A basic training course will be given, followed by continuing education and consultative services, and seminars and workshops for continuing liaison between the medical center and community hospitals.
6 (joint with Area V)	\$207,230 (funded)	<u>Watts-Willowbrook Post-Graduate Education</u> - joint proposal of UCLA and USC Medical Schools, the County of Los Angeles, the Charles Drew Medical Society, and the Community of Watts-Willowbrook. A combination planning-operational proposal. This project will coordinate the establishment of a Watts-Willowbrook district Regional Medical Program with the development of a postgraduate medical school.
7	\$360,941 (funded)	<u>RMP Medical TV Network - A Center for the Continuing Education of Health Care Professionals Using Television and other audio-visual materials</u> - based on the UCLA campus and ETV station KCET, Los Angeles. the project will support production of medical programs and their broadcast over closed-circuit television to more than 70 Southern California Hospitals via the Medical Television Network (MTN). The best of these programs then are recorded on videotape for distribution, by mail to subscribing hospitals wherever located (now in 20 states). Partially funded by a PHS contract (expired 6/30/68). MTN began as a cooperative educational venture by six medical institutions; now to produce and distribute programs through an expanded arrangement within the California Region, and with other Regions. the MTN will continue as a community educational endeavor; all programs are approved for credit by American Academy of General Practice.
24	\$140,124 (funded)	<u>San Fernando Valley and Pacoima Health Planning Project</u> - Designed to alleviate health care difficulties in this area for low income and indigent families (approximately 800,000).

<u>Project #</u>	<u>1st year Budget Total</u>	<u>Description</u>
48	\$117,763 (requested)	<u>Medical Library Service</u> -To be established via a network from the NLM through the UCLA Biomedical Library on to districts and community hospitals in Area IV. Health professionals to be served with interlibrary loans, photocopy reproduction, bibliographics, MEDIARS searches and other Medical and health information service.

Statistics:

- 1) Contains most of LA County
- 2) Population of 4.5 million, mostly urban (including 400,000 Mexican-Americans), but also with a significant rural area in Antelope Valley

O2 Planning Level: \$533,892

Core Staff:

- 1) Coordinator: Dr. Donald Petit has been with the program (75%) since its beginning
- 2) Staff of 17 includes 2 MDs, 1 Ph.D., 1 Dr.P.H., 1 RN, 8 secretaries, mostly full-time

Area Advisory Group

- 1) Consists of 29 members, including broad representation of other health associations & agencies, laymen, CHP, Charles Drew Society (NMA), one nurse, but ? no Mexican-Americans
- 2) Functions primarily to consider policy, also to review grants

Categorical and Professional Committees

- 1) The major organizational thrust of Area V has been the development of (currently) 11 Committees of voluntary participants, each working with one staff member to develop policy, stimulate projects, and/or review project proposals. These Committees are in: Heart, Cancer, Stroke, Chronic Disease, Continuing Education and Health Care, Hospital Administration, Library Services, Nursing, Social Work, Systems and Computers, and a Committee to advise USC faculty on RMP.
- 2) Committee Chairmen attend weekly Staff meetings.

District Organization

Area V is considering developing 10 Districts for decentralized planning, administration, and evaluation, but the organizational details are not worked out.

History To Date:

- 1) The Area recieved its first planning grant in April, 1967.
- 2) Communication with other Areas, other Regions, local physicians, health organizations, and health facilities.
- 3) Liaison has been established with CHP to avoid duplication and to enhance mutual efforts.

- 4) Data Source Books have been developed through the cooperation of the UCLA School of Public Health to serve as the basis for planning.
- 5) A health library is being developed
- 6) A monthly newsletter is published
- 7) During the summer of 1968, a Student Health Organization project was funded through Area V
- 8) Area V, along with UCLA (Area IV), is participating in the development of the Charles Drew Postgraduate Medical School in the Watts-Willowbrook area for the training of black physicians and allied health personnel. (see operational project description)
- 9) Two operational projects, including Watts-Willowbrook, are presently funded in the Area (see operational project description)

AREA V - USC

<u>PROJECT NUMBER</u>	<u>BUDGET (1st Yr.)</u>	<u>PROJECT</u>
#23	\$122,050 (req. DC) X	<u>Chronic Respiratory Disease (Breath-mobile)</u> - Will provide physicians of patients detected with the knowledge to provide proper diagnosis and care. Will demonstrate ways of interesting and motivating physicians and evaluate various approaches to postgraduate physician education.
#22	\$ 85,800 (req. DC) x x x	<u>Hospital Study Groups</u> - Will establish experimental continuing education courses for small groups of physicians and other members of the health care team.
#11	\$353,302 (funded)	<u>Program for Training Physicians and Nurses in Coronary Care Techniques</u> - The program will begin with a central training center at the Los Angeles County-USC Center and three cooperative hospitals (Good Samaritan, St. Joseph's and St. Vincent's). This central program will provide a base to initiate training for the entire region and will be expanded to include six additional hospitals in the second year. Physicians and nurses selected for training will represent their hospitals and will share common training backgrounds in coronary care unit techniques and management.
# 6 (joint with Area IV)	\$207,230 (funded)	<u>Watts-Willowbrook Post-Graduate Education</u> - Joint proposal of UCLA and USC Medical Schools, the County of Los Angeles, the Charles Drew Medical Society, and the Community of Watts-Willowbrook. A combination planning-operational proposal. This project will coordinate the establishment of a Watts-Willowbrook district Regional Medical Program with the development of a postgraduate medical school.

x - approved - just now being funded

xxx - return for revision

PROJECT NUMBER	BUDGET (1st Yr.)	DESCRIPTION
39	\$121,860 x x (requested)	<u>Community Health Agency Information and Referral System (CHAIRS)</u> - seeks to improve the quality of referrals made by health workers in Los Angeles County. Health providers will receive assistance in making more accurate provisional assessment of medical and social health problems for patient needing a referral, and will also be given current and accurate information on public and private health services resources available in the community
49	\$158,342 (requested)	<u>Emergency Myocardial Infarction Unit</u> - Special electronic and other equipment aboard a Pasadena City ambulance, augmented by physicians specially trained in CCU techniques, will test the feasibility of reducing mortality of patients with presumed acute myocardial infarction.
50	\$80,356 (requested)	<u>Pacemaker Registry</u> -A registry of pacemakers will be established among participating hospitals; detailed patient histories will be gathered for each case. Following discharge patients' attending physician will be contacted every three months for current conditions and information.

xx-Pending review

Statistics:

- 1) Contains 5 counties
- 2) Includes an urban (San Bernardino & Riverside) and primarily rural population of about 1.5 million, very sparsely populated

02 Planning Level: \$118,000

Core Staff:

- 1) Coordinator: Dr. John Peterson, Associate Dean for Research and Continuing Education, is with RMP 33%. There is an Executive Director, Mr. Wilton Senecal, full-time.
- 2) The current staff consists of people; including an epidemiologist (50%), one MPH (50%), one continuing education specialist (retired internist - 50%), and 2 secretaries.

Area Advisory Committee

- 1) Consists of 25 members with a fairly broad geographical and professional representation
- 2) Four subcommittees -- Heart, Cancer, Stroke, Planning -- including one or two members of the AAC, act to stimulate local interest and initiative, as well as participating in project review. Staff participates in their monthly meetings.
- 3) The AAC has overall responsibility for program policy and project review, and meets monthly.

History To Date:

- 1) Loma Linda received its planning money from UCIA in May, 1967, after it was decided that the two should be separate Areas. The Division and Council have never reviewed the plans or progress of this Area.
- 2) The planning in this Area has centered around what they consider to be the main problem for a sparsely populated area with few health personnel & facilities: continuing medical & allied health education. Surveys of available medical education programs, and the extent to which they are used by physicians in the area, have been undertaken.
- 3) Two operational projects were not funded by Council, but not frankly disapproved if the Region chose to fund them. The projects were in Computer Analysis for EKG, and Library Services.

<u>Project No.</u>	<u>1st Year Budget Total</u>	<u>Description</u>
52	\$168,798 (requested)	<p>Will extend through widespread application in medically disadvantaged community a new technique developed at Yale Univ. School of Medicine for reducing mortality and morbidity in high-risk pregnancies. Features fetal monitoring system, and administered from Calif. Area VI as a demonstration program for 4 S.E. Calif. counties and Clark County, Nevada. Is believed that perinatal mortality and morbidity may be reduced and maternal health improved through the training procedures envisioned in this app. for the management of complicated pregnancies.</p>

VII - UC San Diego (La Jolla) Medical SchoolStatistics:

1. Contains 2 counties
2. Urban and rural population of 1.4 million

02 Planning Level: \$148,935

Core Staff:

1. Coordinator: Currently, the Acting Coordinator is Dr. Joseph Stokes (50%), the Chairman of the Department of Community Medicine. In June, Dr. Michael Shimkin will become Coordinator (25%). Dr. Shimkin, primarily a cancer epidemiologist, is currently in Philadelphia.
2. The staff of 6 people includes 1 MPH (continuing education and data-gathering), an administrative assistant, a survey director, and 2 secretaries.

Area Advisory Committee

1. Contains 22 members, including 16 from local medical societies, health agencies, hospitals, health departments, and the Medical School. These 15 in turn chose 6 representatives of minority groups, labor, business, and government.
2. The AAC chose from its ranks the Chairmen of 6 Standing Committees in Heart, Cancer, Stroke, Continuing Education and Communications and Evaluation. Ad hoc committees have been appointed in Pulmonary Disease, Hyperlipo-proteinemia screening and Multiphasic Screening. The Chairmen filled their Committees with the appropriate experts. These Committees have done the primary work in stimulating project proposals and cooperative arrangements. They also serve as technical review panels. Particular mention is made of the close relationship between these Committees and CHP.

History to Date:

1. The staff has surveyed all health facilities and services, and all educational programs, in the categorical diseases.
2. Several project proposals have been developed--none are funded as yet. (see operational proposal list).
3. UCSD Medical School admitted its freshman class in September 1968.

AREA VII - SAN DIEGO

Project No.	1st Year Budget Total		Description
30	\$ 81,614 (requested D.C.)	xx	CCU Training for R.N.'s and CRR Training - will establish an Area Heart Training Unit (AHTU), an adjunct of the San Diego County Heart Assoc., located in Mercy Hospital.
31	\$ 93,933 (requested D.C.)	x x	Mobile Coronary Care Unit - will utilize and evaluate a mobile CCU in the San Diego Metropolitan Area, will utilize resources of the City and County, the School of Medicine, various community hospitals and practicing physicians.
33	\$67,259 (requested)	xx	Cervical Cancer - educational program based on preventable factors identified through review of new cases of cervical cancer in the two-county area of San Diego and Imperial Counties, and aimed at eliminating preventable factors.
53	\$147,209 (requested)	xx	A demonstration project that will attempt to test effectiveness of treating essentially health subjects found to have high blood lipoprotein levels. Will seek to persuade practicing physicians of the value of preventive diet control and drug therapy for the reduction of cholesterol and blood triglycerides. Treatment to be carried out in a private practitioner's office or in a clinic setting. Through public education activities the project would seek to discover those individuals with higher than normal blood lipid levels and uncover undiagnosed disease and reduce risk of coronary heart disease and possibly cerebrovascular disease.

xx - pending review

Area VIII - University of California at Irvine - California College of
Medicine

Statistics:

1. Primarily involves Orange County
2. Includes a population of 1.7 million, urban and rural

02 Planning Level: \$187,500

Core Staff:

1. Coordinator: Dr. Robert C. Combs, at 80%, since January 1968. Dr. Combs was a surgeon in San Francisco prior to RMP.
2. Staff of 11, including 4 MDs (Associate Coordinators for categorical diseases at 10%), one RN, one RT and 3 secretaries.

Area Advisory Committee

1. Consists of 23 members, with a broad "Guidelines" representation
2. Primary function is in project review, also participate in policy-making and public relations
3. Includes local medical society (described as very conservative members)
4. No subcommittees
5. The District Committee of UCLA (Area IV) in Long Beach also advises Area VIII

History to date:

1. The Area received its first planning money directly from CCRMP. The Area has never been reviewed by the Division.
2. The program developed only after the arrival of Dr. Combs in January 1968.
3. The Area has done few formal planning studies
4. Area VIII staff have visited every hospital and medical society in the Area.
5. The main thrust of the Area is described as developing comprehensive Area-wide programs, away from the medical school. There has apparently been little pressure to orient the program more centrally to the young medical school.

NOTE: The medical school is a relocation at the Irvine campus of the old California College of Medicine which was located in Los Angeles, and which was a school of osteopathy. Because of state legislation in 1966, almost all of the state's osteopaths are now licensed MDs.

Project No.	1st Year Budget Total		Description
21	\$272,545 (Earmarks)		<u>Pediatric Pulmonary Demonstration Center</u> - will demonstrate proper diagnosis and treatment of children with respiratory problems.
28	\$445,581 (requested)	x	<u>A Comprehensive Stroke Program</u> - based at Long Beach Memorial Hospital and Orange County Rehabilitation Center, will encompass prevention, diagnosis, treatment, rehabilitation and long term care of stroke patients.
32	\$260,226 (requested D.C.)	xx	<u>A Community Hypertension Control Program</u> - a comprehensive interdisciplinary program involving all appropriate institutions without duplicating activities of the Stroke Program (Proj.#28). Will ultimately include coronary disease.
34	\$372,292 (requested)	xx	<u>Community Cancer</u> - designed to upgrade approaches to prevention, early diagnosis, screening, and all modalities of treatment and rehabilitation for cancer patients. Various phases include: public relations, information center, continuing medical education in chemotherapy, radiation therapy, surgery and dentistry.
40	\$125,705 (requested)	xx	<u>Smoking Withdrawal Clinics</u> - will establish two free smoking withdrawal clinics in Orange County and in Long Beach. Four distinct withdrawal programs will be employed, involving variations in drug therapy. The eight-week clinics, each limited to 10 participants, will be given six times a year. Results should lead toward selection of improved methods of helping cigarette smokers to give up the habit.

x - approved - unfunded
 xx - pending review

<u>Project No.</u>	<u>1st year Budget Total</u>	<u>Description</u>
35	\$224,760 (requested)	<u>Watts-Willowbrook Core</u> - will support administrative core staff to continued planning and program development. Will involve, in addition to the communities of Watts and Willowbrook, the hospital service area of Martin Luther King, Jr., Los Angeles General and five public health districts.

Addendum:

Activities in the Watts-Willowbrook poverty area in Los Angeles are presently supported through two RMP grants:

1) Project #6, funded last year at roughly \$220,000, established the Charles Drew Postgraduate School of Medicine. This project was the joint effort of the Drew Medical Society (the NMA affiliate in this area of Los Angeles), and the UCLA and USC Schools of Medicine (Areas IV and V).

The Drew School of Medicine will begin by training interns, residents, and allied health personnel, many of them members of the community of 500,000 people. In subsequent years, it will develop a full four-year medical school. The School will operate out of the 400-bed Martin Luther King, Jr., Hospital which is being built with funds from Los Angeles County, City, and Hill-Burton. Construction will be completed in 1970. RMP's main support is in providing the initial faculty for the School. The two medical schools and the local government will provide funds for the faculty after four or five years.

2) Watts-Willowbrook has been a District, administered by the staff of the School (under Dean Mitchell Spellman), in participation with both Areas IV (UCLA) and V (USC). All fiscal matters pertaining to the Watts-Willowbrook RMP District have been handled by UCLA and USC. Now Watts-Willowbrook has received about \$170,000 to become a separate Area.