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PUBLIC ACCOUNTABILITY REPORTING GROUP

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January 22, 1975

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Mr. Matthew H. Spear
Division of Regional Medical Programs
Parklawn Building, Room 15-42
5600 Fishers Lane
Rockville, Maryland 20852

Dear Matt:

I wish to thank you for the opportunity to attend the recent National Arthritis Conference as a representative of the Regional Medical Program's Public Accountability Reporting Group. I was pleased to have the opportunity to describe our activities and to discuss public accountability reporting and the Special Progress Reports which have been developed for certain RMP initiatives. The resolutions adopted by the conference requesting assistance of PAR to assess the RMP Pilot Arthritis Study for FY 75 clearly indicates the necessity and validity for accountability reporting. My understanding of the resolution was that the PAR Group join as part of a larger committee with representation from the American Arthritis Association, the American Academy of Orthopedic Surgeons and others to develop an adjunct system to the normal PAR Reporting System. Such an adjunct could collect, analyze, and report program data which capture the total RMP arthritis experience including objectives, activities and outputs of each project as well as organization, management, administration and control of the individual projects.

From the discussion which followed the presentation of the resolution, I gained a sense of immediacy as far as development and implementation of the data collection and assessment system. I would therefore suggest that this working committee mentioned above be convened before the end of February 1975 to conduct a two day working session in order to design a relevant information profile and data collection instrument. After the committee has general agreement from the ARA, ACOP, and PAR regarding content and format, the draft data collection instrument could be reviewed with the 29 RMPs and their arthritis project directors. After a period of say 10 days for review and comment, the system could be finalized and the instrument distributed to the RMPs.

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As I recall, the intent of the recommendation from the Program Documentation Workshop was that the data collection phase be initiated after there has been sufficient time for submission of final progress by each of the projects to their respective RMPs. I would assume that this would be completed by late summer 1975. Data collection could be conducted during September 1975 and a report written, reviewed and cleared by the respective agencies during October 1975 for final distribution prior to December 31, 1975 as discussed in the conference report. Don Sparkman, M.D., Chairman, RMP Coordinator Steering Committee, has been consulted through C. E. Smith, Ph.D., Chairman, PAR Council and has given his endorsement for the PAR Group to participate in this joint assessment effort on behalf of the RMP Coordinators.

I understand that the DRMP restrictions regarding expenditures of RMP funds for arthritis projects may not apply to an assessment effort such as that described above. Depending on information requirements which may develop from the committee, it may be necessary to request some very modest support from each of the 29 RMPs supporting arthritis projects. The funds would be used for travel, preparation and publication of a final report. This may be in the neighborhood of \$300-\$500 for each program.

We will look forward to receiving a copy of the proceeding of the conference and authorization to proceed with assessment of the National RMP Pilot Arthritis Initiative.

Best personal regards.

Sincerely,



Gordon R. Engebretson, Ph.D.

GRE:kc

cc: D. Sparkman, M.D.
C. E. Smith, Ph.D.
Sectional Representatives