

the ^{AREA}V-minute news

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THIS IS WHAT HAPPENED IN AREA V RECENTLY . .

Some notes on the Statewide Conference of California RMP's, held November 24:

The first portion of the program was entitled "Inter-Area Cooperative Arrangements--Potential and Problems" and was devoted to 5-minute presentations by Area Chairmen. AAG Chairman CHESTER A RUDE spoke for AREA V. The assembly was then divided into four groups for purpose of a brainstorming session to formulate key questions to be answered by Dr. Roger Egeberg. At the conclusion of Dr. Egeberg's address, there was a general assembly to allow each Area representative to make observations about the answers received to the questions posed by the group. The consensus seemed to be that Dr. Egeberg's remarks had bolstered the morale of the Areas and most spokesmen said they felt encouraged to learn firsthand of the efforts being made on behalf of RMP.

r. Egeberg explained that when he received his appointment to his present post of Asst. Secretary for Health and Scientific Affairs of HEW, he found that most of the available funds for health had been allocated during the first six months after the present Administration had come into power. It had taken him some time to find out where the funds had been allocated and to consider what better arrangements might be made. He has now asked for a personal conference with President Nixon to discuss the problem areas in the health care picture which he identified as the manpower shortage, the population explosion, pollution, alcoholism, the drug problem and the cuts in research funds.

To solve the manpower shortage, Dr. Egeberg said there would have to be developed new patterns in the delivery of health care and its distribution; that more use would have to be made of allied health personnel; and that doctors would have to be taught to use allied health personnel to a greater extent. "If we are to get the cooperation of people in private practice and government, we have to approach this together. We have to evolve better systems and we have to get more people doing it."

He suggested that the present practice of insurance companies in buying health care without regard for the people for whom it was purchased was causing duplication and waste. Much money could be saved, he thought, if ways could be found to charge patients in hospitals proportionately to the amount of care received instead of charging everyone the same amount. Dr. Egeberg described drug abuse and other problems involving the nation's youth as things that as many people as possible need to get working on. "The majority of youth are as idealistic as they have ever been and in ways that we need to listen to. As they delve more deeply into questions of biology, youth is going to have

to face some terrible decisions. . . perhaps they will even have to settle the question of whether or not the human race will continue on this earth. We are lucky to have youth that feel idealistic about the world and feel differently about it than we do."

Questioned about the relation of RMP to Comprehensive Health Planning, Dr. Egeberg stated that there will be some meshing at the national level and anticipated an extension and liberalization of interests to make it easier for the two programs to relate.

He predicted that next year will be "lean" for RMP but hoped that this would not cause it to fall apart. He hoped for a broadening of RMP to include more than the present categorical diseases and described the spirit of RMP as a rare quality that should be stimulated.

TONI MOORS, AREA V Staff Assistant, Community Programs, has been delegated by Dr. Petit to research how many free clinics are operating in AREA V and to report on their resources and problems, with a view to finding out the greatest need, and in what ways AREA V might possibly help.

All proposals listed in the AREA V Status of Proposals are to be reviewed in the next few weeks by a committee composed of DONALD W. PETIT, MD, Area Coordinator, WILLIAM A. MARKEY, Deputy Coordinator, and the staff person and chairman of each committee. Objective of the review is to consider the relative merits and priorities of the projects now under development, in light of funding predictions.

Two new proposals have been received by AREA V. Both have been assigned to the Cancer Committee:

3 009 - Mammography Training Project by Aaron C. Fingerhut, MD. This is for the continuation of the USPHS Mammography Training Project currently operating at Harbor General Hospital for training of radiologists from San Francisco to San Diego. The project director has moved to LAC-USC Medical Center and is concerned that funding for 1970 will not be available through the USPHS.

3 010 - Radiation Therapy Dosimetry Services to Community Radiotherapists. This project attempts to make existing facilities and talents of LAC-USC Medical Center Radiation Therapy Dept. directly available to interested radiologists in AREA V. These lines of communication will be available through consultation and computers.

C A L E N D A R

STAFF MEETINGS ARE SUBJECT TO SUDDEN CHANGES--PLEASE CHECK WITH OFFICE FOR LATEST INFORMATION
ALL MEETINGS ARE IN CONFERENCE ROOM UNLESS OTHERWISE INDICATED

DEC.			
9	7:30 p.m.	AREA V Chronic Disease Committee	
10	9:30 a.m.	AREA V Staff Meeting	
15	2:00 p.m. to 5:00 p.m.	CCRMP Categorical Committee on Heart	San Francisco
17		(NO WATTS-WILLOWBROOK MEETINGS IN DECEMBER)	
17	8:00 a.m.	AREA V Social Workers Advisory Meeting	
17	9:30 a.m.	AREA V Staff Meeting	
18	2:00 p.m.	CCRMP Staff Consultants Meeting	San Francisco
19	11:30 a.m.	AREA V Committee Chairmen (Discussion on Allied Health Workers and their relevance to Categorical Committees)	
NOTE: RMP OFFICES WILL BE CLOSED DECEMBER 25 and 26 AND JANUARY 1 and 2			

WHAT HAPPENED AT AIRLIE HOUSE?

The Airlie House Conference offered an opportunity for a dialogue between representatives of Health Services and Mental Health Administration (HS&MHA) and other branches of HEW with RMP advisory group chairmen and coordinators of the 55 Regions of RMP. The content, format and organization of the September Conference (Airlie House II) were carefully considered in a planning conference (Airlie House I) held in August, that brought together a small representative group of Coordinators and RAG Chairmen. Paul D. Ward, Executive Director of CCRMP represented California at the latter meeting. The following are some comments by Stanley W. Olson, MD, Director, RMP Service, of Airlie House II.

"The Health Scene - National and Local

The health scene at the federal level is changing rapidly as a result of severe financial pressures generated by inflation in general, and of health care costs in particular. The scene at the local level is a variegated one and, although RMP Coordinators and Advisory Group members are appreciative of the many changes taking place in federal health care policies, their primary concern is--and must remain--with their own regional problems and solutions.

". . . A New Dimension

At the September Conference, Mr. Robert E. Patricelli, Deputy Asst. Secretary for Interdepartmental Affairs and Special Assistant to the Secretary for the Urban Affairs Council, reviewed the new concepts and approaches now being introduced by President Nixon and his Administration. Identified as the "new federalism" these measures, if adopted by the

of RMP at the sub-regional level and their relationship to comprehensive community planning agencies.

"The Expanded Horizon

It would be useless to attempt to describe any consensus of views that emerged from the meeting for there was none. The Conference did, however, bring home to the participants a sharp appreciation of the broadened responsibilities of RMP as a component program of HS&MHA. The knowledge-transfer functions in the fields of heart disease, cancer, stroke and related diseases, which characterized the primary function of RMP as an agency of NIH, remain as a major responsibility. However, the question now being asked is whether the Programs can take on the added task of facilitating the personal and institutional relationships which will help fill existing gaps and needs in the distribution of primary health care services."

WILLIAM A. MARKEY, Deputy Coordinator of AREA V and CHESTER A. RUDE, Chairman of AREA V Advisory Group attended Airlie House II.

Small group seminars (known as Airlie House III) are now being held for concentrated discussion on the issues raised by Airlie House I and II. DONALD W. PETIT, MD, reports on the seminar he attended Nov. 24 and 25:

"Each group of Coordinators is being asked to make recommendations concerning ways of resolving the critical issues. The Nov. 24 and 25 group felt that personal health services--quantitatively and qualitatively--were a more appropriate concern of RMP than an ill-defined concept of primary care. There was consensus that the review process needs