



E000709

PROFILE: ALBANY REGIONAL MEDICAL PROGRAM

GRANTEE: Albany Medical College of Union University

COORDINATOR: Frank M. Woolsey, Jr., M.D.

Originally Prepared by: Frank G. Zizlavsky

Original Date: December 1, 1969

Updated:

ALBANY REGIONAL MEDICAL PROGRAM

TABLE OF CONTENTS

- I. Geography
- II. Demography
- III. Politics
- IV. Historical Review
- V. Core Staff
- VI. Overall Organization
- VII. Operational Projects

APPENDIX

I. GEOGRAPHY

Rationale

The geographic area for the Albany Regional Medical Program is delineated by the dotted and solid lines and has been subdivided into six divisions. Demarcation of the six divisions has been done with deliberation. The Albany Regional Medical Program, head of the proposed Region and Program, is located within the Central Division. In each of the other five divisions, with the exception of the Albany - Vermont Interface Division, one or more of the hospitals eligible for participation in the proposed Program is a participant of the existing Albany Regional Hospital Program. These hospitals are among the leading medical care institutions in their respective areas.

Numerous factors have been taken into consideration in the geographic delineation of the proposed Region. Since the early days of the Albany Medical College lines of communication and transportation developed in such a manner as to influence and produce a clearly defined socio-economic relationship among the peoples in the area of the Region. A natural consequence has been the close interrelationship of educational and health facilities and programs. Patient referral patterns developed in a similar manner along these lines of communication and transportation. These patterns have become intensified in the past few decades with the coming of superhighways and thruways all of which terminate in or skirt the city of Albany.

Physicians in this Region depend a major extent upon the extensive activities of the program of continuing medical education of the Albany Medical College.

Another cogent reason for the delineation of this Region is that it corresponds almost unholy to that of the Regional Hospital Review and Planning Council of Northeastern New York.

The westernmost county of Massachusetts (Berkshire) has also been included in the proposal because of its existing close relationship (socioeconomic as well as medical) to Albany, and because of the more advantageous geographical relation to Albany in contrast to Boston (40 miles vs. 110 miles).

The three counties in northern New York State and the two counties in southern Vermont are designated as the Albany-Vermont Interface Division. In these counties the Albany Medical College and the University of Vermont College of Medicine have for many years exerted a combined influence on patient care and educational activities. The Deans of these medical colleges and the physicians involved in the institutions continuing education activities have worked closely and cooperatively for a long time.

CENTRAL DIV.

1. Albany

NORTHERN DIV.

2. Rensselaer

3. Saratoga

4. Washington

5. Warren

WESTERN DIV.

9. Schenectady

10. Montgomery

11. Schoharie

12. Otsego

13. Herkimer

14. Hamilton

15. Fulton

SOUTHERN DIV.

16. Dutchess

17. Ulster

18. Sullivan

19. Delaware

20. Greene

21. Columbia

EASTERN DIV.

22. Berkshire

ALB.-VT. INTERFACE DIV.

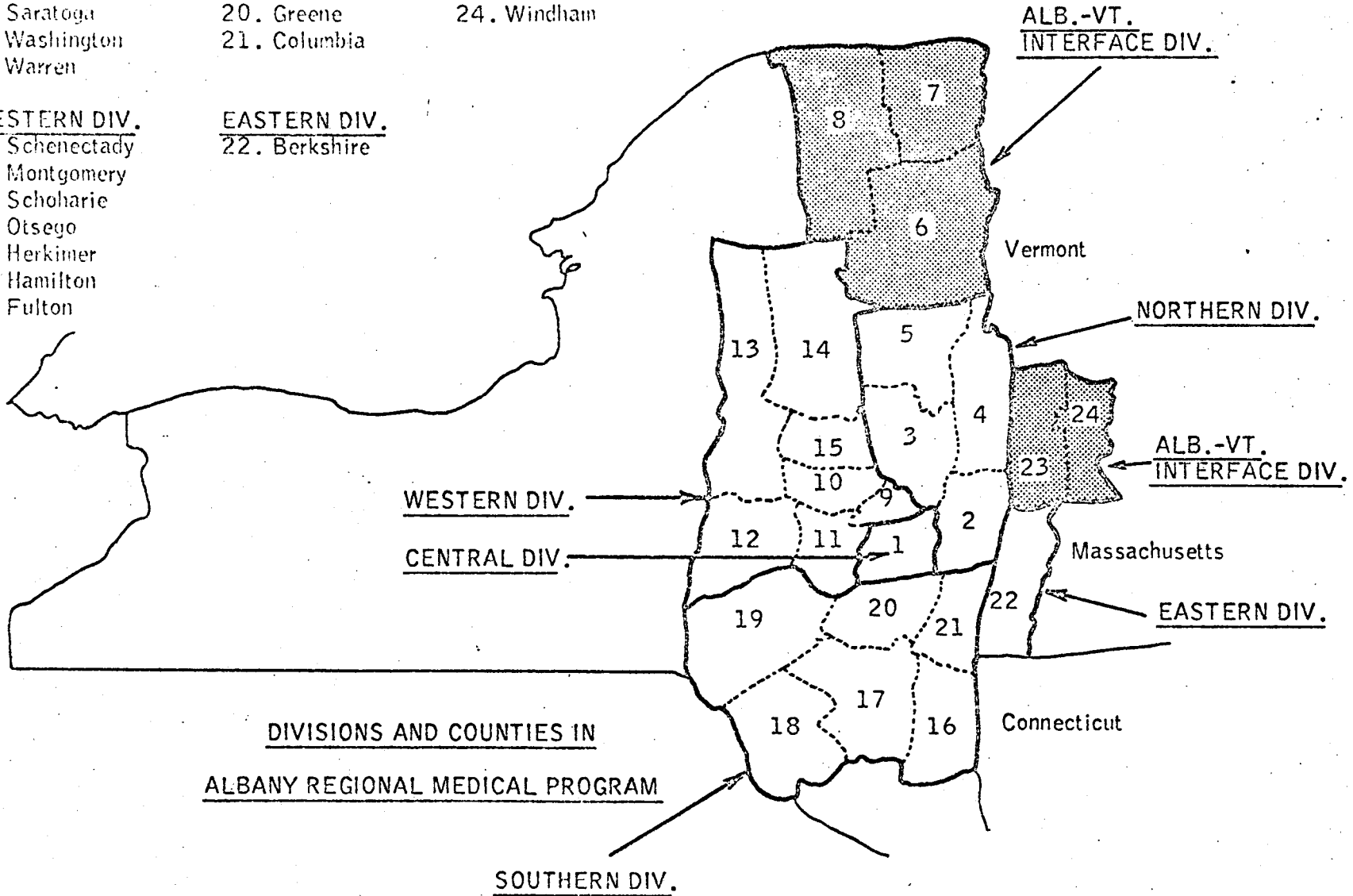
6. Essex

7. Clinton

8. Franklin

23. Bennington

24. Windham



DIVISIONS AND COUNTIES IN
ALBANY REGIONAL MEDICAL PROGRAM

II. DEMOGRAPHY

1. Population: 1,800,000
 - A. 54% Urban
 - B. Percent distribution of Non-White by county ranged from a high of 5.8% Dutchess to 0.1% for Hamilton.
 - C. Median age 32.7 (U.S. average 29.5 yrs.)
2. Land area: 22,360 square miles
3. Health Statistics: Death rates per 100,000 as of 1967
 - A. Mortality rate for heart disease (much higher 437.4)
 - B. Malignant Neoplasms (high 186.4)
 - C. Diabetes Mellitus (high 19.2)
4. Facilities:
 - A. Albany Medical College of Union University - Enrollment of 250
 - B. Schools of Nursing - 24, N.Y. (5 are college based), 2 Massachusetts
 - C. Schools of Technology - 6
 - D. As of 1966 there were 86 hospitals with a total of 24,853 beds.
5. Personnel:
 - A. There were a total number of 2,849 physicians (2,302 active) which equals 149./100,000 (121/100,000 active)
 - B. There were a total of 14,334 nurses (752/100,000) of which 8,806 were active (453/100,000).

Considerable data has been compiled in the Albany RMP's following three volumes:

- I. Hospitals and Nursing Homes
- II. Physicians, Dentists, Nurses, and Allied Medical Personnel
- III. Socioeconomic Profile, and Pertinent Vital Statistics

III. POLITICS

Governor:

Nelson A. Rockefeller (R) 1968-1971

Senators:

Charles E. Goodell (R) 1968-1971

Jacob K. Javits (R) 1956-1975

Labor and Public Works

Select Committee on Nutrition and Human Needs

Joint Economic Committee

Congressmen:

Daniel E. Button (R) 29th District

Samuel S. Stratton (D) 35th District

January 1965 - Dean Harold C. Wiggers, Albany Medical College, appointed a special committee of the faculty charged with the responsibility of determining whether or not the Albany Medical College should be involved in the development of a Regional Medical Program if supportive legislation were enacted. This committee reported to the Executive Faculty that they were in complete agreement with the concept of such a program. The Executive Faculty unanimously formalized an approval.

The recommendations from the Executive Faculty were transmitted by the Dean to the Board of Trustees. They added their approval.

February 1965 - Frank M. Woolsey, Jr., M.D., Associate Dean and Chairman of the Department of Postgraduate Medicine, was given the administrative responsibility for the planning and operation of the Regional Medical Program.

August 1965 - A special meeting of the administrators of the hospitals within the existing Albany Regional Hospital Program was held. The purpose of this meeting was to discuss the concept of a Regional Medical Program. At the conclusion of the meeting it was moved and unanimously approved that the "Regional Hospital Administrators and Trustees endorse the concept of the Albany Medical College relating to the preparation of an application to establish a Regional Medical Program."

January 1966 - Albany Medical College held a two-day conference with representatives from other potential regions. During this conference it was proposed and accepted that there be a continuing free interchange of ideas, concepts and reports of activities within each proposed region so that there will be a minimum of unnecessary duplication and imperative ventures may be undertaken whenever feasible. At this conference representatives from the following areas were invited: Boston, Vermont, Maine, Buffalo, Syracuse, Rochester, and Connecticut. Observers from Philadelphia, Chicago, and Utah were also present.

April 1966 - Albany Medical College Regional Medical Program submitted first year planning application for requested amount of \$373,254. Considerable data collection was included with the application. Three volumes entitled: I. Hospital and Nursing Homes, II. Physicians, Dentists, Nurses, and Allied Medical Personnel, and III. Socioeconomic Profiles and Pertinent Vital Statistics.

Special Ad Hoc Review Group: This review group commented on Albany's first year planning grant as follows:

1. Clearer identification of the degree to which DRMP are supporting existing activities in the area of continuing education and to what degree is DRMP supporting future movement of continuing education in Heart, Cancer, and Stroke in the Albany Region.

2. Need for clearer definition of what is planning and what is operational particularly in area of continuing education.
3. Further evidence in budget they intend to have personnel with appropriate qualifications to carry out planning in community health and medical care aspects of the program.

National Advisory Council: Recommended that staff of the DRMP meet with representatives from the Albany Region to discuss its application for a RMP Planning Grant.

<p>June 1966 - \$267,679 (D.C.) <u>105,575 (I.C.)</u> \$373,254</p>	<p>First year planning grant awarded for \$373,254 for a period of July 1, 1966 through June 30, 1967. This was awarded subject to negotiation with DRMP Staff.</p>
---	---

July 1966 - Site Visit - Participants: Mr. Larry Coffin, Grants Management Branch and Dr. Robert O'Bryan, Program Development and Assistance Branch. The purpose of the visit was to clarify the Special Ad Hoc Review Group's points of concern in regard to the 01 year planning grant application.

September 1966 - Site Visit - Participants: Mr. Robert Anderson, Mr. Lawrence Coffin, Miss Cecilia Conrath, James McAnulty, M.D., Robert O'Bryan, M.D., Margaret Sloan, M.D. The purpose was to assist the grantee in the effective management of the planning grant.

The grantee was informed of DRMP policy to civil rights compliance. The Albany RAG has met twice and tries to meet as often as possible without being cumbersome. The Albany RMP uses the technique of Community Information Coordinators to get the information to the participating institutions and to the physicians.

September 1966 - Albany RMP submitted first year operational grant requesting \$1,702,423 for the first 12-months and \$4,386,266 for a 31 month period. This application included eleven projects.

October 1966 - Review Committee: recommended deferral of Albany RMP first year operational grant until site visit has occurred.

January 1967 - Review Committee: Observations and impressions of site visitors:

- 1) Proposal was developed and submitted under great pressure of time and several of the projects are more nearly of a planning nature.
- 2) No use had been made of consultants in gap areas of expertise (i.e. epidemiology, computer technology, biostatistics).
- 3) Many of the individual projects revealed a lack of sophistication and planning, especially in the area of evaluation of continuing education.

- 4) Applicant does appear to have an overall concept of RMP and is trying to achieve cooperative arrangements and extend the medical center's outreach.

February 1967 - Council approved Albany RMP first year operational grant.

April 1967 - Albany RMP awarded \$914,627 for the period April 1, 1967 through March 31, 1968. \$750,000 (Direct Costs)
164,627 (Indirect Costs)

\$914,627

This award included all projects which were submitted. Albany RMP submitted 02 year continuation planning grant requesting \$423,709 for 12 month period.

June 1967 - Award of 02 continuation planning grant for period of July 1, 1967 through June 30, 1968. \$262,886 (Direct Costs)
121,358 (Indirect Costs)
50,465 (Carryover)

\$333,779

August 1967 - Council provided Delegation of Authority to Staff in regard for funds that would make minor expansions in operational programs.

September 1967 - Staff members decided to recommend approval of \$5,005 requested funds to support a training and demonstration project for an intensive cardiac care unit at Herkimer Memorial Hospital in Herkimer, New York.

September 1967 - Notice of Amended Award for 01 year operational grant. \$753,505 (DC)
165,160 (IC)

\$918,665

January 1968 - Dr. Woolsey requested \$6,000 for a Pilot Project, "Coordinator for Cancer in Schenectady Area" under the delegated authority for administrative approval of the DRMP.

January - Supplemental operational grant award for January 1, 1968 through March 31, 1968 (3 months). This application has been submitted primarily to acquire an ending date that would coincide with that of the 02 year of the planning grant so the two grants could be merged. As a result the 02 year commitment for direct cost is increased by \$6,000 for April 1, 1968 through March 31, 1969. \$2,100 (DC)
745 (IC)

\$2,845

February 1968 - Albany RMP submitted operational supplement for earmarked funds. The amount requested was \$34,506 for the assistance in training and demonstration care project: Intensive Cardiac Care Unit.

March 1968 - Albany RMP received extension of first year operational grant from March 31, 1968 to June 30, 1968. Action was based on Staff Review of Albany's 3-month continuation application.

April 1968 - Staff Visit: Participants were Elsa Nelson, Continuing Education Branch; Mr. Al Strachocki, Operations Staff; Mr. Lee Teets, Grants Management Branch; Mrs. Martha Phillips, Chief, Grants Review Branch. The principal subject of discussion was the transition on 7/1/68 from the second planning and first operational grant years into a single RMP grant.

May, 1968 - Albany RMP awarded operational supplement of earmarked funds for Albany Intensive Coronary Care Unit, Herkimer Memorial Hospital.

June 1968 - Notice of Award for continuing 02 year operational grant. The present grant incorporates the planning and operational programs under a single operational for the period July 1, 1968 through

June 30, 1969.	\$1,096,477	(DC)
	333,335	(IC)
	<u>319,133</u>	(Carryover)

\$1,110,679

February 1969 - Albany submitted an operational supplement for \$188,672 for "Establishment of a Regional Cancer Program." February Council disapproved. Council did authorize the recruitment of an oncologist from re-budgeted funds.

Albany submitted renewal of operational grant for core activities, eight operational projects, along with one new operational project.

July 1969 Review Committee - A letter dated July 22, 1969 from Dr. Wiggers, Dean of the Medical College and Chairman of the Regional Advisory Group, stated:

- 1) Dr. Woolsey has been replaced as Chairman of both the Preliminary Planning Group and the Planning and Review Group, although he will remain a member of both groups.
- 2) The Regional Advisory Group has authorized that its membership be increased to include "six additional consumer members of whom several would be selected from the underprivileged sector."
- 3) Recommended approval of this application for varying lengths of time.

August 1969 - Council approved in the time and amounts with conditions and recommendations of the site visitors and the Review Committee. Four projects will be given close surveillance. Projects #4 and #5 will depend upon the evaluation results for future funding. Projects #7A and B will depend upon the number of trainees from other hospitals in the area. Project #12's future support should be based on the need that exists at the time and can be identified.

September 1969 - Staff Visit - Participants: Mrs. Martha Phillips, Associate Director for Grant and Contract Policy; Mr. Lee Teets, Grants Management Officer; and Mr. Frank G. Zizlavsky, Operations Officer.

Purpose: To review with key members of the Albany RMP and Dean Wiggers the results of the peer review of the operational grant renewal. This was a cumulative review beginning with the site visit on May 15-16, the Review Committee on July 30-31, and the National Advisory Council on August 26-27, 1969.

November 1969 - Albany RMP submitted a supplemental application of a project entitled "Comprehensive Community Stroke Program." The request for the first year was \$272,083.

The Albany Regional Medical Program office is located at:

Albany Medical College
47 New Scotland Avenue
Albany, New York 12208

Chart of major Core Staff:

Name and Position	% of Time	Other Positions	Previous Positions
Frank M. Woolsey, Jr. Coordinator	75	Chairman, Dept. of Postgraduate Medicine	Chairman, Dept. of Postgraduate Medicine
Girard J. Craft Associate	75	Assoc. Prof. Dept. of Postgraduate Medicine	Assoc. Prof. Dept. of Postgraduate Medicine
William P. Nelson, III Associate	80	Prof. Dept. of Postgraduate Medicine	Prof. Dept. of Postgraduate Medicine
William T. Strauss Associate	95	Assoc. Prof. Dept. of Postgraduate Medicine	Assoc. Prof. Dept. of Postgraduate Medicine
Arnold W. Pohl Associate	90	Asst. Prof. Dept. of Postgraduate Medicine	Private Practice
Ward L. Oliver Associate	100	Asst. Prof. Dept. of Postgraduate Medicine	Chief, Disease Detect. Sec., Bureau of Chronic Dis & Geriatrics, NYS Dept.
John B. Phillips Associate	90	Asst. Prof. Dept. of Postgraduate Medicine	Director of Med. Educ.
Merritt F. Spear Associate	80	Instructor, Dept. of Postgraduate Medicine	Private Practice
Boris J. Paul Clinical Specialist	33	Chairman, Dept. of Physical Medicine	Assoc. Prof. Dept. of Physical Medicine
Robert M. Whitrock Associate	100	Asst. Prof. Dept. of Postgraduate Medicine	Private Practice
James Bordley III Medical Center Coord.	40	Clinical Professor of Medicine	Director, Mary Imogene Bassett Hospital
A. Fredette Radio Specialist	90		
R. Forer Sociologist	40		
James P. McMahon Director of Information	100		

BIOGRAPHICAL INFORMATION

1) Frank M. Woolsey Jr., M.D.

- a. Born - 1911, Hancock, New York
- b. B.S. and M.D. - Duke University School of Medicine - 1938
- c. Intern: 1938-39 - Pathology - Washington University School of Medicine - Barnes Hospital
1939-41 - Yale University School of Medicine
New Haven Hospital - Connecticut
Resident 1941-42 - Western Reserve School of Medicine, Lakeside Hospital
- d. 1943-46 - U.S. Air Force
- e. 1947 - Certified by American Board of Internal Medicine
- f. 1950-54 - Albany VA Hospital: Chief of Med. Services
- g. Albany Medical College
1951- Associate Professor of Medicine
1954 - Associate Dean
1954-60 - Director of Postgraduate Medical Education
1960 - Professor of Postgraduate Medicine and Chairman of the Dept.
1966 - Coordinator, Albany RMP
Committees: 1959 to present - Member of Continuation Education Committee, Association of American Medical Colleges
1968 to present - Chairman of Committee

2) Girard Joseph Craft, M.D.

- a. Born - 1920 - New York, N.Y.
- b. 1940 - B.S. Long Island University, Cum Laude
1943 - M.D. Columbia University, College of Physicians and Surgeons
- c. 1948-49 Fellow in Cardiology
- d. Practice - 1949-64 - Rip Van Winkle Clinic, Hudson, N.Y.
- e. 1948-49 Columbia University - Assistant in Medicine
- f. Albany Medical College of Union University
1949-62 Assistant in Medicine
1962-64 Clinical Instructor in Medicine
1964-67 Instructor in Medicine, Assistant Professor of Postgraduate Medicine
1967 Assistant Professor of Medicine
1968 Associate Professor of Postgraduate Medicine

3) William Pierrepont Nelson III

- a. Born - 1920 - New Orleans, Louisiana
- b. 1941 - B.A. Wesleyan University
1944 - Cornell University Medical College
- c. 1944-1945 Intern Cincinnati General Hospital
Resident - 1947-1950 Internal Medical - Cushing VA Hospital
- d. 1952 - Certified - American Board of Internal Medicine
- e. 1945-1947 - Medical Corps, Army of United States

- f. Albany VA Hospital
 - 1951-1952 Physician
 - 1952-1954 Chief, Section Metabolism & Endocrinology
 - 1954-1956 Chief, Medical Service
 - 1956 to present - Consultant in Internal Medicine
- g. Albany Medical College
 - 1951-1953 Instructor in Medicine
 - 1953-1956 Assistant Professor of Medicine
 - 1956-1961 Assistant Director Postgraduate Ed.
 - 1956 to present - Assoc. Professor Medicine
 - 1956-1966 Assistant Dean
 - 1961-1963 Associate Professor Postgraduate Medicine
 - 1963 to present - Professor of Postgraduate Medicine

4) William T. Strauss, M.D.

- a. Born - 1912 - Brooklyn, N.Y.
- b. 1934 - A.B. - Columbia College, N.Y., N.Y.
- 1937 - M.D. - Columbia University College of Physicians & Surgeons
- c. Intern and Resident at Meadowbrook Hospital, Hempstead, N.Y.
- d. 1940-1941 - Private practice of medicine, Rockville Centre
- 1941-1949 - Assistant Medical Director, Hoffman La Roche Inc.
- 1949-1951 - Medical Director, Chilcott Laboratories
- 1951-1957 - Medical Director, Advertising Division, Ciba Pharmaceutical Products, Inc.
- 1957-1958 - Vice President & Med. Director of Doherty, Clifford, Steers and Shenfield (New York Advertising Agency - general and professional)
- 1958-1960 - Vice President & Med. Director of Schenlabs (pharmaceutical division of Schenley Industries)
- 1960-1964 - Director of Professional Relations Geigy Pharmaceuticals
- e. Albany Medical College
 - 1964-1968 - Assistant Prof. of Postgraduate Med.
 - 1968 Associate Prof. of Postgraduate Med.

5) Ward L. Oliver, M.D.

- a. Born - 1902 - Summit, New York
- b. 1923 - Premedical, Middleburg College
- 1928 - M.D. - Albany Medical College
- 1960 - M.P.H. - University of Michigan, School of Public Health
- c. Intern - 1928-1929 - Ellis Hospital
- d. 1929-1946 - Practice of General Medicine
- e. 1943-1946 - Surgeon (R) U.S.P.H.S. - Emergency Health & Sanitation (Military)
- 1948-1953 - Surgeon (R) U.S.P.H.S. - " " " (Military Reserve)
- 1954-1965 - Senior Surgeon (R) U.S.P.H.S. - Emergency Health & Sanitation (Military Reserve)

- 1965 - Medical Director (R) U.S.P.H.S. - Emergency Health & Sanitation (Military Reserve)
- f. 1950-1959 - Acting Commissioner of Health Schoharie Co.;
Practice of General Medicine
- g. 1959-1966 - New York State Department of Health, Assist.
Director, Bureau of Adult Health & Geriatrics
- h. 1962-1967 - Chief, Disease Detection Section, Bureau of
Chronic Disease and Geriatrics
- i. 1967 to present - Associate Coordinator of Albany RMP

6) Arnold W. Pohl, M.D.

- a. Born - 1911 - Troy, New York
- b. 1934 - B.S. - Rensselaer Polytechnic Institute
1939 - M.D. - Albany Medical College
- c. Intern - 1940-1941 - New Haven Hospital
Resident - 1941-1943 - Albany Medical Center Hospital
- d. Albany Medical College
1942-1946 - Assistant in Medicine
1946-1966 - Clinical Instructor in Medicine
1966- Assistant Professor of Medicine
Assistant Professor of Postgraduate Medicine

7) Merritt F. Spear, M.D.

- a. Born - 1934 - Plattsburgh, New York
- b. 1956 - A.B. - University of Vermont
1960 - M.D. - Albany Medical College
- c. Intern - 1960-1961 - Guthrie Clinic, Robert Packer Hospital
Resident - 1961-1964 - Medicine; 1964-1965 Oncology at Albany
Medical Center Hospital
- d. Private medical Practice - 1965-1967
- e. Attending Physician in Medicine, Champlain Valley - Physicians
Hospital Medical Center, Plattsburgh
- f. Medical Director of New York State Medical Assistance Program
for Clinton County

VI. ORGANIZATION

Regional Advisory Group (R.A.G.)

- 1) The Chairman of the RAG is Harold C. Wiggers, Ph.D., Executive Vice President and Dean, Albany Medical College. The chairmanship is acquired by appointment from the Medical College Board of Trustees.
- 2) There are 28 members of the Albany RAG. The 28 represent 6 from medical school; 4 health practitioners; 3 RMP staff; 4 public or consumer representatives; 2 hospital associations; 2 medical societies; 2 Government public health agencies; 1 heart association; 1 cancer society; 1 affiliated hospital representative; 1 registered nurse; 1 other health related planning agency.
- 3) These members are appointed by the Chairman with the approval of the Administrative Group (Executive Committee). Meetings are held quarterly.
- 4) Presently, there are no by-laws or formal operating policies.

Executive or Steering Committee (The Planning and Review Group)

- 1) The Chairman of this committee is appointed by the Administrative Group (Executive Committee of Advisory Group). The chairman of this committee is James Bordley, III, M.D., Ph.B., Sc.D., President, Regional Hospital Review and Planning Council of Northeastern New York, Inc.
- 2) This committee meets monthly.
- 3) The group is composed of 14 members.
- 4) The Planning and Review Group (Steering Committee) is concerned with all phases of the planning and the operation of the Albany Regional Program.
- 5) This group is continuously receiving pertinent information, developing short and long range plans based upon appropriate information, implementing pilot projects resulting from such planning, defining personnel, facilities and equipment and finance needs, assuring proper communication for effective program response and arranging for ultimate evaluation and approval of all activities by the Regional Advisory Group.

Consulting Groups

There are 10 consulting groups in the Albany RMP. These Groups consist of Heart Disease, Cancer, Stroke, Nursing, Pulmonary Disease, Dentistry, Library Service, Medical Technologists, Physical Therapy, and X-Ray Technicians. These groups serve the purpose of augmenting the size and versatility of the Advisory Group while allowing the Advisory Group to retain a size compatible with effective function. These groups have been originated sequentially as program development reached a stage where they were needed and could make specific contributions to the deliberations of the Planning and Review Group.

Consulting Groups review projects and operational suggestions, lending their particular expertise to the decisions to be made by the Planning and Review and the Advisory Group. These also originate suggestions and attempt to coordinate these with concepts and developments arising from other groups. They suggest studies to be carried out by the Core Staff and function in a manner which has been important to planning and developing this design curricula for funded educational projects.

The membership involves from four members on the Consulting Group for Heart Disease to 11 members on the Consulting Group for Stroke.

Preliminary Planning Group

The Preliminary Planning Group is composed of individuals chosen from the Planning Group and acts as staff for the Planning Group. All suggestions for operational activities are considered first by this group. Its recommendations are then placed before the Planning Group for decisions. The Preliminary Planning Group has no authority.

Description of Project Proposal Initiation, Development and Review

- 1) Feasibility studies as possible operational projects may originate from any interested group or individual within the Region. Projects may also be initiated by members of the Administrative Group, Preliminary Planning Group, Planning and Review Group, Advisory Group or Consulting Group.
- 2) Project proposals are submitted either in rough or final form to the Preliminary Planning and Review Group which is composed of individuals chosen from the Planning and Review Group and acts as staff for the Planning and Review Group.
- 3) All projects for operational activities are considered first by this group. Its recommendations are then placed before the Planning and Review Group for decisions. The Preliminary Planning and Review Group has no authority.

- 4) The authority relative to attitudes toward possible activities rests in this first instance with the Planning and Review Groups.
- 5) If the Preliminary Planning and Review Group needs consultation, they select one of the ten Consulting Groups (who act as consultants) to review the project and submit their own recommendations along with the recommendations from the Preliminary Planning and Review Group to the Planning and Review Group.
- 6) The Planning and Review Group reviews these recommendations. If approved, the project proposal is submitted to the Albany RAG. If disapproved, the Preliminary Planning and Review Group invites the project originators back to discuss their project. Even if the project is disapproved by the Planning and Review Group, they have the option if they like to present their views to the Albany RAG.
- 7) If by chance the Preliminary Planning and Review Group has turned down the project, an option to invite the originator of the project to the Consulting Group for discussion is offered. This results in two opportunities. First the originator is present at the discussion and has his "day in court" and secondly, the Consulting Group has the benefit of understanding what the originator is proposing.
- 8) The Albany RAG has final authority. If a proposal is passed, it is submitted to the Division of Regional Medical Programs, Review Committee and National Advisory Council. If the Albany RAG disapproves, the proposal is returned to the Planning and Review Group.

VII. OPERATIONAL PROJECTS

#1A and 1B -- TWO-WAY RADIOCOMMUNICATION SYSTEM - NETWORK EXPANSION - PROGRAM PRODUCTION

Objectives: To enlarge the already established communications network to include an additional 57 hospitals, 24 high schools, and an unstated number of headquarters of voluntary health agencies and meeting places for medical societies; to expand the program beyond practicing physicians to include allied medical personnel, administrators, members of boards of trustees, voluntary health agencies, adult education classes, and selected civic groups.

#4 -- POSTGRADUATE INSTRUCTION DEVELOPMENT PANEL

Objectives: To identify professional educational needs of the physicians in the region and to satisfy these needs through programs of continuing education. A random group of physicians will attend sessions at the Medical College and by radio. Pre and post testing will be used to evaluate the effectiveness of the project.

#5 -- COMMUNITY HOSPITAL LEARNING CENTERS

Objectives: To establish learning centers in hospitals to accelerate the dissemination of new medical knowledge and, as a broader aim, to enhance the concept of the community hospital as a focus for continuing medical education. Automated audio-visual aids will be installed in the initial 8 hospitals. Evaluation will be based on use of the facilities.

#6 -- CORONARY CARE TRAINING AND DEMONSTRATION PROGRAMS - ALBANY MEDICAL CENTER

Objectives: To serve as a prototype of the best care available for the patient with an acute myocardial infarction; and to provide training for physicians and nurses interested in establishing facilities in their own communities. This project would augment the existing Coronary Intensive Care Unit at the Albany Medical Center.

#7A and 7B -- COMMUNITY HOSPITAL CORONARY CARE TRAINING AND DEMONSTRATION PROGRAM - (VASSAR BROTHERS HOSPITAL, POUGHKEEPSIE) - (AFFILIATED HOSPITALS, PITTSFIELD, MASSACHUSETTS)

Objectives: To establish a coronary care unit at Pittsfield and expand an existing one at Poughkeepsie as a demonstration and educational project for other hospitals in the region. A continuing educational program will serve the permanent Unit Staff and staffs from smaller hospitals.

#12 -- COMMUNITY HOSPITAL CORONARY CARE TRAINING AND DEMONSTRATION PROGRAM - HERKIMER MEMORIAL HOSPITAL, HERKIMER, NEW YORK

Objectives: To establish a coronary care unit in a small community hospital without house staff and train selected nurses and physicians to use the equipment.

#13 -- COORDINATOR FOR CANCER IN SCHENECTADY AREA

Objectives: To establish a coordinator for cancer to implement and expedite more effective professional and lay education, assure better clinical care, organize more complete follow-up of cancer patients, and provide coordination in evaluating effectiveness of all oncology activities in the area.

#14 -- CORE PROGRAM

Objectives: To support administrative and planning functions.

#16 -- DEVELOPMENT OF COMMUNITY LEADERSHIP FOR REGIONAL MEDICAL PROGRAMS

Objectives: To determine the extent to which local citizens will participate in the planning and conduct of a Regional Medical Program and in the development of projects which have significance to their community. The three northern counties of the Albany Regional Medical Program (Clinton, Franklin and Essex) have been selected for the initial effort of this project. These counties are largely rural, have a population of 152,764 and an average family income of \$4,929. They are considered representative of the Region.