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PAUL G. ROGERS
DISTRICT 9 - FLORIDA

FLORIDA REGIONAL MEDICAL PROGRAM

Florida has \$240,000 for planning purposes. Under the leadership of Dr. Samuel P. Martin, Provost of the University Medical Center, a non-profit corporation was formed for the purpose by the deans of the medical schools and other health institutions of the state. Heavy emphasis has been placed on grassroots program development with local physicians, hospital administrators and other interested parties planning together in local sub-regional groups. Early emphasis is on the development of basic planning data through a series of inventories of resources and needs and a comprehensive program of education for the health professions.

Further details concerning the Florida Regional Medical Program follow.

March 1968

PAUL ROGERS
DISTRICT 9 - PALM BEACH

FLORIDA REGIONAL MEDICAL PROGRAM

<u>REGION</u>	State of Florida
<u>COORDINATOR HEADQUARTERS</u>	Florida Advisory Council, Inc.
<u>STARTING DATE</u>	November 1, 1967
<u>FUNDING</u>	
<u>Current Award:</u>	\$240,000
<u>Projected Next Year:</u>	\$600,000
<u>OPERATIONAL STATUS</u>	Anticipated to begin in Fiscal Year 1969
<u>PROGRAM COORDINATOR</u>	Samuel P. Martin, M.D. Provost, J. Hillis Miller Medical Center University of Florida Gainesville, Florida 32601
<u>ADVISORY GROUP</u>	1. Chairman: H. Philip Hampton, M.D. 1 Davis Boulevard Tampa, Florida 33606 2. Membership: Medical Centers 7; Practicing Physicians 5; Hospital Administrators 2; Vol- untary Health Agencies 3; Public Health Officials 5; Other Health Workers 3; Public 9.

Pre-planning activities began in May, 1966 when the Deans of Medical Schools and other health institutions in the state formed the non-profit Florida Advisory Council on Heart Disease, Cancer and Stroke, Inc. This corporation was formed: to encourage the development of regional cooperative programs in Florida, to develop guidelines for regional programs in Florida, to collate, analyze and present pertinent data on the health status of and medical activities in Florida, to identify new knowledge and techniques in diagnosis and treatment, to attempt to anticipate the operating problems within a regional program and to provide advisory and consultative services, and to educate health care personnel concerning P.L. 89-239 and the plans for its implementation. The Florida Advisory Council, Inc. has engaged the Florida Medical Foundation to accept the fiscal responsibility for funds received by FAC, Inc.

The Florida Regional Medical Programs is being developed in two phases:
1. the planning phase (for the duration of 20 months from the award) and 2. the operational phase which will also contain a strong planning component. Due

to the great amount of pre-planning activity concerning regional organization and staffing, Florida is in a position to quickly accelerate into a fully operational program.

Organization and Staffing

Samuel P. Martin, M.D., the former Provost of the J. Hillis Miller Medical Center at the University of Florida, has agreed to become the RMP Program Coordinator. At present, Dr. Martin is concentrating on the recruitment of staff for the central administrative unit. It is anticipated that there will be four Associate Program Coordinators in the fields of hospital administration, social science, education analysis and systems analysis. In addition, there will be three area coordinators, three Task Force Chairmen and ten subregional directors. The Florida program is seeking to secure a staff having broad competencies in areas of special concern to RMP.

It is anticipated that there will be Task Forces on Heart Disease, Cancer and Stroke and regional and subregional planning councils.

Regional Advisory Group

There are 34 members on the advisory group who represent the health and geographic interest in the state. They will act in an advisory capacity to FAC, Inc. and approve all operational projects.

Subregionalization

There will be three area coordinators on the staff of the Florida RMP representing North Florida, Mid-Florida, and South Florida. Each area will then be divided into subregions which will be organized around the community hospitals. Each subregion will be a planning unit with an advisory group made up of local physicians, hospital administrators and other interested parties. The subregional directors will consult and work with their advisory groups and will act as liaison representatives. Collection of data will be instigated at this level and pass through the regional hierarchy in an attempt to define regional and subregional needs and priorities.

Planning Activities

The Florida program will initially seek to develop a clear description of the health problems, the culture in which they occur and the resources and devices available to the local community to solve them. The planning activities can be divided into two areas:

I. Data

1. Inventory of Patient Needs. This includes morbidity, mortality, patient origin studies, and patient usage of facilities.

2. Inventory of Environment of Care. This is a study of the cultural patterns of care both patients and providers.
3. Inventory of Facilities and Services.
4. Inventory of Manpower.
5. Cataloging of Existing Continuing Education Programs.
6. Inventory of Physician needs including continuing education.

II. Continuing Education

1. Development of Educational Program and Network based on the states university system.
2. Development of New Methods of Education. The Health Extension Division of the J. Hillis Miller Health Center and the College of Education at the University of Florida are interested in research into new techniques at the community level that would not only impart knowledge but would significantly alter the behavior of the health team.
3. Development of Model Care Units
4. Establishment of criteria for evaluating the impact of each program on the knowledge skill and attitudes of the health field.

The region will continue to expand the base of regional involvement through the planning projects and the good offices of FAC, Inc., University of Florida, University of Florida, University of Miami and the Florida Department of Health.

Relationship to Comprehensive Health Programs

It is not yet clear how this relationship will develop; but because of the involvement of the State Health Department and the Governor's Office in the program, it is anticipated that both programs will develop on a compatible basis.

ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS

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