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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

June 17, 1971

REGIONAL MEDICAL  
PROGRAMS SERVICE

Dear

The following is a summary of the highlights of the major issues and discussions of the May 11-12, 1971, meeting of the National Advisory Council. Although the minutes of this meeting will not be formally approved until the Council meets in August, this summary has been prepared to inform you of the essential actions of the Council which affect policy. Council actions concerning projects and programs have been or will be reported in the usual manner.

Of immediate interest is the Administration's 1972 Appropriations Request, which would hold RHP grant funds (exclusive of construction) at \$70 million (the fiscal year 1971 apportionment) through fiscal year 1972. In the House hearings the decision to maintain this level was questioned closely. No House mark-up has been announced and the Senate Committee may not hear testimony on the bill until September.

Interest in National Health Insurance remains high on all sides. The number of bills before the Congress on this subject continues to grow, but as yet there seems to be no clear trend toward the support of any one proposal.

The concept of Area Health Education Centers, greatly stimulated by the Carnegie Foundation report, is now embodied in two bills before the Congress. One plans administrative responsibility for Area Health Education Centers in the Regional Medical Program, the other would result in assignment of responsibility to the National Institutes of Health.

The Area Health Education Center is as yet not fully defined, probably will be a community-based, grant-eligible agency, built around health care institutions and practitioners, affiliated with health educational and training institutions, including a university health science center. The ANEC would be a natural and important concern of the Regional Medical Program. In turn the Regional Medical Program will under any circumstances be associated with the center, because of their common interest in enhancement of health care services.

RMPS is cooperating closely with other HEW efforts to develop Health Maintenance Organizations. There has been established a national clearinghouse in RSMHA to keep records and oversee all HMO activities, but the basic responsibility for their development is in the HEW Regional Offices. RMPs will be especially useful in the early phases by assisting in the convening of those who must meet together and by obtaining for them necessary consultation and other required supporting material. They will be of value later in the establishment of an effective health care system particularly by assisting in HMO efforts to monitor the quality of care being provided. RMPS has the specific responsibility for developing guidelines and criteria for the monitoring of quality and for developing a concept and guidelines for health maintenance.

The Civil Service Commission has established grades for Physician's Assistants, most of whom will be employed by the Veterans Administration. The Director of RMPS serves as a member of an executive committee advising the Commission of the qualifications to be established for the grades GS 7, 9, and 11. RMPS continues to have with NCHSR&D a keen interest in Physician's Assistants development and will participate in the further definition of PAs, their functions, their legal status and their limitations.

There have been a number of recent developments in the Regional Medical Programs Service:

- A. An expanded focal point for services to Council and Review Committee is being developed. The charter of this Office of Council and Committee Affairs will be circulated when the reorganization plan is completed.
- B. The Operations Division is developing four geographically organized "desks." Each of these will provide a spectrum of services for a designed group of Regional Medical Programs. Each will be served by designated liaison personnel of the Professional Division.

- C. Since the last Council meeting, the Equal Employment Opportunity program in RMPS has been developing rapidly. Not only because it is an agency of government, but also because its mission is to the whole citizenry, RMPS cannot serve Regional Medical Programs effectively if it in any way discriminates against minorities or women. Not only in RMPS, but in all the RMP's, both Equal Employment Opportunity and minority group access to health care are major concerns. Evidence of adherence to these concepts will be sought in all program reviews.

Dr. Michael Brennan, Chairman of the Council's Subcommittee on Automation, reported the following as the Committee's considerations and recommendations concerning automated multiphasic health testing as an RMP investment:

- A. "At this time eleven Regional Medical Programs have funded projects that feature automated multiphasic health testing. The purposes of these projects present a fair representation of the purposes for which patient health status data are acquired.
- B. "Automated Health Testing is very costly. The influence of the projects in which it appears on regional deployment and utilization of health care services is highly unpredictable. For these reasons Council recommends that no new projects featuring automated health testing be funded.
- C. "The Council further recommends that the Director, RMPS, and the appropriate Regional Medical Programs, coordinating with the National Center for Health Services Research and Development, Community Health Services, the National Center for Health Statistics, the National Institute of General Medical Sciences and other interested agencies, institute consultation and investigation to:
  - 1. Provide market and financial analyses and advice to avoid loss in post-grant operations of projects currently funded by Regional Medical Programs;
  - 2. Build into RMP and other projects base line data, defined goals and measures of progress for cohorts of persons whose initial multiphasic tests were positive, negative and refused, among such populations as urban and rural poor, employees' groups, hospital and clinic patients, to help resolve debate about the effects of multiphasic testing on quality of and access to health care services and the regional deployment and utilization of health care resources;

3. Utilize systems analysis and all available epidemiologic information to stimulate natural histories of diseases and identify those for which secondary prevention might be feasible and acceptable in cost; and
4. Conduct multi-variant analyses of the results of multiphasic testing to investigate the possibility that it could improve diagnostic application of the tests."

COUNCIL ACTION: The Council unanimously adopted the above recommendations of the Subcommittee on Automated Multiphasic Health Testing. In this regard, please note that the recommendation in Section B establishes a new policy for Regional Medical Programs Service.

I reported briefly on a limited test by which our site visitors or Review Committee have ranked Regional Medical Programs in terms of their overall effectiveness. This type of activity will become increasingly necessary if changes in levels of available grant funds are to be accommodated in a selective fashion rather than across-the-board additions or reductions for all programs.

A. The Professional Judgment Comparison

To date very broadly conceived criteria of effectiveness have been employed in the review of our grants. At the last meeting of the Review Committee the programs of fifteen Regional Medical Programs were considered. After the formal actions were completed, the members of the Review Committee agreed to try informally to rank those programs for overall effectiveness. The procedure consisted simply of distributing the fifteen Regional Medical Programs into "quartile" groups; the results were highly consistent. There were several instances of identical quartile assignments, and in almost all cases the differences in assignments were not more than one quartile apart. This informal, no-record exercise was conducted as an extension of the entire review process and appeared to be workable.

B. The Grading Comparison

Another approach to comparison of Regional Medical Program effectiveness can be made by grading or scoring the performance of each on an absolute scale. This approach has not been given a full trial. Earlier this year numerical grading was used in a limited way on several site visits to Regional Medical Programs. The results of these trials have shown less consistency among the graders than did the Review Committee's comparison of the fifteen regions.

C. Effects of Ranking Regions

In the long run, administrative actions and advisory group recommendations which result from such determinations of relative merit primarily will affect the least and most effective Regional Medical Programs.

Dr. Vernon E. Wilson, Administrator, HSMHA, discussed with the Council events and trends that have implications for the future.

A. Consumer interest in quality determination

It is not unlikely that the basis of advisory council actions as well as the actions themselves will become public records. Increasing consumer group interest in program processes reduces the latitude for unsupported judgment. This Council seriously should consider development of a rating system as a basis for its decisions on grants. The interest of career consumer advocates in this field is rooted in a widely held opinion that professional judgments should be openly determined and intelligible to the lay mind.

There is need for a system that the consumer advocates can understand and apply to reach the same results as does the Council.

There is also a widespread misunderstanding of RMP by people who see it as an implement of Federal control of health care. It is also said that RMP performance is spotty, does not yield true national coverage, and that RMP is not as closely related to the universities as it should be. We see the flaws in these arguments, but their proponents are not easy to convince.

In RMP the Federal government has a good channel for working with the providers, but the relationship is not always easy to clarify. We must continue to emphasize the process and not only the content of RMP in our judgments. The need is for a foundation of understandable judgments on which credibility can grow.

- B. Two bills to establish Area Health Education Centers have been placed before the Congress. One would place the authorization Title IX (RMP) of the Public Health Service Act; the other, which is the Administration's

Bill, would place the authority in the National Institutes of Health. We must be prepared for either eventuality, and in either case both the RMP and the Manpower bureau of the NIH will find their activities affected by the program. The Department's proposal is being presented as part of the proposal for extension of the Health Manpower Act.

- C. The Willard Committee report has been circulated among a limited number of administrators and advisors, but has not been published. The document was kept brief by design, and some of its concepts are rather broadly stated. Some of its ideas already have been incorporated in testimony presented before Congressional committees, and more will be presented, for example, in testimony on Section 314 of the Public Health Service Act.

Miss Cecilia Conrath, Chief, Continuing Education and Training, RMPS, spoke on Council and RMP policies and objectives concerning health manpower. At the turn of the century, 80 percent of health workers were M.D.'s, now 84 percent of health workers are not M.D.'s. About 70 percent of health workers are women; many of their jobs are characterized by: low pay, little requirement for independent judgment, special turnover and dropout problems, entry at the high school level, and re-entry through established training or re-training.

One of every two health workers entered with less than three years of college education.

One of every five had less than full high school education. Many jobs are routine, narrow in scope, and severely limited in opportunities for advancement.

Refresher training for re-entry of dropouts, once enthusiastically advanced as a means of relieving shortages of help has not succeeded as hoped . . . too many of the trainees limit their availability to part-time or intermittent work.

RMP is going to be involved in manpower problems because it is the logical channel for provider concerns.

With regard to our relationship to CHP and NCHSR&D, I stated that it is important that RMP retain its identity and avoid assumption of CHP responsibilities. It is also important that RMPS and NCHSR&D work more fully together. The basic guide to RMP development now and in the coming years will be found in the Federal health strategy. If it is to be of maximum service to this country RMP will work with

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increasing effectiveness through all of the mechanisms which are available--CHP, R&D, local organizations, etc.--to maintain or improve the quality of health care while emphasizing increased accessibility, better distribution of manpower, greater productivity of the health system and increasing efficiency in the delivery of services.

I trust you will find this summary useful. Starting with the August Council meeting, we shall mail these highlights to you within 2-3 days after the meeting.

Sincerely yours,

*Harold Margulies*

Harold Margulies, M.D.  
Director



NATIONAL ADVISORY COUNCIL

Meeting May 11-12, 1971

RECOMMENDATIONS FOR ACTION

ARIZONA REGIONAL MEDICAL PROGRAM - RM 00055 5/71 (Supplemental)

- o No additional funds are recommended for this Regional Medical Program at this time.
- o The request for additional core support is specifically disapproved.
- o The Region may rebudget available funds into any of the projects in line with its own priorities.
- o This action coincides with Review Committee recommendations.

BI-STATE REGIONAL MEDICAL PROGRAM -- RM 00056 5/71 (Supplemental)

- o Additional direct cost funding in a reduced amount is recommended as follows:  
1st year - \$16,750    2nd year - \$15,850    3rd year - \$15,850
- o While the Region may rebudget available funds into either of the two projects included in this application, Council considers Project #16 - To Develop a Model for Testing Physician Continuing Education - innovative and Project #15 - A Public Education Program on Harmful Effects of Cigarette Smoking - was considered low priority.
- o This action coincides with the recommendations of the Review Committee.

CALIFORNIA REGIONAL MEDICAL PROGRAM - RM 00019 5/71.1 & 5/71.2 (Supplemental)

- o Region may rebudget available funds into Project #41 - Patient Monitoring (Area I), in line with its own priorities.
- o Council defers consideration of Project # - Cooperative Planning Effort of Regional Medical Programs and Model Cities for Training in the Allied Health Professions - Area I - pending program site visit of June 1971.
- o This action differs from Review Committee recommendations only in relation to Project # .

IOWA REGIONAL MEDICAL PROGRAM - RM 00027 5/71 (Supplemental)

- o Additional direct cost funding is recommended for the Iowa RMP as follows:  
1st year - \$43,500      2nd year - \$35,272      3rd year - \$36,719
- o Region may rebudget funds into any of the projects included in the application except for Project #19, Renal Failure Management Training, in line with its own priorities.
- o This action differs from the recommendations of the Review Committee but incorporates the recommendations of the Ad Hoc Panel on Renal Disease.

KANSAS REGIONAL MEDICAL PROGRAM - RM 00002 5/71 - (Triennial)

- o This Region is approved for triennial review with direct costs funding recommended as follows:  
1st year - \$1,800,000    2nd year - \$1,800,000    3rd year - \$1,800,000

KANSAS RMP CONT.

- o The request for developmental funding is disapproved.
- o Project #40, Development of a Comprehensive Nephrology Program, is approved in line with the recommendations with the special review by a renal specialist and the site visit team.
- o This action coincides with the recommendations of the Review Committee.

MAINE REGIONAL MEDICAL PROGRAM - RM 00054 5/71 (Supplemental)

- o Additional direct funds are recommended for this application as requested: \$27,896
- o This action coincides with the Review Committee recommendations.

MISSISSIPPI REGIONAL MEDICAL PROGRAM - RM 00057 5/71 (Anniversary)

- o No additional funding is recommended for the Mississippi RMP at this time.
- o The request for developmental funding is not approved.
- o The Region may rebudget available funds into the projects in the application, including Project #17 - Renal Disease Program - in line with its priorities.
- o A program site visit is recommended to help this Region's core staff, RAG, and Planning Group focus priorities on health needs of Mississippians; staff assistance is also recommended.
- o This action coincides with the recommendations of the Review Committee and incorporates the advice of the Ad Hoc Panel on Renal Diseases.

MISSOURI REGIONAL MEDICAL PROGRAM - RM 00009 5/71 (Triennial)

- o This Region is approved for triennial review at the following direct cost levels:  
1st year - \$2,500,000      2nd year - \$2,012,000      3rd year - \$1,825,000
- o The request for developmental funding is disapproved.
- o The recommendations of the Review Committee regarding funding allocations among the major program elements should be conveyed to the Region.
- o This action differs from the Review Committee only in the level of funding recommended for the first year. Council felt that \$300,000, rather than \$250,000, would provide for more orderly phasing out of the computer and bioengineering activities.

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM - RM 00032 5/71 (Triennial)

- o This Region is approved for triennial review with direct cost funding levels as follows:  
1st year - \$1,741,000      2nd year - \$1,511,000      3rd year - \$1,366,000
- o The request for developmental funding is approved.
- o Funding for Project #3R - Mountain States Tumor Institute - is approved for two additional years only.
- o The interest in forming a separate Nevada RMP is recognized; at such time as an application is received and acted upon, the funding recommended for the Mountain States RMP will have to be reviewed also.

MOUNTAIN STATES RMP. CONT.

- This action coincides with Review Committee recommendations.

NASSAU/SUFFOLK REGIONAL MEDICAL PROGRAM - RM 00016 (Triennial)

- Operational status is approved for the RMP.
- Three years direct cost funding is recommended as follows:  
1st year - \$829,755      2nd year - \$868,408      3rd year - \$908,043
- A site visit should be made to review progress during first year.
- First continuation application should be reviewed by Committee and Council with idea of increasing funding level if progress permits.
- This action coincides with recommendations of Review Committee except that Council did not develop a policy on computerized EKG as requested by Committee. Council requested a staff paper on this subject for consideration at a later time. Therefore, the Region is not prohibited from utilizing its funds for this activity if program priorities so dictate.

NEBRASKA REGIONAL MEDICAL PROGRAM - RM 00068 5/71 (Triennial)

- Status as a separate RMP is approved for Nebraska.
- Three years direct cost funding is recommended as follows:  
1st year - \$790,070      2nd year - \$790,070      3rd year - \$440,653
- Region should be advised of serious concerns about direction of program.
- A site visit should be made to assess progress during next year.

NEBRASKA RMP CONT.

- First year continuation application should be reviewed by Committee and Council.
- This action coincides with Review Committee recommendations except for level of funding recommended for third year. Council feels that Region must provide more substantive information about plans to utilize funds during third year.

NORTH CAROLINA REGIONAL MEDICAL PROGRAM - RM 00056 5/71 (Triennial)

- This Region is approved for triennial review with the following direct cost levels recommended:  
1st year - \$2,049,000 2nd year - \$2,049,000 3rd year - \$2,049,000
- The request for developmental funding is approved.
- A specific exception is made to Council policy regarding support of basic education for Project #32 - Career Ladder Nursing Education.
- The funding level does not take into consideration funding for Project #28 - A Proposal for the Care of Patients with Chronic Uremia which is deferred for further technical review.
- This action coincides with recommendations of both the Review Committee and the Ad Hoc Panel on Renal Diseases.

NORTHEASTERN OHIO REGIONAL MEDICAL PROGRAM - RM 00064 5/71 (Anniversary)

- Funding is recommended at the committed level, \$786,187, for one additional year.

NORTHEASTERN OHIO RMP CONT.

- The Region may rebudget available funds into any of the proposed new projects, except Health Careers in Ohio, in line with its own priorities.
- RMPS staff should explore with this Region, as well as other Regions serving Ohio residents, ways to provide a more effective, efficient organization for regional medical programming in Ohio. Council believes it may be necessary to have at least two RMPs serve the State, but a unified RMP should also be explored.
- Site visits should be made as necessary.
- This action differs from Review Committee recommendations in that an alternative other than one Ohio RMP is suggested and that the number of site visits may be negotiated.

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM -- RM 00063 5/71 (Anniversary)

- Funding is recommended at the following direct cost level for one year only - \$687,304.
- This recommendation provides for continuation of core and on-going activities at present rate of expenditures; however, Region may rebudget available funds into new projects in line with its own priorities.
- RMPS staff should explore with this Region, as well as other Regions serving Ohio residents, ways to provide a more effective, efficient organization for regional medical programming in Ohio. Council

NORTHWESTERN OHIO RMP CONT.

- believes it may be necessary to have at least two RMPs serve the State, but a unified RMP should also be explored.
- Site visits should be made as necessary.
  - The request for developmental funding is disapproved.
  - This action differs from Review Committee recommendations in that an alternative other than one Ohio RMP is suggested and that the number of site visits may be negotiated.

OHIO STATE REGIONAL MEDICAL PROGRAM - RM 00022 5/71 (Triennial)

- The request for triennial review status is denied; funding at the committed direct cost level is recommended for one year only as follows: \$714,075.
- The request for developmental funding is disapproved.
- The region may rebudget available funds into projects included in this application, with the exception of Health Careers in Ohio (core), Project #29 - Home Dialysis Program and Project #30 - Program for Hypertension Detection, in line with its own priorities.
- RMPS Staff should explore with this Region, as well as other Regions serving Ohio residents, ways to provide a more effective, efficient organization for regional medical programming in Ohio. Council believes it may be necessary to have at least two RMPs serve the State, but a unified RMP should also be explored.
- Site visits should be made as necessary.



OHIO STATE RMP CONT.

- The Council coincides with recommendations of Ad Hoc Panel on Renal Disease regarding approval of Project #27 - Cadaveric Transplant Program and #28 - Pediatric Nephrology Center, but no additional funds are recommended.

OHIO VALLEY REGIONAL MEDICAL PROGRAM - RM 00048 5/71 (Supplemental)

- Additional direct cost funding is recommended as follows:  
1st year - \$98,610      2nd year - \$96,410      3rd year - \$98,360
- Region may rebudget funds into any projects included in this application, except that Council questions the advisability of initiating Project #24, Intensive Coronary Care Unit Nurses Training, at this point in Region's development.
- This action coincides with Review Committee recommendations.

OKLAHOMA REGIONAL MEDICAL PROGRAM -- RM 00023 5/71 (Triennial)

- The request for triennial funding is disapproved; direct cost funding for one year is recommended as follows: \$913,500
- The request for developmental funding is disapproved.
- A site visit is recommended to assist this Regional Medical Program in developing specific goals and objectives, before it submits a Triennial application next February.
- This action coincides with Review Committee recommendations.

PUERTO RICO REGIONAL MEDICAL PROGRAM - RM 00065 5/71 (Anniversary)

- Funding is recommended for Region's second operational year at the following direct cost level: \$989,762

PUERTO RICO RMP CONT.

- The request for developmental funding is disapproved.
- Region may rebudget available funds into any project included in this application in line with its priorities.
- This action coincides with Review Committee recommendation.

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM - RM 00035 5/71 (Triennial)

- Region is approved for triennial funding, at the following direct cost levels, pending favorable site visit report on Project #55 - Chronic Renal Disease Education and Service Program.  
1st year - \$1,550,000    2nd year - \$1,550,000    3rd year - \$1,550,000
- Request for developmental funding is approved.
- Region may rebudget funds into projects included in this application in line with its own priorities, except for those activities precluded by Council policy; i.e., Project #52 - Health Manpower and Fellowships and #46 - Hematologic Malignancies .....
- This action incorporates advice of Review Committee and the Ad Hoc Panel on Renal Diseases. ?

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM - RM 00059 2/71 & 4/71 (Deferred Supplement)

- Approval of \$100,000 supplemental funding is recommended for one year with following conditions:
  - that the Region engage effective leadership on its core staff;
  - that the Region study and make necessary changes in the RMP organization to assure a viable Regional Advisory Group, viable medical center involvement and a viable grantee;

SUSQUEHANNA VALLEY RMP CONT.

- that RMPs make available sufficient, experienced staff resources to assist Region in its study and subsequent program changes.
- The request for developmental funding is disapproved.
- This action essentially coincides with recommendations of the Review Committee.

TRI-STATE REGIONAL MEDICAL PROGRAM -- RM 00062 5/71 (Supplemental)

- Action on the application for funding a New England Facilities for End-Stage Kidney Disease is deferred, pending Council study on technical site visit report.
- This action coincides with the recommendations of the Review Committee and the Ad Hoc Panel on Renal Diseases.

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM -- RM00041 5/71 (Triennial)

- Approval for triennial funding is recommended at the following direct cost level:  
1st year - \$1,450,000    2nd year-- \$1,450,000    3rd year - \$1,450,000
- The request for developmental funding is approved.
- Funds for Project #14 - Renal Disease - are disapproved as recommended by the Ad Hoc Panel on Renal Diseases.
- Region may rebudget available funds into any project included in the application provided they are consistent with Council policy.

WESTERN PENNSYLVANIA RMP CONT.

- ① Council notes that the Region has not presented specific plans by project for some of the funds requested in the second and third years of the triennial period. If RMPS staff should find a disproportionate share of the funds proposed in the second and third years are for activities not previously studied by Council, the application should be reviewed by Council at that time.
  
- ① This action essentially coincides with recommendations of Review Committee.

RMPS/GRB  
6/11/71