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# MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
BUREAU OF HEALTH RESOURCES DEVELOPMENT

TO : William F. Donaldson, M.D.  
Lawrence Shulman, M.D.

DATE: December 12, 1974

FROM :   
Matthew Spear  
Public Health Advisor, DRMP

SUBJECT: Selecting a Chairman for the January Arthritis Conference

It would be helpful if the identification of the conference Chairman were resolved soon. The Chairman should be involved in the final development of the conference both for information, and to develop strategy to achieve conference objectives.

Several alternatives came to mind:

- a. AAOS, and ARA representatives alternate in the chair;
- b. The two share the Chairmanship, as was done at the April 1 meeting in Chicago;
- c. An individual be selected who is acceptable to all.


With regard to the latter, we recommend consideration of Dr. Roger D. Mason. We have found him to be an effective Chairman, and very helpful in resolving problems. He represents objectivity in coming from an RMP which did not apply for an arthritis grant, and involvement as a practicing physician who is a victim of arthritis. On January 1, Dr. Mason will assume directorship of medical affairs for the "Blues", in Omaha, Nebraska.

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TO : See below (Participants in the  
Nov. 17 Chicago "fly-in")

DATE: December 12, 1974

FROM :   
Matthew Spear  
Public Health Advisor, DRMP

SUBJECT: Plans for the Arthritis Conference, January 19-20, 1975

The enclosed pages present draft plans, conference "play script", etc., for your information, and to elicit suggestions for the final format of the Arthritis Conference.

YOUR RESPONSE ON THIS MATERIAL IS NEEDED WITHIN TWO (2) WEEKS to assure that the conference will be acceptably structured and conducted.

As you go through the material, two factors should be kept foremost. The proposed structure will permit pre-conference assignment of participants to the workshops. For tighter structuring, we could make a pre-conference distribution of workshop guides, and instructions. Secondly, conference attendance will be mixed; i.e., only half of the participants will be physicians specifically functioning as department heads, or practicing arthritis providers. The remainder will be AF Chapter heads, and RMP Coordinators.

Your guidance is particularly needed with respect to the following questions:

1. Who shall chair the workshops?
2. Who should prepare the conference report?
3. How should post-conference action followup be handled?

It has been suggested that a short wrap-up meeting on conference plans be held in New York City before or after the ARA Executive Committee meeting on January 10. Who would be available to attend such a meeting?

Please let me have your comments and suggestions at an early date. I will be away from Washington during the week of December 14-21.

Page 2

I wish to maintain contact with you, however, and can be contacted at, or through the following numbers:

Office: 301/443-1916  
301/443-1500

Florida: Holiday Inn - Oceanside  
Vero Beach  
305/562-4164

Addressees:

Mr. Kevin Anderson  
Dr. William Donaldson  
Dr. Ephraim Engleman  
Mr. Gerald Gardell  
Dr. Satoru Izutsu  
Dr. Roger D. Mason  
Dr. Lawrence Petrocelli  
Mr. David Shobe  
Dr. Clement Sledge  
Dr. Isaac Taylor  
Dr. Charles Tourtelotte

For Information:

Dr. Robert Brown,  
Director, Kansas RMP


Mr. Gordon Waller,  
Executive Director, Kansas City Division AF

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## Arthritis Conference

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ARTHRITIS CONFERENCE

Schedule, Site, Assignments Estimated Costs, and Related Matters

ITEMS	EST. AMOUNT	PROPOSED SOURCES	COMMENTS (Typed = Spear; other write in or telephone Spear)
A. <u>PLACE:</u>			Hotel Muehlebach Kansas City, Missouri
B. <u>DATES:</u>			January 19-20, 1975
C. <u>CONFERENCE HOSTS:</u>			Kansas City Division, Arthritis Foundation Kansas Regional Medical Program
D. <u>CONFERENCE SPONSORS:</u>			American Academy of Orthopaedic Surgeons Arthritis Foundation Participating Regional Medical Program
E. <u>AVAILABLE RESOURCES:</u>			<ol style="list-style-type: none"> <li>1. Travel/PerDiem of Participants: \$21,000 provided by 29 RMP's for participation of Coordinators, and Project Directors.</li> <li>2. Others (DRMP, Associations, etc.): Cost paid by organization</li> <li>3. Conference Site/Service Allowances: (Maximums)               <ol style="list-style-type: none"> <li>a. \$2,500 American Academy of Orthopaedic Surgeons</li> <li>b. \$2,500 Arthritis Foundation</li> <li>c. \$1,000 Kansas RMP, plus staff support</li> <li>d. Staff Support, KC Arthritis Chapter</li> <li>e. Staff Support, Div. Regional Medical Programs</li> </ol> </li> </ol>



(i) Abbreviations: AAOS Am. Acad. of Ortho. Surgeons  
 AF Arthritis Foundation  
 DRMP Div. of Reg'l Med. Programs  
 HM Hotel Muehlebach  
 KCAF Kansas City Arth. Chapter  
 KRMP Kansas Reg'l Med. Prog.  
 RMP Participating RMP program(s)

(ii) Footnotes: \* Indicates items which could be partially or wholly charged to participants.

1/ Items not required if costs covered by conference sponsors.

ITEMS	EST AMOUNT	PROPOSED SOURCES	COMMENTS (Typed = Spear; other write in or telephone Spear)
<b>F. ESTIMATED COSTS:</b>			
<b>1. Facilities:</b>			
Plenary room, school room style	0	HM	Blackboard & easel available in room
Conf. Admin. Room	0	HM	Outlets for typewriters, & tape player
6 Committee Rooms, Schoolroom style	0	HM	Blackboard & easel available in each room
Lunch Room 2 days	0	HM	
Dining Room 1 night	0	HM	
Sleeping Rooms for 120 - 150	\$17.00 single	RMP's, others	
	23.00 double	RMP's, others	
VIP Rooms (2 or 3)	0	HM	
Post-Conference Work Room (same as Admin. Room above)	0	HM	
<b>2. Services:</b>			
Paging	0	HM	
PA system, Plenary Room	0	HM	
Tape Recording, Plenary, Lunch, and Dinner Rooms	0	KRMP-KCAF	Presume hotel will also extend assistance in flight rescheduling, if necessary
Typewriters, typing	0	KRMP-KCAF	
Secretaries (2-5) (messengers)	0	KRMP-KCAF	
Reproduction equipment/services	0	KRMP-KCAF	
Pre-Conference- Post Conference Reproduction	0	DRMP	Re. Key Question sessions (see Conference Playscript), need fast service for reproduction of documents to go into workshops; also, re. workshop reports to be presented in Plenary.

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ITEMS	EST. AMOUNT	PROPOSED SOURCES	COMMENTS (Typed = Spear; other write in or telephone Spear)
3. <u>Travel:</u>			
* Representatives of 29 RMP programs	\$ 21,000	RMP's	
* Arthritis AD Hoc Review Committee (14 @ est. \$240.00 ea.)	\$ 3,400	Individual	
VIP's (est. 2 @ \$500 travel)	\$ 500	AAOS - AF	
Rep's AAOS, AF, DRMP, NIAMDD	0	Individual	
Special resource people, Est 3	\$ 750	AAOS - AF	
4. <u>Meals:</u>			
* Lunch (2 x \$4.50 x 120)	\$ 1,080	AAOS - AF	
* Dinner (1 x \$10.00 x 120)	\$ 1,200	AAOS - AF	Estimated at \$10.00/per as banquet; could be cheaper (\$8.50/per) if handled as a buffet "western".
* Cocktails (1 x \$1.25 x 240) VIP's, included above	\$ 350	AAOS - AF	Perhaps KCAF can get this tab picked up
Breakfast (2)	0	Individual	
* Coffee Breaks (3 times) Coffee \$0.35/serving Tea 0.35/serving Cake 0.40/serving	\$ 240	AAOS - AF	Prefer this be set up on 1 or 2 carts, in large urns; might be cheaper in this mode.

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1/ Items not required if costs covered by conference sponsors

ITEMS	EST. AMOUNT	PROPOSED SOURCES	COMMENTS (Typed = Spear; other write in or telephone Spear)
5. <u>Supplies:</u>			
Name Tags (150)	0	DRMP	May need to call on KRMP/KCAF if DRMP supply services balk at some of this.
Registration Books (2)	0	DRMP	
<u>1/</u> Meal Tickets (450)	0	HM	Re. 2 lunches, and 1 dinner. Would need if (a) sponsors don't desire to fully cover meal costs, and/or (b) there is is a question of the attendance at the dinner.
3" x 5" pads (500)	0	DRMP	
Plastic Bags (10)	0	DRMP	
Writing Paper (150)	0	DRMP	
Pencils (200)	0	DRMP	
Typing Paper } Est.	0	KRMP - KCAF	
Paper, Reproduction } 10	0	KRMP - KCAF	
Envelopes	0	DRMP	
Postage	0	DRMP	
Reproducing Agenda	0	DRMP	
Reproducing Dinner Program	0	DRMP	

## CONFERENCE ON PILOT ARTHRITIS PROGRAM

### Nature and Sequence of Events

Overall Conference Process: The conference is planned to proceed on the basis of development and discovery. That is, no preconference issue or position papers will be developed. The conference brings together professional individuals each of whom is informed generally on the overall program, and specifically with respect to the project(s) with which each is associated. The process will capitalize upon their collective past experiences in the health field, and the current experiences of the pilot arthritis program to: a) define and describe the program; b) identify salient features of note; c) explore its potential; and d) specify a number of feasible activities which can be undertaken individually and jointly to round out the pilot effort.

The deliberations in the conference will be by the pilot arthritis program leaders, about the parts, and the sum of the program. Thus, the only input papers required are those prepared by assigned program speakers; and special resource people and guests invited to make a formal presentation.

Conference outcome is dependent upon the will of the leading program participants with regard to: a) improved program comprehension; b) identification of program potentials; and c) specification of actions which the assembly agrees to undertake.

Conference Program Playscript

Proposed

Comment

First Day, January 19

8:00 a.m. Registration

Sign-in books will be available on at least 3 tables, each table (book) representing a separate alphabetical group (e.g., a - i; j - r; s - z).

The names of the signers will be checked against a listing to identify unexpected attenders.

Signers will be handed:

1. a name tag (prepared preconference, insofar as possible), and
2. a piece of paper (possibly color coded) identifying the workshop the individual is assigned to.

3. Conference agenda

9:00 a.m. Call to Order

Chairman (who) calls meeting to order in Plenary Room

Assignments indicated by color coded, or symbol-marked, slips - need not carry the individual's name. The lists in the hands of the Registrars will indicate what assignment to hand each participant. The name tag can also carry a color mark, or symbol so loss of slip doesn't matter.

May be smoother if Dr. Brown (KRMP), or Mr. Waller (KDAF) convenes conference, and introduces Chairman

## Proposed

## Comment

Plenary room is arranged on a schoolroom basis (tables for all). At each place is:

1. writing pad
2. several 3" x 5" pads
3. a pencil
4. any background documents

Chairman makes welcoming comments.

Chairman makes introductions. Only 1 or 2 other people should be on the podium with the Chairman. Introductions may include special guests present, and individuals to contact for personal help.

Chairman makes short talk about conference purpose

Can be another person.

Chairmen summarizes agenda, pointing out pre-assignment of participants to workshops.

Can be another person.

9:30 a.m. Key Question Period

Leader introduced. Describes the purpose of this session; i.e., the experience of the total plenary group is being tapped to assist each subject workshop in completing its assignment.

The plenary session will be asked to respond to 2 or 3 "How" questions about each workshop subject (see section under each workshop).

## Proposed

## Comment

These are "knowledge" questions; the analytical factors of each subject must be developed within the workshop. (Average of 1% - 8% of such responses will turn out to be useable; imagery stimulation to workshop can be quite high, however.

Process: Leader will state one "How" question, and will indicate the time allowed to give answers (never over 2 minutes). Participants write their individual responses on the 3" x 5" pads, tearing off completed sheets (normally, one answer per page). Whatever comes to respondent's mind should be written down. At "TIME", ushers go down the aisles with plastic bags (marked to show what sheets they contain), and collect the 3" x 5" pages.

Ushers take the bags to the Administrative room, and return to Plenary with new marked bags.

Leader poses a second question, and the above process is repeated.

Need minimum of 2 professional people in Admin. Room to go over slips; such responses typically fall into categories. Professionals need to set up 2-3 categories per question, and select not more than 12 answers per category to be typed on the sheet for the workshop. After master sheet is typed, a copy is run for each member and delivered to workshop leader. There should not be pre-selection by the professionals--the novel, and the "different", is where this can pay off most.

It will not be catastrophic if these sheets reach the workshops after they have convened

## Proposed

## Comment

Process is repeated until all "How" questions for the 1st day are completed.

This is a demanding exercise on participants. It is proposed that; a) not more than 3 questions be posed at one time; b) question groups of up to 3 questions each be interposed between program presentations described immediately below.

10:30 a.m. Coffee Break

Coffee - tea - cokes, available in hall-way, or at back of Plenary Room on 2 - 3 carts.

10:45 a.m. Reassemble in Plenary Room

Presentation of 3 or 4 representative pilot arthritis programs by Coordinator, or Project Director Speakers. Short time allotted to each (15 - 20 min.) is offset by the fact that participants already have in hand a program summary (these were called for by DRMP by memo November 11, 1974).

See above. Fatigue factors associated with, a) answering questions, and b) listening to speakers can be reduced by interspersing the two.

E.g., 3 questions	15 min.
1 speaker	15 min.
3 questions	15 min.
1 speaker	15 min.
Coffee Break	15 min.
3 questions	15 min.
1 speaker	15 min.
3 questions	15 min.
1 speaker	15 min.
	<u>135 min.</u>

12:00 Noon - LUNCH

Two (2) short presentations on special subjects.

Suggested:

1. Demographic applications
2. Evaluating chronic disease programs

Recommend Mr. Lynn, Director Michigan RMP  
Recommend speaker from Am. Soc. State  
Territorial Health Offices



## Proposed

## Comment

1:30 p.m. Convene Workshops

- A-1 Physician Education
- A-2 Paramedical Education
- A-3 Patient Education
- A-4 Demographic Factors
- A-5 Arthritis Services
- A-6 Service deployment

Each member of each workshop has available in the workshop room:

1. Statement of instructions and charge
2. "How" responses pertinent to this workshop.

AAOS and AF should recommend workshop leaders.

Secretarial service available in Admin. Room to type up Workshop reports insofar as time permits before presentation.

A typed workshop report is required in all cases - either from tape recording of Plenary report or from Workshop Chairmen's notes.

3:30 p.m. Coffee Break3:45 p.m. Reassemble in Plenary Room

- a. 15 min reports from each of six (6) workshops.
- b. Plenary discussion of reports.
- c. Plenary vote/resolution on any positions, or actions conference decides to take.

If appropriate, Chairman either

1. designates an individual to follow up conference action notes, or
2. designates a group.

Schedule and reporting responsibilities must be established.

--- Adjourn

Proposed

Comment

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6:00 p.m. Cocktails

7:00 p.m. Dinner

If speaker desired, can schedule

- a) Cranston, or similar, or,
- b) David Rogers, or similar

## Proposed

## Comments

Second Day, January 20, 19758:00 a.m. Convene in Plenary Room8:05 a.m. Key Question Period

Same as 1st day, but relating to 2nd Day's workshops.

Recommend interspersing with talks (see below) as indicated above for 1st day.

Schedule is shortened on the 2nd day. This can be accommodated by alternatetively, or jointly:

1. asking fewer questions,
2. banking on more efficient operations, given 1st day's experience; and/or,
3. sliding schedule downward a bit.

8:30 a.m. Presentation of Special Programs

Select 3 or 4 from:

1. Michigan geriatric program
2. Galveston minimal care unit
3. North Carolina industrial detection program
4. One of the Wisconsin studies:
  - a. Patient/family education
  - b. Quality of nursing care.
5. New Mexico, or Hawaii discussion of techniques to mobilize lay people.
6. Physician from Philadelphia to briefly highlight pediatric aspects of the pilot initiative.
7. Kansas, Alabama, or other RMP outline of program impact on physician at secondary level of service.
8. Virginia, Utah, or other outline of impact on physician at primary level of service.
9. Summary by Dr. Evelyn Hess on automated reporting opportunities.
10. Other

If some of these which cannot be scheduled in program are of sufficient interest, maybe desirable to request selected RMP's to submit "abstracts" on these subjects as background papers for the conference.

Proposed	Comment
<u>9:30 a.m. Coffee Break</u>	
<u>9:45 a.m. Workshops Convene</u>	
B-1 Evaluating physician training B-2 Evaluating paramedical training B-3 Evaluating patient training B-4 Evaluating program services B-5 Evaluating special studies B-6 Establishing continuing work groups to follow through on conference recommendations	Who are the key people who are <u>must</u> participants in these workshops?  What alternative sequence of workshops might be better?
<u>11:30 a.m. Reassemble in Plenary</u>	
Workshop reports	
<u>1:00 p.m. Lunch</u>	
2 short talkson alternative funding opportunities.	
<u>2:30 p.m. Reassemble in Plenary</u>	
Conference consideration of workshop reports; resolutions or voting on positions, or follow up actions	
<u>3:30 p.m. Plenary Continued</u>	
Resolution or voting on overall conference positions, or activity plans.	
<u>4:00 p.m. Adjourn Conference</u>	
-- Post conference: KRMP, KDAF, AAOS, AF, and DRMP representatives must meet in Admin. Room to resolve -- wrap up specific conference cost and action requirements.	

WORKSHOP A - 1

Guides and Instructions

Subject: Physician Education

Chairman: \_\_\_\_\_

Recorder: \_\_\_\_\_

Workshop Product: A document which describes: physician education generally undertaken across the country under the pilot arthritis program; indications of potential problems, as well as techniques and opportunities to enhance success; suggestions regarding maintenance of program quality to improve chances for continuity support; indications of subject areas, or training methodology which appears to be potentially most fruitful; the kind of documentation it may be feasible to obtain to record the overall pilot training activities; the recommended source of forms, or format; recommendation of who should centrally, or otherwise collect this information; recommendation as to who should receive this information, and how it should be disseminated.

The workshop report should be dictated in the Administration Room if it is too long to write and have typed for the Plenary report. The Plenary report will necessarily have to be a summarization, but all specific recommendations will have to be acted on in a Plenary session.

Discussion guides: Program description and development.

What:

- a. physician education activities are being undertaken in the pilot arthritis program.
- b. existing curricula are being employed
- c. new curricula are being developed
- d. is the approximate ratio of physicians being reached respectively at the tertiary, secondary, and primary levels of practice.
- e. distinctions, if any, are indicated in methodology, and/or curricula in reaching different categories of physicians.
- f. degree of physician service upgrading is being accomplished through: increased knowledge; patient referrals; consulting teams; increased utilization of Allied Health, and lay personnel.
- g. are the major problems in obtaining physician cooperation and participation in pilot programs.
- h. measures are effective in overcoming resistance, or problems.
- i. Other:

How: (discussion will be reinforced by responses obtained in Plenary session)

- a. can physician resistance to involvement in arthritis treatment be overcome.
- b. can teaching methodologies and curricula be made widely available.
- c. can individual projects obtain assistance, or counsel on program problems.

WORKSHOP A - 2

Guides and Instructions

Subject: Allied Health Education

Chairman: \_\_\_\_\_

Recorder: \_\_\_\_\_

Workshop Product: A document which describes: Allied Health education generally undertaken across the country under the pilot arthritis program; indications of potential problems, as well as techniques and opportunities to enhance success; suggestions regarding maintenance of program quality to improve chances for continuity support; indications of subject areas, or training methodology which appears to be potentially most fruitful; the kind of documentation it may be feasible to obtain to record the overall pilot training activities; the recommended source of forms, or format; recommendation of who should centrally, or otherwise collect this information; recommendation as to who should receive this information, and how it should be disseminated.

The workshop report should be dictated in the Administration Room if it is too long to write and have typed for the Plenary report. The Plenary report will necessarily have to be a summarization, but all specific recommendations will have to be acted on in a Plenary session.

Discussion guides: Program description and development.

What:

- a. Allied health education activities are being undertaken in the pilot arthritis program.
- b. existing curricula are being employed
- c. new curricula are being developed
- d. is the approximate ratio of allied health being reached respectively at the tertiary, secondary, and primary levels of practice.
- e. distinctions, if any, are indicated in methodology, and/or curricula in reaching different categories of
- f. degree of allied health service upgrading is being accomplished through: increased knowledge; patient referrals; consulting teams; increased utilization of Allied Health, and lay personnel.
- g. are the major problems in obtaining allied health cooperation and participation in pilot programs.
- h. measures are effective in overcoming resistance, or problems.
- i. Other:

How: (discussion will be reinforced by responses obtained in Plenary session)

- a. can involvement of the community's allied health population be increased.
- b. can allied health capabilities be optimized.
- c. can physician extension through utilization of allied health personnel be maximized.



WORKSHOP A - 3Guides and Instructions

Subject: Patient Education

Chairman: \_\_\_\_\_

Recorder: \_\_\_\_\_

Workshop Product: A document which describes: patient education generally undertaken across the country under the pilot arthritis program; indications of potential problems, as well as techniques and opportunities to enhance success; suggestions regarding maintenance of program quality to improve chances for continuity support; indications of subject areas, or training methodology which appears to be potentially most fruitful; the kind of documentation it may be feasible to obtain to record the overall pilot training activities; the recommended source of forms, or format; recommendation of who should centrally, or otherwise collect this information; recommendation as to who should receive this information, and how it should be disseminated.

The workshop report should be dictated in the Administration Room if it is too long to write and have typed for the Plenary report. The Plenary report will necessarily have to be a summarization, but all specific recommendations will have to be acted on in a Plenary session.

Discussion guides: Program description and development.

What:

- a. patient education activities are being undertaken in the pilot arthritis program.
- b. existing curricula are being employed
- c. new curricula are being developed
- d. is the approximate ratio of patients being reached respectively at the tertiary, secondary, and primary levels of practice.
- e. distinctions, if any, are indicated in methodology, and/or, curricula in reaching different categories of patients
- f. degree of patient service upgrading is being accomplished through: increased knowledge; patient referrals; consulting teams; increased utilization of Allied Health, and lay personnel.
- g. are the major problems in obtaining patient cooperation and participation in pilot programs.
- h. measures are effective in overcoming resistance, or problems.
- i. Other:

How: (discussion will be reinforced by responses obtained in Plenary session)

- a. can patient education be made more broadly available.
- b. can patients be stimulated to make better use of their special education.
- c. can patient support services (psychological, and other) be improved.

WORKSHOP A - 4

Guides and Instructions

Subject: Demographic Factors

Chairman: \_\_\_\_\_

Recorder: \_\_\_\_\_

Workshop Product: A document which describes: general demography principles, and how they apply generally, or selectively to the pilot arthritis program; best or selected demographic techniques which can be applied to this chronic disease program; sources for assistance or information about developing demographic data; recommendation for any appropriate overall program demographic data accumulation; method; who should do it; where should they report it; how should it be disseminated.

The workshop report should be dictated in the Administration Room if it is too long to write and have typed for the Plenary report. The Plenary report will necessarily have to be a summarization, but all specific recommendations will have to be acted on in a Plenary session.

Discussion guides:

What:

1. are the principal demographic characteristics of the existing pilot arthritis initiative.
2. evidence exists that the profile, or pattern, of care made available to arthritics now might be modified by the pilot arthritis initiative.
3. are the demographic factors which affect the efficacy of care delivery at tertiary, secondary, and/or primary levels of practice.
4. opportunities exist to obtain significant demographic data from the pilot arthritis initiative.
5. correlation exists if any, between demography and a) level of care, b) access to care, c) involvement of Allied Health and others in care delivery.
6. is the evidence, if any, between demographic factors and the pattern of practice through which care is delivered.
7. demographic factors should project leaders be particularly sensitive to with respect to program outcome.

How: (discussion will be reinforced by responses obtained in Plenary session)

1. can a demographic profile of an arthritis patient group be simply developed.
2. can demographic profile of an arthritis treatment service area be obtained.
3. can demographic information be utilized to improve the delivery of care.

WORKSHOP A - 5

Guides and Instructions

Subject: Arthritis Services (types)

Chairman: \_\_\_\_\_

Recorder: \_\_\_\_\_

Workshop Output: A document which describes: the various kinds of arthritis services being developed under the pilot arthritis program; the pattern of emphasis on the respective types of services; the degree to which any pattern is the result of particular characteristics of the grant program; the impact of such characteristics with respect to a) constraint on service continuation, or b) presenting improved opportunity for service continuity; discernible impact of the grant-supported "profile" on personnel requirements, costs, broadened services, funding opportunities; recommendations with regard to documentation of the service profile, how, by whom; what information should be made available to the professions; how.

Discussion guides: Program description and development.

What:

- a. different arthritis services are being undertaken under the pilot arthritis grant program.
- b. are their respective frequency rankings.
- c. impact might the nature and frequency of service types have in terms of short-term, or long-term personnel requirements, costs, patient care needs, etc.
- d. services appear to possess higher likelihood of attracting continuation support.
- e. kinds of support may be attracted.
- f.
- g. cost-saving factors or practices are various service type amenable to.
- h. other

How: (discussion will be reinforced by responses obtained in Plenary session)

- a. can new arthritis services be integrated with local and state health programs
- b. can service types best be compared to identify the most viable under existing circumstances.
- c. can different service types be effectively merged to reduce personnel and other costs.

WORKSHOP A - 6

Guides and Instructions

Subject: Arthritis Services (deployment)

Chairman: \_\_\_\_\_

Recorder: \_\_\_\_\_

Workshop Product: A document which describes: the services being developed under the pilot arthritis program; any apparent differences in services with respect to geographic, demographic, or institutional distinctions; strengths or weaknesses inherent in locating specific types of services in particular sociologic, political or other environments; effective service deployment patterns in terms of grades, or levels of service; characteristics of services which can be effectively located outside institutioned or metropolitan centers; any service size, or intensity effects resulting from different deployment patterns; principal management concerns of deployment; recommendations concerning deployment of arthritis services.

Discussion guides: Program description and development

What:

- a. is the overall pattern of deployment of services in the pilot arthritis program
- b. are the major differences if any, between this deployment, and the pre-grant picture
- c. are the major shortcomings and strengths of these deployments
- d. are the implications of service deployment via or vis service to different classifications of arthritis patients.
- e. are the implications of deployment with respect to providers.
- f. deployment is not being developed, but should be.
- g. key lessons about service deployment should the pilot program be looking for.
- h. who should spearhead such introspection.

How: (discussion will be reinforced by responses obtained in Plenary session)

- a. can the deployment of arthritis services be made more attractive to care providers.
- b. can the efficacy of service deployment be simply rated, or measured.
- c. can local communities attract, or stimulate wider service deployment.

WORKSHOPS, Second Day (B-1 through B-6)

Development deferred pending discussion and resolution of draft material submitted.

Suggestions and comments should include recommendations about the titles of these workshops, and the critical questions which should be addressed. (See p. 13).



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

BUREAU OF HEALTH RESOURCES DEVELOPMENT

December 9, 1974

TO COORDINATORS OF 29 REGIONAL MEDICAL PROGRAMS WITH FUNDED ARTHRITIS PROGRAMS; PILOT ARTHRITIS PROJECT DIRECTORS; AD HOC ARTHRITIS REVIEW COMMITTEE MEMBERS; AND REGIONAL HEALTH ADMINISTRATORS (for information, only).

SUBJECT: Announcement of a Conference on RMP Pilot Arthritis Program, January 19, and 20, 1975.

We are pleased to announce that a conference on the pilot arthritis program presently funded through grants in 29 Regional Medical Programs will be convened.

Dates: Sunday, and Monday, January 19-20, 1975

Place: Hotel Meuhlebach and Towers  
Baltimore and Wyandotte at 12th Street,  
Kansas City, Missouri 64105  
(Res. 816/471 - 1400)

The conference will begin early Sunday morning, and will continue until about 4:00 p.m., Monday afternoon.

A block of rooms has been reserved for conference participants for Saturday and Sunday nights, January 18-19. Single rooms are \$17.00 a night, and doubles are \$23.00. Reservations should be made personally.

Conference Hosts are the Kansas Regional Medical Program, and the Kansas City Division, Arthritis Foundation.

Conference Sponsors are the American Academy of Orthopaedic Surgeons, the Arthritis Foundation, and the participating Regional Medical Programs.

The purpose of the conference is to bring together decision-making individuals associated with the pilot arthritis programs to expedite exchange of experiences and problems, facilitate development of mutual assistance activities, and to identify feasible activities which may be undertaken to enhance program quality, and document the pilot arthritis initiative.

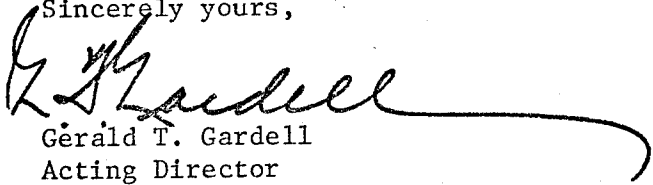
It is planned to conduct much of the conference in a workshop format. Thus, it is necessary to limit attendance to the number of key program representatives which can be accommodated in a specified number of committee work groups. It is requested that designated alternates be permitted to attend the conference on behalf of Coordinators and Project Directors who cannot attend.



Travel and per diem costs associated with this conference are appropriate obligations under arthritis project coordination and evaluation activities, if funds are available. Followup activities which do not constitute program enlargement, including arthritis program surveillance, reporting, coordination, and evaluation, were recommended by the National Advisory Council at its June 1974 meeting. The ongoing RMP responsibility for these functions is recognized, and the earmark ceiling on pilot arthritis activities is not considered by us to be violated when arthritis is subjected to the same administrative overview as is addressed to other RMP programs.

We would appreciate your completing and returning the enclosed statement of intent to assist development of the conference program. If you have questions about the conference, please contact Mr. Matthew Spear (301/443-1916).

Sincerely yours,



Gerald T. Gardell

Acting Director

Division of Regional Medical Programs

Enclosure

Date: \_\_\_\_\_

Matthew H. Spear  
Division of Regional Medical Programs  
Parklawn Building, Room 15-42,  
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Dear Mr. Spear:

I plan to attend the pilot arthritis program conference in Kansas City,  
on January 19-20, 1975.

My principal interests are: (please number in priority sequence)

Educational activities

Physicians \_\_\_\_\_

Paramedical \_\_\_\_\_

Patients \_\_\_\_\_

Other (Specify)

Program delivery

Demographic aspects \_\_\_\_\_

Types of Services \_\_\_\_\_

Service distribution \_\_\_\_\_

Program reporting

Program evaluation

Funding alternatives

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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