



E000704

Profile: Tri-State Regional Medical Program

Grantee: Medical Care and Education Foundation, Inc.
Two Center Plaza
Room 400
Boston, Massachusetts 02108
(Telephone: 617/742-7280)

Program Coordinator: Leona Baumgartner, M.D.

Originally Prepared By: Spencer Colburn
Operations Officer

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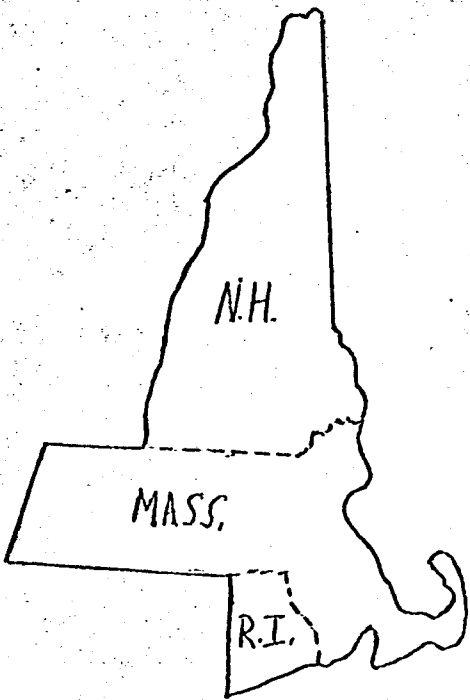
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I. GEOGRAPHY

The Tri-State Region encompasses the states of Rhode Island, Massachusetts, and New Hampshire. There were initial attempts to organize New England into one regional medical program. However, Vermont has a State Legislature mandate to go its own way, Maine wanted to be autonomous, and Connecticut emphasized its interface with New York. For the states involved, there is a natural flow of patients to Boston where a high concentration of medical resources exist.



II. DEMOGRAPHY

1. Population: 1965 statistics

Total - 3 states	6,940,000
Massachusetts	5,350,000
Rhode Island	920,000
New Hampshire	670,000

a. Per cent Urban:

Massachusetts	83.6
New Hampshire	58.3
Rhode Island	86.4

b. Roughly 98% white

c. Median age: (U.S. average 29.5)

Massachusetts	32.1
New Hampshire	31.0
Rhode Island	31.9

2. Land Area (sq. miles):

New Hampshire	9,304 sq. miles
Massachusetts	8,257 sq. miles
Rhode Island	1,214 sq. miles
Total -	18,775 sq. miles

3. Health Statistics: (Mortality Rates) per 100,000

	<u>U.S.</u>	<u>Mass.</u>	<u>N. H.</u>	<u>R. I.</u>
Diseases of the Heart	395	167	433	460
Malignant Neoplasms	151	167	185	188
Vascular Lesions, CNS	104	100	123	90

4. Facilities Statistics:

a. Medical Schools:

Enrollment

Boston Univ. Sch. of Medicine, Boston, Mass.	291
Harvard Med. School, Boston	510
Tufts Univ. Sch. of Medicine, Boston	431
Univ. of Mass. Sch. of Med., Amherst-Authorized in 1962 Worcester, Mass.	
Dartmouth Med. School, Hanover, N.H. (2 yr. basic med. sci.)	97
Brown Univ. Div. of Med. Sciences (developing), Providence, R. I. (2 yr. basic med. sciences)	

<u>b. Schools of Nursing:</u>	<u>Number of Schools of Prof. Nurs.</u>	<u>1964 Enrollment</u>
Massachusetts	60	7,189
New Hampshire	10	733
Rhode Island	7	1,022
Total	77	8,944

<u>c. Accredited Schools in Medical Technology:</u>	<u>Number of Schools (all hospital based)</u>	<u>1964-1965 Enrollment</u>
Massachusetts	27	144
New Hampshire	2	20
Rhode Island	5	35

d. Schools of Cytotechnology: Rhode Island - 2

<u>e. Schools of X-Ray Technology:</u>		
Massachusetts	50	(54 are college or university affiliated)
New Hampshire	8	
Rhode Island	6	

f. Schools of Physical Therapy: Mass. - 4 (each college or Univ. based)

g. Schools of Medical Record Technicians: Mass. - 1

h. Hospitals:

There are 251 non-federal hospitals and 15 federal. Of the non-federal hospitals 63 are long term with 26,937 beds and 188 are short term with 49,465 beds. The fifteen federal hospitals have 7,391 beds and 1,723 of these are in four V.A. general hospitals.

5. Personnel Statistics:

- a. In New Hampshire there are 772 active M.D.'s (115/100,000), Massachusetts 8,127 (152/100,000) and Rhode Island 1,103 (120/100,000).
- b. In New Hampshire there are 2,691 active nurses (401/100,000), Massachusetts 21,025 (392/100,000) and Rhode Island 2,419 (263/100,000).

III. POLITICSNew HampshireGovernor:

Walter R. Peterson, Jr. (R) 1969-1971

Senators:

Norris Cotton (R) 1954-1975; Appropriation, Commerce, Republican Policy, Small Business

Thomas Mchityre (D) 1962-1973; Armed Services, Banking and Currency

Representatives:

Louis Wyman (R) 1962-1970; House Administration, Public Works, Disposition of Exeuctive Papers, Organization of Congress

MassachusettsGovernor:

Francis Sargent (R) 1967-1971

Senators:

Edward M. Kennedy (D) 1962-1970; Judiciary, Labor and Public Welfare, Aging

Edward Brooke (R) 1966-1972; Aeronautical and Space Sciences, Banking and Currency

Representatives:

Silvir Conte (R) 1958-1970; Appropriation, Small Business

Edward Boland (D) 1954-1970; Appropriation

Philip Philbin (D) 1942-1970; Armed Services

Harold Donohue (D) 1946-1970; Judiciary

F. Bradford Morse (R) 1960-1970; Foreign Affairs

William Bates (R) 1950-1970; Armed Services, Atomic Energy

Torhert Macdonald (D) 1954-1970; Government Operations,
Interstate and Foreign Commerce

Thomas O'Neil (D) 1952-1970; Rules

John McCormack (D) 1926-1970; Speaker of the House 87th, 88th, 89th
90th, and the 91st Congress

Margaret Heckler (R) 1966-1970; Government Operations, Veterans
Affairs

James Burke (D) 1958-1970; Ways and Means

Hastings Keith (R) 1958-1970; Interstate and Foreign Commerce,
Merchant Marine and Fisheries

Rhode Island

Governor:

Frank Licht (D) 1969-1971

Senators:

John Pastore (D) 1950-1972; Appropriations, Commerce, Atomic
Energy (Chairman)

Claiborne Pell (D) 1960-1972; Foreign Relations, Labor and Public
Welfare, Rules and Administration,
Library

Representatives:

Fernand St. Germain (D) 1960-1970; Banking and Currency,
Government Operations

Vacancy - 2nd District

IV. HISTORICAL REVIEW

Tri-State RMP Pre-Incorporation History

1964-1966

- In Rhode Island following the release of the DeBakey Commission Report the governor, acting on the request of his Commissioner of Health, established an Advisory Committee on Heart, Stroke and Cancer, Membership consisted of medical experts in the three disease categories and included a representative of the Brown University Medical Program. They functioned as voluntary citizen advisors to the state Health Department. In 1965 the Committee applied for and secured funds from HEW for a staff coordinator, but the salary proved too low for the Committee to be able to fill the position. After PL 89-239 was passed the governor appointed additional members representing consumer groups and allied health professionals. The group continued intact until Tri-State was established, when it became officially the Rhode Island RMP Advisory Committee.

October 1965-September 1966

- In Massachusetts the Associate Dean for Administration at the Harvard Medical School heard about PL 89-239 just after its passage, and convened the deans of the other three medical schools (Boston University, Tufts, and the University of Massachusetts) together with the Commissioner of Health and a representative of the Massachusetts Medical Society, to discuss the new program. After Tri-State RMP was officially established the governor appointed these participants individually, plus other representatives of the health community.

October 1965-September 1966

- In New Hampshire the public health doctor in charge of the state's heart program attended a conference on heart disease where she heard about the passage of PL 89-239 and upon her return informed the executive of the State Heart Association. They approached the Dartmouth Medical School, whose Acting Dean then took the matter to the State Governor, who became immediately

interested. Later, after Tri-State was established, the governor appointed an advisory committee, which included consumer representatives and delegates named by medical and allied health organizations, and voluntary agencies.

January-March 1966

- All New England Activities. Governor Volpe of Massachusetts, in conjunction with his Lieutenant Governor, Elliot Richardson, formerly Under-Secretary HEW, convened the six New England governors to consider a single RMP for the whole region. In Vermont the state legislature had already established a mandate to develop its own RMP; Maine elected to remain autonomous; and Connecticut emphasized its interface with New York. However, New Hampshire and Rhode Island both felt their natural flow of patients was to the medical resources of Massachusetts, so the governors of these three states agreed to a tri-state program, authorizing the creation of a single corporation.

March-September 1966

- Pre-Incorporation Activities. Plans to incorporate were worked out jointly by the six medical schools in the Tri-State Region (Boston University, Brown, Dartmouth, Harvard, Tufts, and the University of Massachusetts) together with representatives of the three three state governors and three state medical societies. Interim meeting facilities, office space, and clerical assistance was provided by the Harvard Medical School, (then and until Tri-State became actually funded). Incorporation papers and By-Laws for the grantee organization, the Medical Care and Education Foundation, Inc. were filed with the New Hampshire Secretary of State on September 14, 1966.

Tri-State RMP History

September 1966

- First Corporation meeting and elected to the Board of Trustees six medical school representatives, three medical society representatives (one from each state), and three gubernatorial representatives (one from each state).

First Trustees meeting and Henry C. Meadow, Associate Dean, Harvard Medical School was elected Acting President.

RAG is established and committees are set up to draft a planning grant proposal and to secure an Executive Director.

October 1966

- RAG is convened, has 63 members (21 from each state) and G. H. Whipple of the Massachusetts Heart Association is elected Chairman.

March 1967

- The Medical Care and Education Foundation (MCEF) is incorporated in New Hampshire of purpose of sponsoring the Tri-State Regional Medical Program.

M. V. Edds, Ph.D., Brown University, Division of Biology and Medical Science is elected President of Trustees.

Trustees approve planning grant and authorize three staff positions: Executive Director; Director for Continuing Education, which was filled by Norman Stearns, M.D., part-time and funded by the Post-Graduate Institute (PMI) of the Massachusetts Medical Society; and Director for Data Collection, which was filled by Osler Peterson, M.D., part-time and funded by Harvard Medical School.

June 1967

- Norman S. Stearns, M.D. is appointed Acting Director.

Trustees are requested by RAG to expand their membership by ten and with members nominated by RAG. Trustees concur.

August 1967

- Revised planning grant is reviewed by Committee and Council. Major concerns: ambitious budgeting for stage of development; lack of documentation of community support; and inadequate representation of those categorical institutions whose support is essential. Council approved \$300,000 (\$807,599 requested) contingent upon a site visit.

September 1967

- Site Visit

Visitors were encouraged by: evidence of more enthusiasm in the Region regarding RMP; the broadened representation on the Board of Trustees; and solution to past concerns are evolving.

In a mail ballot to Council members, visitors recommended a high funding level (\$400,000) based on findings during the site visit. Council approved.

December 1967

- 01 Planning Award for \$397,647

Program office staffing is started: A. F. Popoli is appointed Assistant Director for Administration (1/2 time); and T. R. Dawber, M.D., is appointed Coordinator for Brown University Medical School.

Post-Graduate Medical Institute is contracted is assist in data collection, to develop a information center on continuing education opportunities both medical and non-medical, and to develop a regional network of medical libraries.

Spring 1968

- Staffing continues as follows:

February - J. M. Tylor, M.D. became Coordinator at Tufts University Medical School.

March - H. Uhl, M.D. became Coordinator for Rhode Island and Brown University Medical School.

April - Leona Baumgartner, M.D., is appointed Executive Director; Norman Stearns, M.D. resumes position as Director for Continuing Education; D. Seibert, M.D. becomes Coordinator for Dartmouth Medical School.

April 1968

- Planning supplement for \$87,824 is approved. This award is to accomplish studies of legal and service systems affecting the practice of medicine in the states of this region, fund additional core staff position, and to acquire office space.

May, 1968

- University of Massachusetts is contracted to conduct study of medical manpower in the Tri-State area.

July 1968

- A. Yarmolinsky, LLB, is appointed assistant to Executive Director for legal affairs.

R. Liem, M.D. is appointed Coordinator for Massachusetts.

August 1968

- Second planning supplement is approved (\$47,557). This award to provide greater attention to the needs and resources of the Region in areas outside the major institutions.

September 1968

- First operational application is received, requesting support for three projects as follows:

#1 - Program of Continuing Education for Qualified Physical Therapist

#2 - Expansion and Consolidation of Coronary Care Training

#3 - Establishment of a Comprehensive Inter-University Cardiovascular Program in Department of Health and Hospitals of the City of Boston.

- October 1968
- G. Williams is appointed Associate Director for Communications.
 - B. J. Duffy, M.D., is appointed Assistant Director for Data Collection.
 - C. Farrisey, is appointed Coordinator for Special Projects.
- November 1968
- Site Visit: (Drs. James, Shep, Fox, Mrs. Phillips, Mr. Russell, and Mr. Strachocki).
- Visitors were pleased with the progress of this region since Dr. Baumgartner has become the Executive Director. Also, the organization structure for decision-making appears effective.
- The visitors believe that acquisition of operational status will give further impetus to the regionalization process.
- K. W. Toll is appointed Communications and Conference Secretary.
- Norman Stearns, M.D., resigns to become Executive Director of the Post-Graduate Medical Institute.
- December 1968
- The following contracts are entered into:
 - 1) With Executive Director, Rhode Island Health Planning Council as consultant for Cape Cod.
 - 2) With Arthur D. Little, Inc., to conduct a study of Health Needs in the Northern Counties of New Hampshire and Vermont.
 - 3) With New Hampshire Medical Society to study types and severity of illnesses in New Hampshire.
- February 1969
- First Operational Award (\$308,667)
- Project #2 - Expansion and Consolidation of Coronary Care Training and Project #3 - Establishment of a Comprehensive Inter-University Cardiovascular Program.

June 1969

- Project #4 - Boston University's Comprehensive Regional Medical Program in Cancer is funded.

H. W. Keairnes, M.D. is appointed Coordinator for Evaluations.

August 1969

- Council approves two projects - Project #5 Teaching Program in Emphysema, and Project #6 Diet Counseling Service in Rhode Island. Due to the tight fiscal situation, additional funds were not awarded.

R. W. Murphy is appointed Coordinator for Eastern Massachusetts.

September 1969

- Robert P. Lawton, is appointed Deputy Director.

November 1969

- Massachusetts Hospital Association is contracted to study joint purchasing for western Massachusetts hospitals and to study Home Health Care on North Shore of Massachusetts.

V.

CORE STAFF

COORDINATING HEADQUARTERS

Tri-State Regional Medical Program
 Medical Care and Education Foundation, Inc.
 Two Center Plaza, Room 400
 Boston, Massachusetts 02108
 (Tel.: 617/742-7280)

PROGRAM COORDINATOR

Leona Baumgartner, M.D.
 Chief Executive Officer

STAFFDEPUTY DIRECTOR

Robert P. Lawton

ASSOCIATE DIRECTORSFOR ADMINISTRATION

Alfred F. Popoli

FOR DATA COLLECTION

Osler Peterson, M.D. (50%)

ASSISTANT DIRECTORSFOR DATA COLLECTION

Benedict J. Duffy, Jr., M.D.
 John Pearson, M.D.

FOR COMMUNICATIONS

Greer Williams (50%)

ASSISTANT TO EXECUTIVE DIRECTOR

Adam Yarmolinsky (50%)

STATE COORDINATORSMASSACHUSETTS

Rolf Lium, M.D.

NEW HAMPSHIRE

Cornelia Walker, M.D.
 15 Pleasant Street
 Concord, New Hampshire 03301

RHODE ISLAND

Henry S. M. Uhl, M.D.
 Brown University Program of Medical Science
 Providence, Rhode Island 02912

AREA COORDINATORSEASTERN MASSACHUSETTS

Robert W. Murphy -

WESTERN MASSACHUSETTS

Open

UNIVERSITY COORDINATORSBROWN UNIVERSITY PROGRAM OF MEDICAL SCIENCE

Henry S.M. Uhl, M.D.

BOSTON UNIVERSITY SCHOOL OF MEDICINE

Thomas R. Dawber, M.D.

DARTMOUTH MEDICAL SCHOOL

Dean Seibert, M.D.

TUFTS UNIVERSITY SCHOOL OF MEDICINE

John M. Tyler, M.D.

HARVARD MEDICAL SCHOOL

Open

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

Open

COORDINATORS FOR EVALUATIONS

Harold W. Keairnes, M.D. -

SPECIAL PROJECTS COORDINATOR

(Miss) Claire Farrisey

COMMUNICATIONS AND CONFERENCE SECRETARY

(Miss) Catherine Toll

FISCAL OFFICER

Francis T. Lynch

PROGRAM COORDINATORS

Open - 3 positions

PROGRAM ANALYST

Open

COORDINATOR - PUBLIC HEALTH

Open

RESEARCH ASSISTANT

Elizabeth Ainslie
Peter Simon
Ruth Goodman
Karen Ross (P.T.)

ADMINISTRATIVE ASSISTANT

Isabell McDermott

FIELD WORKER

Sean Kennedy
Stephen Novak
Elizabeth Steel
Veronica Langelier
Open - 2 positions

GRANTS MANAGEMENT SPECIALIST

Open

EXECUTIVE SECRETARY

Hazel Grant
Grace Myshrall
Babette Kronstadt

SECRETARY

Linda Don
Frances Evans
Laura Hoey
Trudy Leik
Sharon Whitaker
Margaret Smith
Open - 9 positions

RECEPTIONIST

Robin Grant

CLERK-TYPIST

Paula Ardizzoni

BOOKKEEPER

Open

CARTOGRAPHER

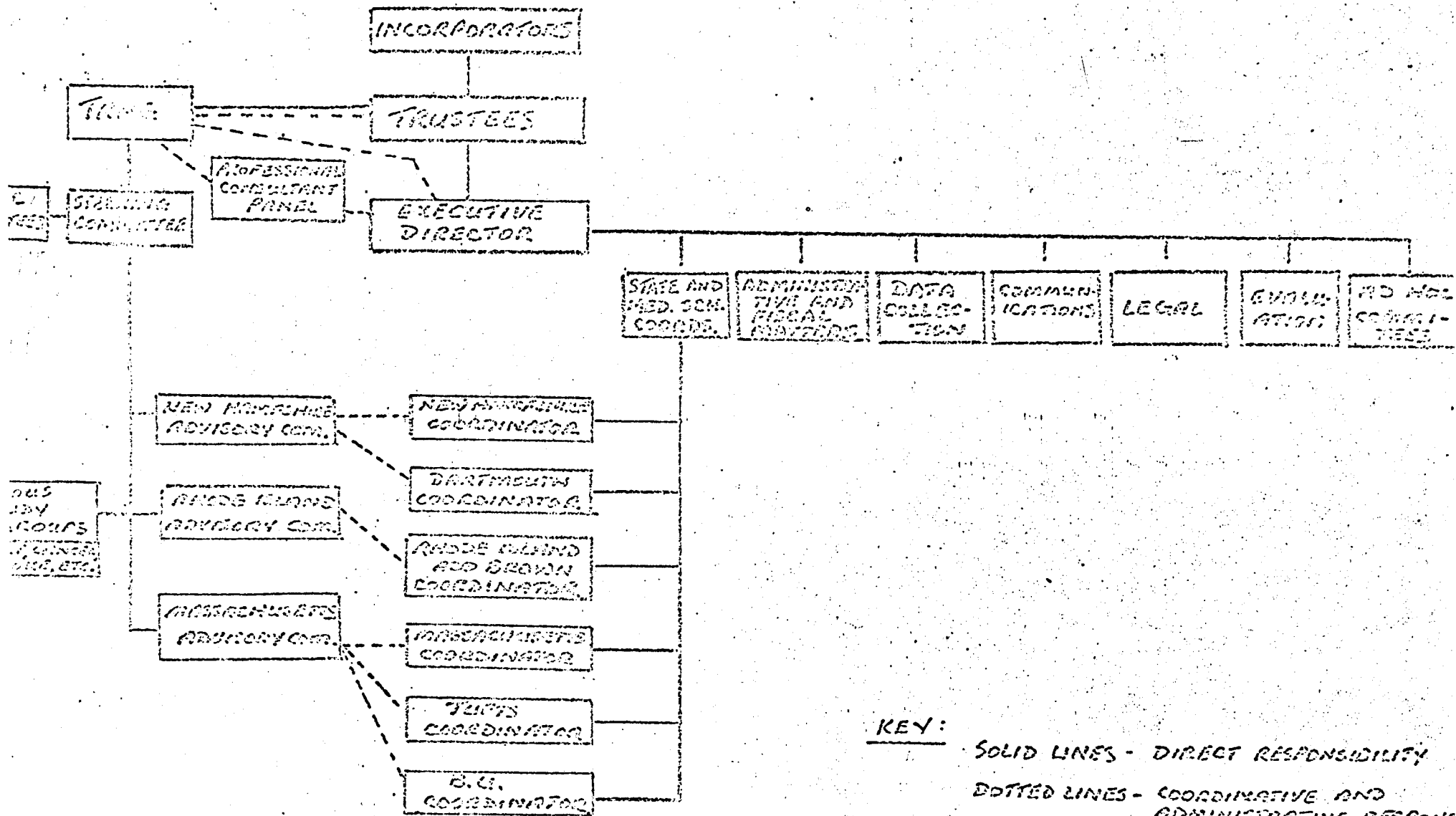
Open

MIMEOGRAPH OPERATOR

Open

FILE CLERKS

Open - 2 positions



KEY:
 SOLID LINES - DIRECT RESPONSIBILITY
 DOTTED LINES - COORDINATIVE AND ADMINISTRATIVE RESPONSE

It should be realized that this chart is in a state of reorganization (i.e., relationships are being clarified and roles defined). Because this table is one-dimensional all of the relationships cannot be clearly shown. Also all of the core staff budgeted positions are not filled. This fact affects the kinds of action its existing staff members are involved in.

This chart

BIOGRAPHICAL INFORMATION

1. Leona Baumgartner, M.D. (Mrs. N. W. Elias)

- a. Born Chicago, Illinois, 1902
- b. A.B., University of Kansas, 1923, Bacteriology
- c. M.A., University of Kansas, 1925, Immunology
- d. Ph.D., Yale University, 1932, Immunology
- e. M.D., Yale University, 1934
- f. Positions held:
 - 1923-28 Teaching in Colby (Kansas) Community High School, Kansas City Junior College, University of Montana
 - 1936-37 Acting Assistant Surgeon, U.S. Public Health Service
 - 1937-53 New York City Department of Health:
 - 1937-38 Medical Instructor in Child and School Hygiene
 - 1938-39 Director, Public Health Training
 - 1939-40 District Health Officer
 - 1941-48 Director, Bureau of Child Health
 - 1949-53 Assistant Commissioner, Maternal and Child Health Services (on leave 1949-50)
 - 1949-50 Associate Chief, U.S. Children's Bureau (Consultant, 1950-56)
 - 1953-54 Executive Director, New York Foundation
 - 1954-62 Commissioner, New York City Department of Health
 - 1962-65 Assistant Administrator, Technical Cooperation and Research, Agency for International Development, Department of State
 - 1966- Visiting Professor of Social Medicine, Harvard Medical School
 - 1968- Executive Director, The Medical Care and Education Foundation

2. Alfred F. Popoli

- a. Born Massachusetts, 1932
- b. A.B., Boston University, 1955
- c. M.S. Columbia University, 1961 - Hospital Administrator
- d. Positions held:
 - 1958-59 Personnel Assistant, Meth. Hospital Brooklyn, New York
 - 1960 Administrative Res., Mountainside Hospital Montclair, New Jersey
 - 1961-63 Assistant in Administrative Medicine, School of Public Health & Administrative Medicine Columbia University
 - 1963-64 Research Associate, Bureau of Hospital Administration, Graduate School of Business Administration University of Michigan
 - 1964-66 Assistant Director, Maine Medical Center, Portland, Maine
 - 1966-68 Research Associate and Administrator, Department of Preventive Medicine, Harvard Medical School
 - 1968- Associate Director-Administrator Tri-State Regional Medical Program

3. Osler Luther Peterson, M.D.

- a. Born Minnesota, 1912
- b. A.B., Gustavus Adolphus College, 1934
- c. M.B., University of Minnesota, 1938
- d. M.D., University of Minnesota, 1939
- e. M.P.H., Johns Hopkins University, 1947
- f. Positions held:

1938-1940 Internship, University of Minnesota Hospitals
 1940-1943 Residency, Thorndike Memorial Laboratory, Boston
 City Hospital (Harvard)
 1943-1944 Rockefeller Foundation Virus Laboratory,
 Rockefeller Institute
 1944-1956 Staff Member, The Rockefeller Foundation
 1956-1967 Assistant Director for Medical Education and Public Health,
 The Rockefeller Foundation, New York
 1968- Associate Director, Data Collection and Evaluation,
 Medical Care and Education Foundation, Inc.

4. Benedict James Duffy, Jr., M.D.

- a. Born New York, 1920
- b. A.B., Princeton University, 1941
- c. M.D., University of Rochester, 1944
- d. Positions held:

1944-45 Interne, U.S. Naval Hospital, Brooklyn, N.Y.
 1947-48 Medical Residency, Memorial Hospital, New York, N. Y.
 1948-50 Clinical Investigation, Sloan-Kettering Institute,
 New York, N. Y.
 1950-53 Assistant Professor of Radiation Biology and Medicine,
 University of Rochester
 1954-59 Assistant Professor of Medicine, Georgetown University
 School of Medicine
 1960-63 Professor and Chairman, Department of Preventive
 Medicine and Community Health, Seton Hall College
 of Medicine
 1963-64 Director of Center for Population Research, Georgetown
 University
 1966 Professor of Preventive Medicine, Tufts University
 School of Medicine

5. Richard John Christopher Pearson

- a. Born Cheshire, 1931
- b. B.A., University of Cambridge, 1951
- c. B. Chir., University of Cambridge, 1954
- d. M.B., M.A., University of Cambridge, 1955
- e. M.P.H., Yale University, 1960

6. Rolf Lium, M.D.

- a. Born North Dakota, 1907
- b. B.A., Carlton College, 1928
- c. M.D., Harvard, 1933
- d. Positions held:

1940-1962 General Surgery
 1962-1967 Medical Director of Admiral Bristol Hospital
 in Istanbul
 1967-1968 Medical Director of Eastern Maine General Hospital,
 Bangor, Maine.

7. Cornelia Walker, M.D.

- a. Born 1907
- b. A.B. Vassar College, 1927
- c. M.D. Columbia University College of Physicians and Surgeons, 1934
 (Hendrik Van Loon Fellowship from Vassar, 1931-32)
- d. General practice, 1938-1949
- e. Part-time Director of Heart Disease Control Program,
 New Hampshire Health Department, 1952-1968

8. Henry S. M. Uhl, M.D.

- a. Born Pennsylvania, 1921
- b. A.B., Princeton University, 1943
- c. M.D., Harvard, 1947
- d. Positions held:

1952-1953 Instructor and Research Associate, Department of Medicine,
 Wayne State University College of Medicine
 1952-1953 Assistant in Medicine, Visiting Staff, Detroit Receiving
 Hospital
 1953-1958 Director of Medical Education, Worcester City Hospital,
 Worcester, Massachusetts
 1958-1960 Director of Medical Education and Research, and
 Associate Visiting Physician, The Springfield Hospital,
 Springfield, Massachusetts
 1955-1960 Medical Director (part-time) in charge of administration
 of courses, Postgraduate Medical Institute, Boston, Mass.
 1960-1965 Assistant Professor of Postgraduate Medicine and
 Instructor in Medicine, Albany Medical College of Union
 University
 1960-1966 Assistant Director, Albany Regional Hospital Program
 1965-1966 Associate Professor of Postgraduate Medicine, Albany
 Medical College of Union University
 1966- Professor of Medical Science and Associate Director of
 Medicine, Division of Biological and Medical Sciences,
 Brown University
 1966- Associate Director of the Institute for Health Sciences,
 Brown University

9. Thomas Royle Dawber, M.D.

- a. Born 1913
- b. A.B., Haverford College, Haverford, Pennsylvania, 1933
- c. M.D., Harvard Medical School, Boston, Massachusetts, 1937
- d. M.P.H., Harvard School of Public Health, Boston, 1958
- e. Positions held:

1937-1966 Commissioned Officer, U.S.P.H.S.
 1944-1949 Chief of Medicine, U.S. Marine Hospital, Boston, Mass.
 1950-1966 Chief, Heart Disease Epidemiology Study, NHI, NIH,
 U.S.P.H.S., Framingham, Massachusetts

10. Dean John Seibert, M.D.

- a. Born Connecticut, 1932
- b. A.B., Brown University, 1954
- c. M.D., Albany Medical College, 1958
- d. Positions held :

1958-1959 Internship (Rotating), Albany Hospital, Albany, N. Y.
 1959-1961 Residency, Albany Medical Center, Albany VA Hospital
 1961-1963 Fellow in Hematology, Dartmouth Medical School,
 Mary Hitchcock Memorial Hospital
 1963-1965 Senior Assistant Surgeon (Lt. Commander), USPHS, National
 Cancer Institute, National Institutes of Health
 1965- Consultant in Hematology, Hitchcock Clinic, Mary Hitchcock
 Memorial Hospital
 1965- Attending Physician, VA Hospital, White River Junction,
 Vermont

11. John Mason Tyler, M.D.

- a. Born Minnesota, 1921
- b. B.A., University of Minnesota, 1943
- c. M.D., Harvard, 1949
- d. Positions held:

1949-1950 Internship, Boston City Hospital (Harvard Service)
 1950-1951 Internship, Boston City Hospital (Harvard Service)
 1951-1952 Assistant in Medicine, Boston City Hospital
 1952-1953 Resident in Medicine, Boston City Hospital (Harvard Service)
 1952-1953 Teaching Fellow in Medicine, Harvard University
 1953-1955 Research Fellow in Medicine, Harvard University
 1953-1959 Assistant in Medicine, Peter Bent Brigham Hospital
 1953-1955 Research Fellow in Medicine, Boston Lying-In Hospital
 1953- Harvard University School of Medicine Fellowship
 1953-1955 Fellowship, Heart Institute of the National Institutes
 of Health, Public Health Service
 1955-1958 Assistant in Medicine, Harvard University School of
 Medicine
 1955- Senior Physician and Director of the Cardiopulmonary
 Laboratory,
 present Lemuel Shattuck Hospital
 1955- Research Associate, Harvard School of Public Health
 present

1955- Diplomat, American Board of Internal Medicine
1960-1966 Assistant Professor of Medicine, Tufts University
School of Medicine
1966- Associate Professor of Medicine, Tufts University School
of Medicine
present
1968- Chief of Professional Services, Lemuel Shattuck Hospital
present

VI. ORGANIZATION

Grantee:

The Medical Care and Education Foundation, Inc.
 Room 400
 Two Center Plaza
 Boston, Massachusetts 02108

Incorporators

- 1) There are six incorporators and they are appointed by the president of each university having a medical school in the region.
- 2) Term is until removal by university president, or until resignation, or until removal at any meeting by two-thirds vote of the total number of members of corporation.
- 3) Meetings are annually and on call

Trustees

- 1) The trusteeship has 22 members and by law the members are: the six incorporators; one representative of each State Governor; and ten TRAG members.
- 2) Term is until resignation or until removed by the president of the institution representing.
- 3) Meetings are quarterly
- 4) Functions: Appoint members of the Regional Advisory Group, Professional Consultant Panel, and Executive Director, taking into consideration suggestions coming from the Regional Advisory Group and State Committees; determine basic program and policy in cooperation with the Regional Advisory Group; approve all operational project proposals made to Washington. By law, none disapproved by the Regional Advisory Group can be forwarded; administer and evaluate projects which are eventually funded; are fiscally responsible agents.

Tri-State Regional Advisory Group (TRAG)

- 1) There are 63 members and they are appointed by the Trustees who voted that TRAG shall consist of 21 members of each of the state advisory committee (Area Advisory Group).
- 2) Term is one-third of membership for 3 years, one-third for two years, and one-third for one year.

- 3) Representation is as follows: Medical School - 2; Medical Society - 3; Hospitals - 5; Practicing Physicians - 9; Nurses - 4; Allied Health - 2; Health Related - 1; Other Health Education Schools - 3; Other Health Prof. Association - 3; Hospital Assoc. - 1; Health & Related Planning Agencies - 5; Voluntary Health Agencies - 10; Official Health Agencies - 4; Consumer Representation - 11
- 4) The Chairman is Louis Leone, M.D. (R.I.) Director, Department of Oncology, Rhode Island General Hospital, Providence, Rhode Island
- 5) Meetings are quarterly
- 6) Function: Advises Trustees and staff on overall objectives, basic development of the regional program, and its evaluation; sees all operational grant proposals and recommends approval or disapproval, using members of Professional Consultant Panel and staff as indicated; encourages cooperation among institutions, organizations, health personnel, and state and local health agencies; alerts itself to the needs of all areas in the region, seeing that each receives consideration; submits an annual statement to the national office of Regional Medical Programs evaluating the effectiveness of the regional cooperative arrangements (regionalization) established in the Tri-State area.

Steering Committee

- 1) There are 12 members including TRAG Chairman and Vice Chairman (14 members in all) and they are appointed by a majority vote of those Regional Advisory Committee members present and voting at their annual meeting.
- 2) Term is for two years and until their successors are elected.
- 3) There are four from each of the state Advisory Committees
- 4) Meetings are at least bi-monthly, and one meeting shall be held immediately following the annual meeting.
- 5) Function: Serve TRAG as its executive committee; shall review all project proposals and make recommendations on them to TRAG; shall perform such other duties as may be assigned; and shall report to TRAG.

State Advisory CommitteesNew Hampshire

- 1) There are 21 members and they are appointed as follows: one gubernatorial, one Medical Society, one public health, others as representatives of health services or professional societies.
- 2) Term has not yet been specified.
- 3) Representation is as follows: Medical Society - 1; Hospital - 3; Practicing Physicians - 5; Nurses - 2; Allied Health - 1; Health Related - 1; Health and Related Planning Agencies - 2; Voluntary Health Agencies - 2; Official Health Agencies - 1; Consumer Representation - 3
- 4) The Chairman is Donald C. Andresen, M.D., Assistant Clinical Prof. of Medicine, Dartmouth; also, President, New Hampshire Heart Association
- 5) Meetings are on call
- 6) Function: Define State health needs and stipulate planning in each state and in local medical service areas; assist in developing proposals for meeting these needs and express opinions on all proposals involving their own states before these proposals are submitted to Regional Advisory Group. The expression of these opinions is not an authoritative action but merely permits the State Committee to consider a proposal before it is submitted to the Regional Advisory Group; express opinions on the appropriateness of all proposals through representation on the Regional Advisory Group. It is understood that members of the Regional Advisory Group vote as individuals and not merely as representatives of their states; suggest individuals for appointment by Trustees as professional consultants; work with other state planning groups; advise staff, Regional Advisory Group, and Trustees on special problems affecting each state and on interstate cooperation.

Massachusetts

- 1) There are 39 members and they are appointed in the same way as described under New Hampshire.
- 2) Term is consistent with TRAG (?)

- 3) Representation is as follows: Medical School - 4; Medical Society - 2; Hospital - 2; Practicing Physicians - 5; Nurses - 2; Other Health Education Schools - 2; Hospital Associations - 2; Health and Related Planning Agencies - 1; Voluntary Agencies - 9; Official Health Agencies - 4; Other Public Agencies - 1; Consumer Representation - 5
- 4) The Chairman is Lamar Soutter, M.D., Dean, School of Medicine, University of Massachusetts
- 5) Meetings are monthly
- 6) Function: Same as described under New Hampshire.

Rhode Island

- 1) There are 21 members and they are appointed the same way described under New Hampshire.
- 2) Term is consistent with TRAG (?)
- 3) Representation is as follows: Medical Society - 1; Practicing Physicians - 2; Nurses - 1; Allied Health - 1; Other Health Education Schools - 1; Other Health Professional Associations - 3; Health and Related Planning Agencies - 2; Voluntary Health Agencies - 5; Other Public Agencies - 1; Consumer Representation - 4
- 4) The Chairman is Melvin D. Hoffman, M.D., President, Rhode Island Heart Association.
- 5) Meetings are monthly
- 6) Function: same as described under New Hampshire.

Professional Consultant Panel

- 1) This panel has no formal arrangements for membership, term, or method of appointment. It is a resource pool of expertise in the region to be utilized as desired.
- 2) Function: Advises staff, Trustee, Regional Advisory Group, and State Committees on specific problems, policies and priorities; evaluates or advises on choice of evaluators on specific planning or operational projects; suggests those from outside the area who will be useful to the Tri-State Program; identifies new scientific advances for RMP implementation; defines criteria for best possible care of patients with heart disease, cancer, or stroke.

The focus of the evaluation by the scientific advisors will be on the scientific and professional merit of the proposed operations or policies. The members of the Regional Advisory

Group and the Trustees make value judgements.

Persons from the institutions applying for assistance will obviously not advise on requests from that institution. Efforts will also be made to have persons from other states involved.

Categorical and Other Committees

This Region has established the following ad hoc committees; Continuing Education, Heart, Cancer, Multiphasic Screening, Screening for Cervical Cancer, and Renal Disease.

I. PROCEDURE FOR PROPOSALS TO REVIEW

Proposals may originate from any group or institution within a local medical service area, state, or regional groups (e.g., governmental or voluntary agencies, universities, RMP units, or similar organizations).

They will follow this route:

1. Detailed instructions are in preparation, but in any case applicant first should discuss proposal with the appropriate state coordinator, who is a member of the RMP staff. All proposals should be formally submitted to:

Executive Director
Tri-State Regional Medical Program
Two Center Plaza
Boston, Massachusetts 02108

2. After reviewing and further processing, the staff forwards the proposal to an appropriate consultant panel for evaluation of scientific and professional merit and contribution to patient care.
3. Staff sends all proposals which have been reviewed by the appropriate State Committees, together with the comments of the consultant panel, to Regional Advisory Group.
4. The Regional Advisory Group will approve or disapprove of the proposal and attach its comments for consideration and decision by the Trustees.

I. FUNDED OPERATIONAL PROJECTS

Project #2 - EXPANSION AND CONSOLIDATION OF CORONARY CARE TRAINING FOR THE NORTHERN PORTION OF THE TRI-STATE REGION TO PROVIDE STATE-WIDE SERVICE

Objectives: To expand the Coronary Care Training Unit at the Mary Hitchcock Hospital, Hanover, New Hampshire, to help meet the unmet need for the training of personnel, to provide leadership and guidance to other local programs and to explore new methods of training at the community level.

Project #3 - ESTABLISHMENT OF A COMPREHENSIVE INTER-UNIVERSITY CARDIOVASCULAR PROGRAM IN THE DEPARTMENT OF HEALTH AND HOSPITALS IN THE CITY OF BOSTON

Objectives: To establish a clinical-cardiovascular program to provide comprehensive in- and out-patient care for indigent patients with heart disease in the primary service area, to make this level of care available to patients referred by physicians throughout the Region, and to insure continuity of medical care and follow-up in Boston City Hospital.

Project #4 - COMPREHENSIVE REGIONAL MEDICAL PROGRAM IN CANCER

Objectives: Proposed by Boston University Medical Center, project envisions two goals in its operational approach:

- (1) Resources of the Boston University Medical College and seven hospitals will be utilized to create a teaching, training and patient care atmosphere;
- (2) Provision of a geographically distinct and identifiable cancer unit at the University Hospital.