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MICHIGAN REGIONAL MEDICAL PROGRAM

The Michigan Regional Medical Program is still in the first year of planning. Its current grant of \$1,294,449 is one of the largest awarded to date for planning.

A new corporation, the Michigan Regional Medical Program, Inc., was established to administer this Region's program. Dr. Albert Heustis, former State Health Officer of Michigan, is the Program Coordinator. In addition to a central office in Lansing, Regional Medical Program offices also have been established at the three medical schools and the State Department of Health, all of whom are engaged in planning activities.

A combined second-year planning and initial operational grant request has recently been submitted. Among the projects proposed is one to plan a program in Detroit for training a variety of such professional health assistants. Many of those to be trained would be drawn from the disadvantaged Negro population.

More detailed information on the Michigan Regional Medical Program follows.

MICHIGAN REGIONAL MEDICAL PROGRAM

REGION State of Michigan

COORDINATING HEADQUARTERS Michigan Association for Regional Medical Programs, Inc.

STARTING DATE June 1, 1967

FUNDING

Current Awards: \$1,294,449

Current Request: \$2,340,266

Projected Next Year: \$2,718,183

OPERATIONAL STATUS Now under review

PROGRAM COORDINATOR Albert E. Heustis
Former State Health Officer of Michigan

ADVISORY GROUP

1. Chairman: William N. Hubbard, Jr., M.D.
Dean, Medical School
University of Michigan
2. Membership: 22 members;
practicing physicians 2; medical center 4;
hospital administrators 6; voluntary health
agency 4; public health official 1; other
health professions 2; public members 3.

On October 19, 1965, Governor Romney established a State Advisory Council to plan for the implementation of P. L. 89-239, Heart Disease, Cancer, and Stroke Amendments of 1965, in the State of Michigan. The Deans of the medical schools at Wayne State University, the University of Michigan, and Michigan State University, began planning for the formation of a Regional Advisory Group on March of 1966. In May of 1966 Articles of Incorporation for the establishment of a non-profit corporation were filed by the Board of Directors of the Corporation which included the three medical school Deans, a representative of the State Medical Society, a Hospital Administrator, an osteopathic physician, and the executive Director of the Michigan Health Council. On May 25, 1966, the Board of Directors held its first meeting. Invitations to participate were extended to various other groups in the State. The present Regional Advisory Group includes 22 members representing 14 organizations and 6 local planning districts plus public representatives.

Mr. Eugene Sibery, Executive Director of the Greater Detroit Area Hospital Council, initially assumed the position of Program Coordinator Pro Temp and along with the Board of Trustees provided leadership in the development of the Michigan planning application.

The two-part Michigan application was submitted in December 1966 and January 1967. The request gave priority to the initial establishment of central staff for overall coordination and supplementary staffing to work with major participants. Included as major participants were the three medical schools plus the Michigan Department of Public Health. In the planning document each major participant outlined proposed activities and indicated the areas in which they planned to work together. An award in the amount of \$1,294,449 was made on June 1, 1967.

In September of 1967, Dr. Albert E. Heustis, former State Health Officer of Michigan, was selected as permanent Program Coordinator. The By-laws for the Michigan Association for Regional Medical Programs were finalized and approved in September 1967.

Organization and Staffing

Initial staffing plans call for a total of 7 central staffing positions: the Program Coordinator, 3 staff assistants, an office manager and two secretaries. Recent information indicates that Dr. Heustis has recruited two assistants and one secretary, leaving 3 of the 7 positions unfilled at this time.

Planned supplementary staffing includes the utilization of 6 positions at the Michigan Department of Public Health, 14 positions at Michigan State University, 13 central positions at the University of Michigan plus 11 supplementary positions in various departments, and 10 positions at Wayne State University. No complete information is available on the present staffing status of these. Available information indicates that 1-2 supplementary positions may be filled at each institution at this time.

The supplementary staffing liaison at the Michigan Department of Public Health would be used for coordinated planning with regard to area rehabilitation centers, data collection systems, and statewide screening.

Staffing at Michigan State would be organized into a "Facilitating Office for Planning in Heart, Cancer and Stroke," and would operate out of the office of the Dean. This "Facilitating" office would be pulled together into three parts -- Continuing Education Planning, Research and Special Studies, and Cooperative Arrangements Planning.

At the University of Michigan a central secretariat is being established to coordinate all university programs. The secretariat will function

under the supervision of the Director of the Department of Postgraduate Medicine. Included among these positions are two for Extramural and Intramural activities and two program evaluation coordinator positions to be filled directly by the University Center for Research on Learning and Teaching. Other positions will be attached to the School of Public Health, School of Nursing, College of Pharmacy and the University Hospital.

Wayne State staffing would include a core staff of a Program Director and four Assistant Directors. Information on organizational relationships is not available.

Committees which have been formed are as follows: (1) Professional Advisory Council on Cancer (2) Professional Advisory Council on Stroke (3) Task Force in Methods and Evaluation (4) Education Task Force, Section on Computability for Communications Media (5) Task Force on Incidence and Prevalence (6) Task Force on Continuing Education. Each of these committees has held at least one meeting. Meetings have been oriented toward region-wide problem-solving and priority setting.

The Board of Trustees has met monthly since August 1967. The meetings were mainly organizational with the election of officers and development of procedural policies. The President is William N. Hubbard, Jr., Director of the University of Michigan Medical School.

Regional Advisory Group

The Regional Advisory Group of 22 members met three times during 1976. These meetings were mainly organizational, with discussions and approval of bylaws and the function of various committees.

Subregionalization

The basic planning regions have been in six geographical districts covering the State of Michigan. Each planning district has already or is in the process of forming a local advisory Group. In addition each medical school has a local advisory group. However, recent reports from the Region indicate that these proposed subdivisions may be modified. The Michigan region is considering patient flow patterns and may divide into eight or nine areas on this basis. Tentative plans are to place field representatives in these areas at a specific institution and to re-orient local advisory groups to apply to the new subdivisions.

Planning Activities

The following proposals are being considered:

1. The Michigan Department of Public Health will use its Center for Health Statistics to carry out an ongoing state-wide health survey. The project will be planned with the combined efforts of the Michigan State Health Department and the Commission on Physician and Hospital Activities.

The services of local health department officials will be used to demonstrate and carry out the activity. The data gathered will focus on: number of persons with diagnosis of or disability from heart, cancer, stroke, care given; attitudes; assessment of disability. The data will be gathered and processed on a block by block basis rather than by community, county or larger basis.

2. Michigan State University will undertake a study designed to examine the process and methods by which health care facilities and services are coordinated in a geographically defined area (Greater Lansing Tri-County Area).
3. The University of Michigan is planning several region-wide projects as follows: (a) postgraduate educational programs in cancer chemotherapy, (b) postgraduate education program in nursing, (c) drug information project (d) project involving greater utilization of non-professional staff in treatment (based at Wayne County General Hospital).
4. Wayne State is developing a comprehensive program for the Detroit Metropolitan area involving demographic information, use of services and resources, communications and information systems professional education.

Among the initial activities to be sponsored by the University of Michigan is a medical care evaluation project including 14 hospitals: The Mt. Carmel Mercy Hospital in Detroit and the Saginaw General Hospital in Saginaw are planned participants.

Relationship to Comprehensive Health Planning

A State Health Department employee, Miss Betty Tableman, who has been affiliated with Comprehensive Health, is presently on detail with the RMP. Miss Tableman is working actively with the Program Coordinator.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS

IN MICHIGAN

Chairman

William N. Hubbard, Jr.
Dean, Medical School
University of Michigan
Ann Arbor, Michigan

Advisory Committee Members

Carl B. Beeman
(Pres. Michigan Heart Assn.)
Grand Rapids, Michigan

Esther (Mrs. Edward) Benjamin
(Dir. of Nursing Services, Wayne County General Hospital)
Detroit, Michigan

Michael J. Brennan
President, Michigan Cancer Foundation
Detroit, Michigan

Seymour Cantor
Administrator, Botsford General Hospital
Farmington, Michigan

Dorothy E. Carnegie
(Trustee, Michigan Association of Osteopathic
Physicians and Surgeons, Inc.)
Lansing, Michigan

John A. Doherty
Executive Director, Michigan Health Council
East Lansing, Michigan

Ernest D. Gardner
Dean, School of Medicine
Wayne State University
Detroit, Michigan

William N. Hubbard, Jr.
Dean, Medical School
University of Michigan
Ann Arbor, Michigan

Andrew D. Hunt, Jr.
Dean, College of Human Medicine
Michigan State University
East Lansing, Michigan

Bernard E. Luck
(Chairman, Michigan State Dental Association's
Committee on Cancer Control)
Lansing, Michigan

Don Marshall
(Representing Michigan State Medical Society)
Kalamazoo, Michigan

John H. Patriarche
City Manager, City of East Lansing
East Lansing, Michigan

John C. Peirce
Coordinator of Medical Education
St. Mary's Hospital
Grand Rapids, Michigan

Milton D. Rasmussen
Administrator, Lockwood-MacDonald Hospital
Petoskey, Michigan

R. Gerald Rice
Acting Director, Michigan Department of Public Health
Lansing, Michigan

James P. Ricker
(Vice-President American Cancer Society,
Michigan Division, Inc.)
Flint, Michigan

Milton Sacks
Administrator, Hurley Hospital
Flint, Michigan

August Scholle
(President AFL-CIO)
Detroit, Michigan

D. Eugene Sibery
Executive Director
Greater Detroit Area Hospital Council
Detroit, Michigan

Phillip C. Sims
(Institute of Labor and Industrial Relations,
Wayne State University)
Detroit, Michigan

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Walter Wentz
Administrator, Chippewa County War Memorial Hospital
Sault Sainte Marie, Michigan

Ronald D. Yaw
Director, Blodgett Memorial Hospital
Grand Rapids, Michigan