

THE  
BOOK  
\*N300\*

AREA V TO BROADEN ATTACK ON CANCER

An eight-point attack on unmet cancer needs in AREA V has been recommended to AREA V Cancer Committee, based on the 72-page report developed this summer by Ann Braatz and Terry K. Broomfield, who were on assignment to AREA V from the Los Angeles County Branch of the American Cancer Society.

To spearhead the activities suggested, Dr. Donald W. Petit has announced the appointment of Mrs. Gail M. White, MA, as Assistant Coordinator for Cancer Planning. Mrs. White, formerly a Coordinator for Continuing Education at University College, USC and Purdue University, will act as staff for the Cancer Planning Committee and as liaison with the Cancer Society.

The recommendations urge:

Improved undergraduate teaching regarding cancer to medical students, nursing students, social workers, and other members of the health team.

Further exploration of the production of teaching tapes about cancer.

A survey of the activities of live Dial Access versus taped Dial Access.

Development of a cancer education program for use on major networks, in conjunction with the Los Angeles Cancer Society.

An evaluation of public education programs about cancer.

Continuity of care and transportation efforts.

Continuing education for extended care facilities.

AREA V Cancer Committee, which currently has groups investigating chemotherapy, radiology, tumor registries, and continuity of care, is chaired by Dr. Lewis W. Guiss, and is composed of Albert M. Abrams, DDS, Weldon K. Bullock, MD, Jean F. Crum, MD, J. R. Bateman, MD, Arthur J. Donovan, MD, John K. Findly, Mike Gilliam, RN, Pierre V. Haig, MD, G. Denman Hammond, MD, Melville L. Jacobs, MD, Edward G. Jones, MD, James F. Nolan, MD, Miss Loris G. Phillips, ACSW, N. Elane Wilcox, Ph.D.

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## A SITE VISIT OF THE CALIFORNIA REGION . . . .

took place December 7 and 8 at two locations--San Diego and Davis. The Site Visit Team was chaired by Henry Lemon, MD of the Review Committee, RMPS. Other members were Clark H. Millikan, MD (consultant in Neurology Mayo Clinic); Mi Ruth French, RN, Professor and Director of Curriculum in Medical Technology, U of Illinois; William Willard, MD, and Fred Lucas, MD, Consultants to the Administrator, HSMHA; Cleveland R. Chambliss, Office of Organizational Liaison, RMPS; Lorraine Kytte, Program Analyst and Jessie F. Salazar, Public Health Advisor, both of the Grants Review Branch, RMPS; Ronald S. Currie, Regional Office Representative RMPS to Region IX of HEW.

The primary purpose of the visit was to evaluate the overall operational progress of the California Region, to examine the Region's proposal for a Developmental Component, and to assess our request for renewal of core staff, regional headquarters, and CMERF activities.

The agenda, prepared by CCRMP staff, included reports on: How the developmental component and project review procedures were developed and will be applied (Grobstein); a description of our Regional objectives (Eden); a presentation about CCRMP as decision makers (MacLaggan); core staff (Mitchell). Needs of the underfunded Areas were described by Dr. Shimkin of Area VII; examples of RMP core working with CHP, medical school and local government were given by Dr. Brayton of Area IV; RMP core staff and project personnel working on the new priorities of RMP were told by Garcia (IV); the California programs for heart disease, cancer, and stroke were outlined by Drs. Rapaport (I) Sherman (I) and Tesman (VIII). Dr. Petit was asked to speak about "Decision making at the Area level" and related what we are doing to achieve consensus of our role in community health planning, namely, the Task Forces.

On the second day, at Davis, the theme of RMP's relationships with other agencies was carried out by representatives from the State Health Planning Council and the Office of CHP; cooperation with local agencies was displayed by a panel chaired by Dr. Andrews (II). Panel members included representatives of the CHP Councils of So. California, Superior California and Bay Area, as well as Drs. Combs (VIII) Fowkes (III) and Walden (VI). The need for help from RMP by Model Cities was described, and future directions for RMP and other health interests in California were discussed from the points of view of Medical Associations, hospital associations, medical and public health schools, allied health, and consumer interest. There were discussions about evaluation by Jack E. Thomson, Coordinator of Evaluation CCRMP and on Fiscal Management Procedures, by Acton Barnes, Associate Director of CCRMP.

The report of the Site Visit Team will be published as soon as available.

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AREA V REGIONAL MEDICAL PROGRAMS

CALENDAR  
December 1970

Thursday, Dec. 17

AREA V                      Cardiac Coordinating                      12 noon - RMP Conference  
   Subcommittee Meeting                      Room

AREA V                      Task Force B                      7:30 p.m. Conference Room

Friday, Dec. 18

CCRMP                      Categorical Committee                      10 a.m. - 12:30 p.m.  
   Chairmen                      Suite 319A Airport Marina  
      Hotel, Los Angeles

Monday, Dec. 21

AREA V                      Special Social Workers                      9 a.m. - 1 p.m.  
   Advisory Meeting                      RMP Conference Room

CCRMP                      Cancer Committee                      5 - 9 p.m. Marco Polo Rm.  
      Airport Marina Hotel, L.A.

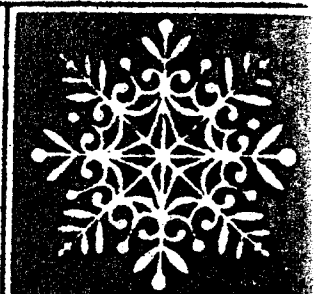
Wednesday, Dec. 23

AREA V                      Staff Meeting                      9:30 a.m.  
      RMP Conference Room

AREA V                      RMP office closed from noon  
   until Monday, December 28



**HAPPY  
HOLIDAYS**



## IMPRESSIONS OF RUSSIAN MEDICINE

By Donald W. Fetti, M.D.

As a member of an official U. S. delegation which visited Russia this fall to study health care systems, I was impressed by the constant intertwining of the medical health care system with the social and daily fabric of the life of each Soviet citizen.

It is a land of approximately 230 million people, with over 600,000 physicians, between 300,000 and 500,000 "middle" medical workers and an avowed dedication to the principle that prevention is the number one aim of the medical care team.

There is no fee for service, no charge for individual services. Although there is no equivalent of a family physician, there is easy accessibility to medical care with a calculated locating of access points. The ambulance system is large and seems to be well organized.

There is a great effort made by the public health people to inculcate upon the population the principles of personal sanitation and hygiene. This is evident in the general cleanliness and neatness of the hospitals, although the buildings frequently appear drab and old. The individual hospital rooms are more crowded with beds than would be acceptable in our private hospitals. I saw little or no disposable equipment; needles are of the reusable type. There seemed to be comparatively little use of plastic equipment; thus, tubing was rubber and obviously reusable.

Health care and medical care needs are determined on the basis of surveys which are taken periodically to determine the incidence of disease. On the basis of this survey, mathematical formulae are used to determine how much health care needs to be made available. Patient care is divided into three groups. . . obstetrics-gynecology, pediatrics, and adult medicine. Each of these have appropriate specialties within them. There is an astounding use of physical medicine modalities for a wide range of disabilities, from the obvious soft tissue trauma problems to what we would call psychosomatic disorders.

The training period for the Soviet physician is much shorter than for American physicians. By and large, there is little effort to create specialty training prior to the time of actual practice, therefore, the mechanisms for acquiring specialty clinical skills are different from those in the United States, with less emphasis on in-hospital residency fellowship type training and more emphasis on a somewhat separate system of continuing education.

In Russia, they have put the components for giving health care into a coherent, but rigid and regimented system and the linkages between the components are well developed. However, it would be impossible to have a centrally directed health and medical care system as in the Soviet without a similarly directed population at large.

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## WESTERN RMP COORDINATORS MEETING

The recent meeting of the Western Coordinators... (RMP's of Arizona, California, Colorado/Wyoming, Hawaii, Intermountain, Mountain States, New Mexico, Oregon and Washington/Alaska) was hosted by the Mountain States RMP and was held November 30-December 1 in Boise, Idaho.

A featured speaker was Dr. Harold Margulies, Acting Director of RMPS, who gave an analysis of the recommendations of the Federal Agency for Streamlining Task Force which was created to increase the efficiency of government. Dr. Margulies said that HEW's stated goals will continue to prevail under Secretary Richardson, that RMPS had to develop a method for central management which would not interfere with local decision levels and would provide deeper, less frequent review cycles, that RMPS is to implement a Management Information System which will allow better knowledge of the current expenditure obligations, that there is increased need for closer working relationships and coordination of programs with HEW Regional Offices. FAST recommendations included possible competition between Regions and Programs to encourage efficiency. Site visits will be more flexible to Regional needs and were described as a "teaching tool" for Regions to find out what is expected from them at the national level.

Some of the points brought out at the conference included: That support of HEW will probably be for educational activities that will lead to changes in the system; additional federal funds for RMP are unlikely; the possibility of longer than three-year support for Programs; the unwillingness of Secretary Richardson to base programs needs on unfunded projects; the need for core staff activity to be carefully described and documented; the need to avoid conflict of interest (based on an incident where a member of an approving board voted to approve a project which would be of benefit to his own institution); the need to avoid compounding poor usage patterns of health care delivery that already exist.

At the business session, the Coordinators opted to continue their organization in an informal fashion, and elected as Chairman for 1971 Dr. Peter Doane of Colorado/Wyoming RMP. Dr. Doane will also act as delegate to the National Steering Committee of RMP Coordinators which serves as an informal advisory body to the Director of RMPS. Dr. Masato Hasagawa, Coordinator of the Hawaii RMP was elected Delegate-at-Large, with Dr. Donal Sparkman of the Washington/Alaska RMP as alternate.

The 1971 meetings of the Western Coordinators will be held in Honolulu in April and in New Mexico in the fall.

William A. Markey, Deputy Coordinator, attended for AREA V.

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# **V** minute news

Published by  
**CALIFORNIA REGIONAL MEDICAL PROGRAMS**  
**AREA V**

**UNIVERSITY OF SOUTHERN CALIFORNIA**  
**SCHOOL OF MEDICINE**

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## **Committee Chairmen**

Area Advisory Group	Chester A. Rude
Cancer	Lewis W. Guiss, M.D.
Cardiac	George C. Griffith, M.D.
Continuing Education	Phil R. Manning, M.D.
Hospital Administrators	Henry B. Dunlap, M.P.H.
Library Services	John M. Connor, M.A.
Nursing	Fotine O'Connor, R.N.
Stroke	Robert H. Pudenz, M.D.
Systems & Computers	Lee D. Cady, M.D.
Social Workers	Dr. Barbara Solomon, A.C.S.W.

MT. SAN ANTONIO COLLEGE  
INTENSIVE CORONARY CARE FOR NURSES  
AN INTRODUCTION

Are you interested in gaining knowledge and actual experience in nursing care of patient with acute heart disorders?

In order to meet a felt need in the community for such training, the Associate Degree Nursing Department of Mt. San Antonio College is planning two (2) 3-week sessions related to the nursing management of the patient with heart disease.

Topics to be covered in each 3-week session include the following:

- Normal Anatomy and Physiology of cardiovascular-pulmonary circuit
- Abnormal Anatomy and Physiology in heart disorders
- The Arrhythmias -- recognition and management
- Complications of heart disease (eg., shock, arrest, and arrhythmias)
- Medications used in coronary care
- Monitoring systems
- Defibrillation -- indications and technics
- Pacemaker -- indications, uses, and patient care
- General Nursing Management of the Patient with Cardiac Disorder  
(Including Clinical Experience)

Dates: June - July 9, 1971 (Session 1)  
July 12 - July 30, 1971 (Session 2)

TIMES: SUBJECT TO CHANGE - 7 A.M. to 12 Noon, Mondays through Fridays (includes lectures, demonstrations, discussions and clinical experience)

QUALIFICATIONS: The course is limited to R.N.'s and/or Graduate Nurses only!

Units Credit: 2

IF YOU ARE INTERESTED PLEASE COMPLETE AND RETURN THE BOTTOM SECTION OF THIS BULLETIN

I would be interested in taking the Intensive Coronary Care Nursing Course, if offered.

Preference: June \_\_\_\_\_ (Session 1); July \_\_\_\_\_ Session 2)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

School of Graduation \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Current Position \_\_\_\_\_

Return to: M. Gilliam or M. VanSlambrook, Mt. San Antonio College, Associate Degree  
Nursing Program, 1100 N. Grand Avenue, Walnut, California 91789

NOTE: THIS IS NOT A REGISTRATION BLANK. NOTE: FORM MUST BE RETURNED NO LATER THAN  
JANUARY 15, 1971



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and

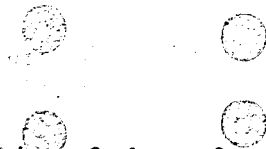
CALIFORNIA REGIONAL MEDICAL

PROGRAMS AREA V

Present

Second Annual

**SECOND ANNUAL CONFERENCE ON  
THE PHYSICIAN AND THE HOSPITAL**

  
Asilomar Conference Grounds  
Pacific Grove, California

JANUARY 6-9, 1971

**REGISTRATION IS STILL OPEN, BUT HURRY!**

Delays in printing and mailing have resulted in some confusion, so ask your administrator about being included with the group attending from your hospital.

This year, discussion groups will give participants an opportunity to discuss, with faculty members, future direction for hospitals and implications of economic trends. Speakers are from California and elsewhere in the country.

For additional application forms, contact:

Associate Dean, Postgraduate Division,  
USC School of Medicine  
2025 Zonal Avenue  
Los Angeles, California 90033

or phone 225-1511, Ext. 403