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DEPARTMENT OF HEALTH, EDUCATION
AND WELFARE

Health Services and Mental Health Administration

Division of Regional Medical Programs

Special Meeting of the
National Advisory Council on
Regional Medical Programs

Minutes of Meeting
March 2, 1970

National Institutes of Health
Conference Room 4
Building 31

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of the Special Meeting 1/ 2/

March 2, 1970

The National Advisory Council on Regional Medical Programs convened for a special meeting at 8:30 a.m., Monday, March 2, 1970 in Conference Room 4, Building 31, at the National Institutes of Health in Bethesda, Maryland. Dr. Stanley W. Olson, Director, Regional Medical Programs Service presided for the Administrator, Health Services and Mental Health Administration who was unable to attend the meeting. The Council members present were:

Dr. Michael J. Brennan	Dr. Edmund D. Pellegrino
Dr. Edwin L. Crosby	Dr. Russell B. Roth
Dr. Michael E. DeBakey	Dr. Mack I. Shanholtz
Dr. Bruce W. Everist	Mrs. Florence R. Wyckoff

Also in attendance were Dr. Jesse Steinfeld, Surgeon General and Mr. Irving Lewis, Deputy Administrator, Health Services and Mental Health Administration.

A listing of RMP staff members and others attending is appended.

The meeting was called to order by Dr. Stanley W. Olson who introduced Doctor Steinfeld. After distributing copies of the Bill (H.R. 15960) to create the "Health Services Improvement Act of 1970" and a summary of its provisions, Doctor Steinfeld presented the plans and intentions of the Administration in developing this legislative proposal.

He explained that in addition to extending the authority for Regional Medical Programs, Comprehensive Health Planning, and the

1/ Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMHA. The restriction relates to all materials submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.

2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions -- only when the application is under individual discussion.

National Center for Health Services Research and Development, it is the purpose of this proposal to emphasize and focus on efforts to develop improved health care delivery systems through these programs and the National Center for Health Statistics; to modify the general authority of these programs in the light of experience they have gained, coordinating them more closely, and building on their past successes; to modify the existing authority for the National Center for Health Statistics by authorizing research, development and demonstration leading to a model Federal-State-local health statistics and information system of use to health planners and decision makers.

Doctor Steinfeld explained that this proposal is an example of the determination of the present Administration to "simplify, consolidate, and decentralize where ever possible." He explained that the ultimate extension of the plan is to add other related grant programs of the HEW to this Health Services Improvement Act as it is established and as it begins to accomplish its intended purposes.

Mr. Irving Lewis briefly reviewed the circumstances leading to the development of the legislative proposal, as well as its major provisions. He highlighted especially the differences in the present Regional Medical Program legislative authorization and that which is proposed for it in the new Act. He placed special emphasis on the "coordinating" effect of the legislation as distinct from an effort to combine or consolidate RMP and CHP, and stressed the importance of the determination to retain the identity of both programs.

Questions were addressed to Doctor Steinfeld and Mr. Lewis by the members of the Council. The major and overriding concern of the members is that they see this Act as setting in motion steps that will inevitably result in the loss of identity of Regional Medical Programs. They believe this broad legislation will destroy the uniqueness of the program which has allowed it to build bridges between the government and the practicing and academic medical communities.

More specific concerns focused on the inherent complications in combining the work of programs which relate to different geographic areas; and relating CHP programs which deal primarily with planning to RMP which is oriented to project development and operation; and on the lack of any relationship between the goals and provisions of the legislation with the Federal financing of health care. There was unanimous agreement that although very real progress is being made in many of the fifty-five Regions, none is mature enough or sufficiently well rooted in the medical community to assume a central role in implementing control mechanisms for allocating health resources, without jeopardizing its own beginning successes, which depends so heavily on voluntary participation and cooperation.

Doctor Crosby spoke in strong support of the importance of strengthening Comprehensive Health Planning as one of the integral parts of the Federal effort in improving health services, but urged caution in doing so at the expense of established Regional Medical Programs. He seemed to express the consensus of the Council when he stated that, as the Council, they are obligated to advise against actions which in their view would be destructive of Regional Medical Program effort; but as members of the medical profession they must support the Administration's effort to improve the Comprehensive Health Planning legislation, and encourage timely and carefully evaluated experiments and demonstrations in improved health care systems utilizing multiple Federal and non-Federal resources.

Organizational and Programmatic Priorities for Regional Medical Programs

Doctor Olson opened the discussion of the staff proposal for establishment of a system of priorities for Regional Medical Programs which emphasized both organizational priorities and program priorities.

He presented four organizational steps relating to the development of the program since its initial enactment and which carry forward to the immediate future. Briefly, these are (1) to provide funds for planning of Regional Medical Programs to cover the entire United States; (2) to fund operational capability in all Regions, as soon as each is sufficiently well established to undertake project implementation; (3) to assure viability and continuity of core program support in time of fiscal constraint at the expense, if necessary, of operational project support; and (4) to encourage and support Regions in assuming greater responsibility for determining the scope, nature, and direction of their programs generally and in the development of specific project activities for implementing the programs by delegating authority to the local RAGs to make certain decisions about expenditure of funds.

The last of these is yet to be initiated. The Council was therefore asked once again to review the staff proposal for implementation of a system of anniversary review and award. This general concept has been presented to the Council on previous occasions and, with their advice and guidance, has been developed into a specific plan for administration of the grant program.

Doctor Everist, who has worked closely with the staff in the development of this system, stated that the present proposal has overcome the concerns previously expressed by various members of the Council and incorporates their suggestions. He entered

a motion for Council endorsement of the plan; this was seconded by Mrs. Wyckoff and passed unanimously.

In introducing the matter of program priorities, Doctor Olson referred to the Health Program Memorandum released by the Office of the Secretary, DHEW, in January 1970, which outlines the health plans for the Nixon Administration for fiscal years 1971-1975. He summarized the priorities it sets forth, both in terms of the target groups it proposes to reach and the programs with which it expects to proceed. Doctor Olson showed how these could be related to the goals of Regional Medical Programs by what he termed the "RMP strategy" of cooperative arrangements, and within the disease-categorical framework of the present legislation.

The Council experienced some difficulty in relating the Administration's priorities to the goals and purposes of the present legislative mandate of Regional Medical Programs. A number of members expressed the opinion that the two were essentially incompatible on many bases; particularly since the RMP legislation specifically prohibits the use of grant funds for the direct provision of services, and enjoins against "interfering with the patterns, or the methods of financing, of patient care or professional practice."

After much discussion general agreement emerged that a more important concept was one of the development of a clearly stated mission for Regional Medical Programs, including the delineation of a set of goals (rather than priorities) to which the Regions could direct their efforts -- utilizing the very important communication links and cooperative arrangements that they have developed, and within the framework of disease-categorical operational projects. It would then be possible also for the Regions themselves as well as the National Advisory Council to measure program progress toward these goals.

In developing its goals and proposing the use of a developmental grant component it will be necessary for each Region to work within the provisions of the legislation and the regulations toward accomplishment of the mission set by the Program nationally; but also, in reporting on its progress toward those goals and requesting annual continuation of grant support, it must be able to show concomittant progress in addressing the National health priorities.

An illustration of this might be the implementation of Regional cooperative arrangements for the establishment of a demonstration project for early detection of hypertension. This is an acceptable activity of Regional Medical Programs under its present legislative provisions and operational policies. At the same time it is

directly and appropriately related to the third of the Administration's "people priorities" -- occupants of core city slums -- who are recognized as being at high risk of strokes from hypertension. It also approaches directly the Administration's program priorities number one -- manpower development, through continuing education of physicians and use of indigenous health aides for screening; number three -- experimentation, demonstration, planning and development relating to new and approved systems for organization and delivery of health services; number four -- emphasis on ambulatory care as opposed to long-term institutionalization; and very probably number nine -- research on major causes of premature disability and death, especially related to vasoactive substances.

Recognizing that the development of a clearly stated mission for Regional Medical Programs nationally will depend to a great extent on the authorizing legislation which is finally enacted, the Council did consider the goals which each Region might set for itself in entering into Anniversary Review and Award status; all of which are directly compatible with the majority of the Administration's program priorities. Principal among these are manpower development and utilization including continuing education; development of "common-effort" projects involving practicing physicians, major medical centers, and community hospitals; and emphasis on planning and demonstrations for care of the ambulatory patient.

As a part of this discussion Doctor Olson described the preliminary steps being taken in anticipation of the possible addition of kidney disease as an additional specified disease category for Regional Medical Programs. He reported briefly on the recommendations of a group of experts in the field who were called together by the Kidney Disease Division of Regional Medical Programs Service. Pending more detailed study of the report of this group and final outcome of the legislative process, the Council suggested that grants for organization and implementation of kidney disease projects follow generally the recommendations in the report and be handled under the "Section 910" authority (Multiprogram Services Grants) -- specifically under part A-1 of the Guidelines for implementation of that authority which were endorsed by the Council in August 1969:

"Projects arising from the initiative of, and designed to serve, two or more Regional Medical Programs must be:

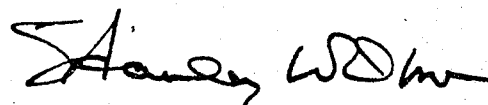
- Clearly and sharply directed toward producing innovations in cooperative arrangements in and among the Regions involved;
- Of high priority to the Regions involved, and approved as such by each Regional Advisory Group.
(This mechanism may not be used to circumvent the

review procedures of individual Regions); and

- Show that the programs of the Regions involved are better served by a Multiprogram Service than they would be by a single Regional approach to the project. Projects will not be considered for funding under this mechanism if they have been rejected previously, on the basis of scientific merit, as a part of a single Regional Medical Program application."

The meeting was adjourned at 3 p.m. on Monday, March 2, 1970

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Stanley W. Olson, M.D.
Director
Regional Medical Programs Service

* Text of the statements and additional materials which were distributed at the meeting are available in the Office of the Council Secretary.

ATTENDANCE AT THE SPECIAL MEETING OF THE NATIONAL ADVISORY
COUNCIL ON REGIONAL MEDICAL PROGRAMS

March 2, 1970

RMPS STAFF ATTENDING

Dr. Donald R. Chadwick, Deputy Director, RMPS
Dr. Richard Feinberg, Consultant to the Office of the Director, RMPS
Mr. Edward Friedlander, Assistant Director for Communications
and Public Information
Mr. Charles Hilsenroth, Assistant Director for Management
Mr. Robert Jones, Chief, Programs Assistance Branch
Mr. Gregory Lewis, Chief, Grants Management Branch
Dr. Richard Manegold, Associate Director for RMP Operations
and Development
Mr. Roland Peterson, Assistant Director for Planning and Evaluation
Mrs. Martha Phillips, Associate Director for Grant and Contract Policy
Dr. Miloslav Rechcigl, Assistant to the Director for Nutrition and Health
Mrs. Judy Silsbee, Assistant Director for Grants Review
Dr. Margaret Sloan, Associate Director for Organizational Liaison

OTHERS ATTENDING

Dr. J. Gordon Barrow, Director, Georgia RMP
Dr. Philip Donham, Arthur D. Little, Inc.
Mr. Paul Ward, Coordinator, California RMP