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*Memorandum*

TO : THE RECORD

DATE: February 29, 1968

FROM : Public Health Advisor  
Division of Regional Medical Programs

SUBJECT: Recommendation in the Supplemental Planning Grant Application submitted by the Western New York (Buffalo) Regional Medical Program, 3 GO2 RM 00013-02S2, National Advisory Council, February 26-27, 1968

MOTION: Approval (#1) in the time and amount requested  
(\$174,909 direct costs)

In recommending approval of this supplemental request, the Council noted the progress made by this region in establishing an organized and active program. It was recognized that these accomplishments have been attained in spite of staffing limitations as a result of the requested and approved level of support under the initial grant. Accordingly, the Council was cognizant of the immediate need to further augment current program staff so as to assure maximum capability to meet present obligations, as well as future requirements in the area of program development. It was felt that adequate justification for additional staff was presented in the application and that the results of the site visit on February 5-6, 1968, reinforced this identified need. The salary levels of the three associate directors to be employed were discussed in relation to the time they would devote to the program as indicated in the application. The Council was advised that in a letter from the applicant dated February 16, 1968, the percentage of time had been corrected and increased to 65% with no change in salary levels. It was assumed that this correction would bring these salaries in line with university and/or other comparable full-time salaries in the region.

*Robert E. Jones*  
Robert E. Jones



*Memorandum*

TO : THE RECORD

DATE: February 28, 1968

FROM : Public Health Advisor  
Division of Regional Medical Programs

SUBJECT: Recommendation on the Supplemental Planning Grant Application submitted by the Alabama Regional Medical Program - 3 G02 RM 00028-02S1 - National Advisory Council meeting, February 26-27, 1968

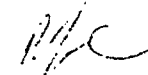
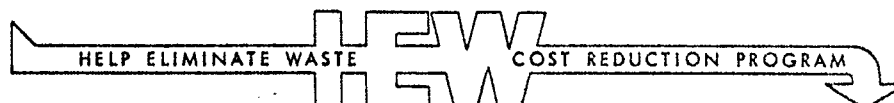
MOTION: Disapproval, with instructions to staff to convey Council's concerns to the region. Timely submission of another application should be encouraged.

Council found this application a diffuse, poorly organized, and rambling document which failed to describe objectives or project an impact on regional health care. The serious reservations of the Review Committee were noted and endorsed. The region needs instruction in how to prepare an application which can meet the criteria of the review process.

Individual projects, or specific planning activities, are described only in very general terms, but many of them appear more closely related to operational status rather than to planning activities. Lack of approval by the Regional Advisory Group is a further major drawback. The Montgomery County Planning Study appears to involve a subgrant, contrary to program regulations, and the Hospital Administrative Grant Program appears to involve transferring an existing program to Regional Medical Program financial support.

A major planning activity involves 10 subprojects in veterans hospitals, including a heavy investment in equipment. Considerable question of the region's system of priority is raised by the emphasis on one group which already enjoys reasonable standards of health care.

Council agreed on the recommendation for disapproval after deciding that the application is not suitable for revision. Disapproval, however, should be construed as an encouragement to examine goals and priorities more closely, and to present them more clearly in an entirely new proposal. It is hoped that involvement of the Veterans Administration Hospitals will continue, but in a way more in keeping with health activities for the entire regional population.

  
Peter A. Clepper

*Memorandum*

TO : THE RECORD

DATE: March 1, 1968

FROM : Public Health Advisor  
Division of Regional Medical ProgramsSUBJECT: Recommendation on Supplemental Planning Grant Application,  
3 G02 RM 00031-02S1 and Unexpended Funds for use in Second Grant Year  
5 G02 RM 00031-02, submitted by Metropolitan Washington, D.C. Regional  
Medical Program, National Advisory Council - February 26-27, 1968

MOTION: Approval of the planning supplement for the time and in the amount requested, \$256,089 for one year (#1), with advice that staff competence be broadened beyond clinical fields to include educational and administrative competence; award additional \$35,163 for direct costs from unexpended funds

The Council felt that experience during the first planning year has demonstrated that the original projection of staff needs was unrealistic and that coordinators are needed in each of the participating universities, the Health Department of the District of Columbia, and the Hospital Council of the National Capital Area. The Council shared the Review Committee's concern that the proposed staff competence does not extend beyond clinical fields.

The Council also approved the staff recommendation that the second year planning grant be amended by \$35,163. These funds will support a stroke project director, coordinating personnel at the District of Columbia Health Department, and consultant services. The budget categories are:

Personnel	\$26,887
Consultants	<u>8,276</u>
TOTAL	\$35,163

*Patricia McDonald*  
Patricia McDonald



*Memorandum*

TO : THE RECORD

DATE: February 29, 1968

FROM : Public Health Advisor  
Division of Regional Medical ProgramsSUBJECT: Recommendation on the Supplemental Planning Grant Application  
submitted by the Maryland Regional Medical Program, 3 GO2 RM  
00044-02S1, National Advisory Council Meeting on February 26-  
27, 1968MOTION: Approval (#1) in the time and amount requested, less  
funds for renovation (direct costs \$328,700 - first year)

It was the consensus of the Council that this supplemental planning request is worthy of support. The epidemiology and statistics center, as well as the stroke components of this application, were felt to hold particular promise as Regional Medical Program activities. The opinion was expressed that the center may well serve to meet broader needs. Although the proposed components in general appear to have a university orientation, there was agreement that this region is taking initiative in specific areas where there are existing strengths in personnel and facility resources. Planning grant funds may not be used for alterations and renovations.

  
Robert E. Jones

NOTE: A single applicant agency (Johns Hopkins University) must be designated, rather than the Administrative Committee named, on the face of the application.



*Memorandum*

TO : THE RECORD

DATE: March 1, 1968

FROM : Public Health Advisor  
Division of Regional Medical Programs

SUBJECT: Recommendation on the Planning Supplement submitted by the West Virginia Regional Medical Program - 3 G02 RM 00045-02S1 - National Advisory Council Meeting, February 26-27, 1968

MOTION: Conditional Approval (#2), subject to a site visit for purpose of clarification of issues and to assist and encourage the region in its transition to the operational phase

Council felt that the proposal was generally fragmented and lacking in cohesiveness. They were sometimes unable to determine what in the application is "planning" and what is "operational". This was felt to be lack of sophistication in the presentation rather than inadequacies of the program. There are germs of many good ideas present. Even though Council believed the proposals to be diffuse, they also felt that the objectives are desirable even though the methods proposed are somewhat unusual. Certainly there was no doubt that this region is making a sincere effort to come to grips with its many problems. A slowly developing region, it needs encouragement and assistance in directing its efforts along fruitful lines.

PROJECT #1 - Survey of a Rural Area (Blacksville) - Council thought that the value to regional planning of data resulting from such a house to house survey is unclear. On the other hand, members agreed that even though results seem predictable, this may not be true in view of local conditions of the Blacksville area.

PROJECT #2 - Coronary Care Training Unit - There was consensus that the course is standard and adequate, but Council questioned two budgetary items: the high percentage (40%) of the Director's time to be devoted to this project, and the request for \$36,000 for support of operating four beds. These items will be discussed at the time of the site visit.

PROJECT #3 - Physicians Self-Audit - Council thought that this project might be difficult to implement, and believed some further clarification might serve to point up some obvious weaknesses, i.e., how will criteria for 'adequate' and 'inadequate' care of patients be developed? The fact that the means to accomplishing this study will be mechanical appealed to Council members as being an unusual device and as having unlimited potential.

PROJECT #4 - Mechanical Morbidity Reporting by Physicians - The question



was raised as to the usefulness of results as well as uniformity of criteria. Council did think, however, that the project is worth trying. The approach is interesting, and since it is a special project of the Director, who has had experience in the field, it does involve physicians and represents a modest expenditure.



Jessie F. Salazar

*Memorandum*

TO : THE RECORD

DATE: February 28, 1968

FROM : Public Health Advisor  
Division of Regional Medical Programs

SUBJECT: Recommendation on the Planning Supplement submitted by the Georgia Regional Medical Program - 3 G02 RM00046-02S1 - National Advisory Council meeting, February 26-27, 1968 (\$208,031 first year DCO)

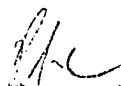
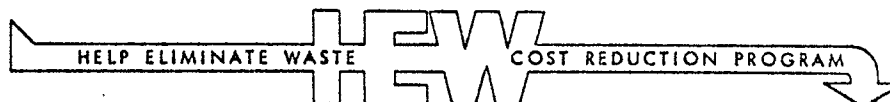
MOTION: Approval in the time and amount requested, contingent upon assurance from the grantee, satisfactory to DRMP staff that programs being planned will appropriately serve all of the people of the region, including the urban poor and other minority groups.

Council members agree that this request for additional personnel is reasonable and consistent with staffing requirements for an active region about to assume operational status. The choice of the Medical Society of Georgia as the fiscal agent and sponsor has been a practical one and has apparently been satisfactory to all concerned.

The task forces for the Regional Advisory Group have been active in their areas of interest and have submitted reasonable reports and proposals, although they are not particularly unusual or imaginative. There is, however, no specific mention of minority groups and it is difficult to establish that they are significantly represented in the planning process or that predominantly Negro institutions will have a cooperative involvement in the development of operational projects.

The Council members accordingly conditioned their recommendation upon assurance from the Regional Medical Program that involvement of minority leaders and predominantly Negro institutions is taking place, and that the program being planned will include projects to benefit minority groups. It is agreed also that this assurance can be sought out and evaluated by staff so that return to the Council for final approval is not necessary.

The Council also approved the use of \$89,000 of funds unexpended in the first year for a further necessary supplement to the core staff.

  
Peter A. Clepper



*Memorandum*

TO : THE RECORD

DATE: February 29, 1968

FROM : Public Health Advisor  
Grants Review Branch

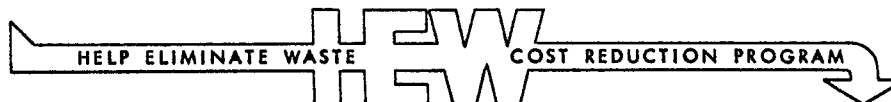
SUBJECT: Recommendation on the Operational Grant Application submitted by the North Carolina Regional Medical Program, 1 G03 RM 00006-01, National Advisory Council meeting on February 26-27, 1968

MOTION: Approval in the time and amount requested, conditioned upon reduction of the amount of compensation to be allowed for physician trainees in the Continuation Education in Internal Medicine project to stipends of \$1,500 per month.

Council members agreed that this was a well-conceived application which would consolidate planning activities and operational projects into one grant. Although several of the proposals are not directly related to the categorical diseases, they reflect regionwide cooperation in meeting locally developed priorities for health care resources.

Consideration of the individual projects was generally favorable and followed recommendations of the Review Committee.

- #1 Education and Research in Community Care. The project acts as a catalyst in stimulating and developing regional cooperative arrangements.
- #2 Coronary Care. The favorable impression of the site visit team was noted in recommending approval.\*
- #3 Diabetes. The project is well developed and will help fill a health care gap in counties with few or no doctors.
- #4 Central Cancer Registry. The favorable recommendation of the site visit consultant weighed heavily in approving this project. Council members were concerned, however, about the general worthwhilness of registries. Experience to date shows little utilization for improvement of patient care. It is likely that their essentially retrospective character makes them an obsolescent tool in a period of rapid technological change.
- #5 Medical Library Extension. This is an interesting project but its objectives are not entirely clear, nor is its relation to the categorical diseases. In recommending approval, Council members noted that if reductions had to be made in the funding level, this project would be among the first cut.



- #6 Cancer Information Center. Council members accepted the Review Committee recommendation for approval, but noted that it would have been prudent to initiate the project at one school and expand it to the others, if results warranted.
- #7 Continuing Education in Internal Medicine. Council members agree that the "sabbatical" payments of \$2,885 to internists selected for the program constitute stipends. As such, the amount is hard to justify. Some reimbursement for the overhead expenses of practice is a necessary inducement, however, if the project is to have long term success. Stipends of \$1,500 could be allowed for this purpose. The amount would be consistent with other programs.
- #8 Dentistry. As a means of involving dentists in regional medical programs, this project merits support. The relationship of dentistry to the categorical diseases, as described in the application is far overstated.
- #9 Continuing Education for Physical Therapists. Council members accepted the Review Committee recommendation.

It was agreed that the matter of the program support for registries should be put on the agenda of the next Council meeting. In the meantime, staff will prepare a report on DRMP involvement with registries, showing earlier Council actions, recommendations of ad hoc consultants, etc.

N.B. The limitation on stipend levels would have the following effect (direct costs only):

First year support requested	\$1,200,916
Less 12 monthly "sabbaticals" @ \$2,000 with fringe benefits	(26,885)
Add 12 stipends @ \$1,500	<u>(18,000)</u>
Council Recommendation	\$1,192,031

\*Project #2 will be supported from funds earmarked for coronary care unit managers (\$65,823 direct costs only)

  
Peter Clepper

*Memorandum*

TO : THE RECORD

DATE: February 29, 1968

FROM : Public Health Advisor  
Division of Regional Medical ProgramsSUBJECT: Recommendation on the Operational grant application submitted  
by the Oregon Regional Medical Program, 1 GO3 RM 00012-01,  
National Advisory Council Meeting, February 26-27, 1968MOTION: Approval for the time and in the amount requested (#1),  
with advice to the Region that assistance be sought  
from the College of Education of the University of  
Oregon for designing better evaluation of the project

The findings of the site visit team were accepted by Council. It was felt that the Oregon program has demonstrated impressive progress and is sufficiently developed to move into an operating program. The Council was satisfied that the questions raised by the Review Committee about the circuit course project were answered in the site visit report. In addition, the Council agreed that the project deals with an important problem which is appropriate for support by Regional Medical Programs. The only concern was that the method for evaluation is not well designed.

*Patricia McDonald*  
Patricia McDonald



# Memorandum

TO : THE RECORD

DATE: February 29, 1968

FROM : Public Health Advisor  
Grants Review Branch

SUBJECT: Recommendation on the Operational Grant Application submitted by the Metropolitan Washington, D.C. Regional Medical Program, 1 GO3 RM 00031-01, National Advisory Council Meeting on February 26-27, 1968

MOTION: Conditional approval (#2) for approximately \$343,000: projects 1 and 2, to be supported for the time and in the amount requested; project 3 to be supported for two years only and at a reduced level; and no funds to be calculated in the award for project 4

The Council accepted the conclusion of the site visit team that sufficient progress has been made in the Metropolitan Washington D.C. Region to justify its request to become an operational program.

A summary follows of the recommendations made by the National Advisory Council on each of the four projects which compose this application.

	<u>Requested Support</u>	<u>Recommended Support</u>
1. <u>Freedmen's Hospital Stroke Station</u> The Council concurred with the Review Committee and site visit team that this program appears to be well established as a beginning step in determining the approaches to the most efficacious treatment of stroke cases. The Council recommended approval for the time and in the amount requested. <u>NOTE:</u> The Council recommended that funds earmarked for stroke detection and care be used to support this project.	\$181,894	\$181,894



	<u>Requested Support</u>	<u>Recommended Support</u>
2. <u>Cerebrovascular Disease Follow-Up and Surveillance System</u> The Council complied with the Review Committee's and site visitors' favorable review of this project proposal. They noted that it is research aimed at an important problem but designed in such a fashion that it is much more than just a registry. The Council felt assured that the project staff is cognizant of the limitations of a procedure using patient records as a data source. The Council also assumed that cooperative relationships will be established between health institutions in the Region as the project progresses. The Council recommended support of this project, for the amount and time requested.	\$ 94,204	\$ 94,204
3. <u>Training Program for Cardiovascular Technicians</u> The Council agreed with the Review Committee and site visit team in commending the purpose of this project which is to relieve the shortage of qualified manpower to work in coronary care units. However, the Council shared the concerns of the earlier review groups regarding the excessive costs requested for the project, the doubts about educational competence on the project staff and the project staff's understanding of equipment requested. The hope was expressed that the project would serve as a pilot for further development of this kind of training as a regional resource, rather than for a single institution. For these reasons, the Council recommended that this project be supported for two years, after the equipment needs have been discussed by staff with the project personnel and a more realistic budget has been negotiated.	\$ 81,867	Approximately \$ 66,902

	<u>Requested Support</u>	<u>Recommended Support</u>
4. <u>Home Telecasts of Medical-Surgical Conferences</u>	\$ 241,510	-0-
<p>The Council reached the same conclusion as the Review Committee and site visitors that funds should not be provided for this project as described in the present application. The value of home telecasts as a tool for continuing education has not been established. This is an expensive project proposal, and the Council did not feel that it is developed to the point that it merits funding as "feasibility" as it is proposed. The Council was concerned that the mechanism for evaluation is not well developed and that the project staff does not include competence in the design, development, and evaluation of educational programs.</p>		

*Patricia McDonald*  
Patricia McDonald

*Memorandum*

TO : THE RECORD

DATE: February 29, 1968

FROM : Public Health Advisor  
Division of Regional Medical Programs

SUBJECT: Recommendation on the Operational grant application submitted by the WICHE Regional Medical Program - 1 GO3 RM 00032-01 - National Advisory Council meeting on February 26-27, 1968

Motion: Approval (#1) in time and amount requested  
\$175,287 - 1st year (Direct Costs)  
\$150,666 - 2nd year (Direct Costs)  
\$153,306 - 3rd year (Direct Costs)

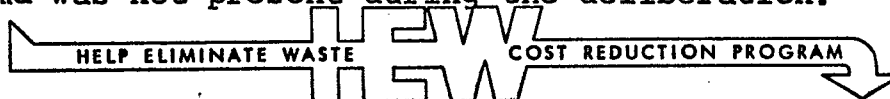
Council was impressed with the progress made to date in the region and noted that some of the problems (mainly concerned with distances and sparseness of resources) had originally appeared to be almost insurmountable. However, it is now evident in light of the recent site visit, and the present proposal, that the region is well organized and eager to focus on the solution of their problems.

The staffing of intensive coronary care centers in small hospitals was identified by the region as of first priority, to which this project is addressed. The region has approached its development in a competent manner. The association of St. Patrick's Hospital with the Western Montana Medical Clinic is an asset, as are the physicians who will direct the activities of the training center.

The Council was confident that the University of Washington Medical Center, through its consultants to the WICHE region will continue to encourage and strengthen the program.

Jessie F. Salazar

Dr. Popma was not present during the deliberation.



*Memorandum*

TO : THE RECORD

DATE: March 1, 1968

FROM : Public Health Advisor  
Grants Review Branch

SUBJECT: Recommendation on the Supplemental Operational Grant Application submitted by the Kansas Regional Medical Program, 3 G03 RM 00002-01S1, National Advisory Council Meeting on February 26-27, 1968

MOTION: Conditional approval (#2) of all five components of this application subject to a Council site visit to (a) obtain further clarification and (b) determine the amount to be awarded

The Council expressed interest in the overall development of this program, and, in particular, the emphases being given to: 1) utilization of resources of voluntary agencies, 2) local community involvement, 3) interrelationship of projects, 4) the orderly merging of operational and planning activities, 5) scientific review of proposals, and 6) increased orientation toward improved patient care.

In general, the Council felt that this was a well planned group of projects which are worthy of support. Two of the concerns discussed by members of the Council dealt with more than one project, i.e. stipend arrangements for physician trainees and proposed subcontracts with the Medical Center and Wesley Hospital. Because of these concerns as well as the observations below on individual projects, and the fact that this is an operational supplement of significant proportion, the above motion was made and unanimously carried.

A summary of the observations made by the National Advisory Council on each of the five component projects follows. Dollar amounts are given for first-year direct costs only.

	<u>Requested Support</u>
1. <u>Continuing Education for Cardiac Care</u>	
There was agreement that this is a well-planned proposal which will build upon experience already gained by the applicant. The need to assure a close relationship between the didactic and clinical instruction proposed was discussed. Similarly, it was felt that care should be taken so that nursing instructors do not become educational specialists or isolated from continued clinical practice.	\$ 84,458





Requested  
Support

- 2. Metropolitan Kansas City Nurse Re-Training Program \$ 43,678  
It was felt that this, too, is a project worthy of support and will address a universal health manpower problem. It was noted that course content will go beyond the categorical areas but will include instruction in heart disease, cancer, and stroke. The coordinated, cooperative approach used in planning this project in which sixteen hospitals will participate, and which will also involve two Regional Medical Programs was considered laudable. One Council member inquired whether the funds requested would be adequate to undertake a program of this magnitude.
  
- 3. Health Data Bank 56,250  
This project could serve to reduce duplicative efforts in the region and at the same time provide useful information in regional decision making as to human and physical resources required to better meet patient needs. In general, however, it was not felt that this proposal did not present sufficient detail insofar as confidentiality of information (including physician-patient and referring physician-physician relationships), computer resources available to the project, and cooperative arrangements among participating agencies (including contributed financial support and assurance of sustained active participation).
  
- 4. Self-Instructional Centers 44,661  
The value of this type of program admittedly is unknown. Accordingly, it was suggested that there be appropriate means to closely monitor the project as to utilization as well as reasons why physicians do not use it. It was felt that the source and content of instructional materials to be used need further clarification.
  
- 5. A Training Program for Detection of Cancer in the Gastro-intestinal Tract 168,663  
While the objectives of this proposal are considered worthwhile, questions were raised as to whether it is responsive to express local physician needs, and the degree to which local referring physicians would utilize other physicians who return to the community after taking this type of training. Other concerns had to do with the relative specialized nature of the diagnostic procedures involved and whether the physician-trainees would be in a position to maintain such skills upon returning to their home communities. Inquiry was made as to the value of certain of the proposed diagnostic procedures.

\$397,710

  
Robert E. Jones

*Memorandum*

TO : THE RECORD

DATE: March 1, 1968

FROM : Public Health Advisor  
Division of Regional Medical Programs

SUBJECT: Recommendation on the Supplemental Operational Grant Application submitted by the Missouri Regional Medical Program - 3 GO2 RM 00009-01S3 - National Advisory Council Meeting on February 26-27, 1968

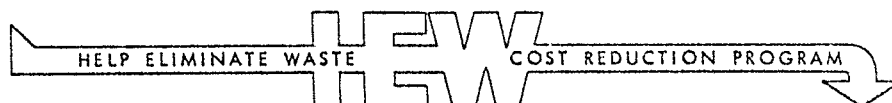
MOTION: Deferral, pending a site visit, with return to the Review Committee and Council for final recommendation.

Council members believe that both projects in this application need a site visit in order to clarify project objectives, local capability for accomplishing the proposals, and appropriateness of the requested budgets.

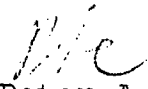
Northeast Missouri Cooperative Stroke Pilot Project (Kirksville)  
This project is unique in its sponsorship by a school of osteopathy. It would cover a rural area not otherwise served by a Regional Medical Program. The project is limited to stroke, is very broad in scope, would adopt simple approaches to stroke diagnosis, screening and care, and is offered at a modest cost. Project development so far has apparently been successful in fostering cooperation between M.D.'s and D.O.'s.

While sympathetic to the proposal, Council members expressed reservations about the level of neurological competence, the lack of association with the University of Missouri Medical Center, and what would appear to be an unrealistically low funding level. The time allotment (10 percent) of the project directors may hinder development. The possibility of duplicate payments through Regional Medical Program sponsorship and Medicaid should be investigated. A site visit should resolve these concerns and should encourage local planning groups to focus more sharply on the effective use of available resources.

Cooperative Tumor Registry There was considerable uncertainty about what is really proposed here beyond the broad description



of a statewide cancer registry. It seems likely that the proposal would expand a registry already in operation. In that case, the present functioning and utility of the registry should be described. There was also the philosophical problem of whether registries are a wise use of Regional Medical Program funds. (This general question is to be brought to Council attention at the next meeting.) Here again, it was felt that a site visit would provide information essential for sound review and decision. The site visit report should be submitted to the Review Committee at the next meeting, and to the following Council.

  
Peter A. Clepper