



REGIONAL MEDICAL PROGRAMS SERVICE

Meeting with Arthritis Committee on RMP
February 9, 1974

Proposed Discussion Plan

Moderator: Mr. Cleveland (Bob) Chambliss
Acting Director, RMPS, HRA

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|---|--------------------------|
| A. Introduction of Attendees
Arthritis Committee
RMP Coordinators
RMPS Staff | Mr. Chambliss |
| B. Objectives of the Meeting | Mr. Chambliss |
| C. How - Why Arthritis in RMP Appropriation | Mr. Ward |
| D. Overview of the Status & Needs in Arthritis | Dr. Engleman |
| E. Review of RMP Program Development | Mr. Peterson |
| F. RMP Organization & Practices | Mrs. Silsbee |
| G. Financial Processes & Problems | Mr. Gardell |
| H. Legislative Matters | Mr. Baum |
| I. Program Problems | Mr. Chambliss &
Staff |
| J. Defining/Developing Arthritis Program | RMP - ARA Discussion |

Note: If discussion is needed beyond 12:00 o'clock, the meeting will reconvene in this room when the ARA participants complete their other meeting. All who can stay over are invited to participate in these further discussions.

DISCUSSION GUIDE

Meeting on Arthritis

8:30 am February 9, 1974

Bethesda Holiday Inn, Library 7 (7th Floor)
8120 Wisconsin Ave

<u>Discussion Area</u>	<u>Discussion Leader</u>	<u>Notes</u>
A. INTRODUCTIONS	Discussion Leader Mr. Chambliss	
1. Arthritis Committee		
2. RMP Coordinators		
3. RMPS Staff		
B. OBJECTIVES OF THE MEETING	Mr. Chambliss	
1. To exchange information and perspectives on Arthritis in the RMP setting.		
2. To identify Arthritis program objectives and activities		
3. To discuss major policies		
4. To discuss the schedule of grant applica- tions and review processes		

COMMENT:

The meeting was originally scheduled for end at Noon, because our visitors have another mid-day meeting. In view of the many matters we have to discuss, Dr. Engleman and Mr. Spear have agreed to continue discussions this afternoon, if more time is needed. All of you are invited to continue your participation in the extended meeting this afternoon, if your schedules permit. To assure that we hear the views of everyone, I propose that we proceed as follows:

- I will ask Mr. Ward to generally discuss how the Arthritis language got into the Senate appropriations language.
- Then, I will ask Dr. Engleman to give us an overview of the concept of an Arthritis Center, and the status of Arthritis resources around the country.
- Then, I will ask our Staff members to discuss background, procedures and requirements of the RMPS.
- Finally, we shall undertake more detailed discussions about

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the Arthritis Program which should be undertaken--- objectives, operational emphasis, and program criteria. This is the part that may require more time this afternoon. We want to be sure to tap your expertise and experience while we have this opportunity for face-to-face conversation.

I hope that we can proceed in a very informal manner, and that everyone in the room will feel free to contribute to all conversations. Each person should feel free to ask questions, or interject clarifying, or illustrative comments at any time. Of course, if anyone has a prepared statement, we will be glad to hear that, and defer comments and questions until after the statement.

C. HOW ARTHRITIS LANGUAGE GOT IN THE RMP APPROPRIATION Mr. Ward

- 1. Sequence of events
- 2. Basis of the \$4.5 million figure
- 3. RMP concept of Arthritis Program.

(\$4,275,000 net to program)

D. OVERVIEW OF THE FIELD OF ARTHRITIS Dr. Engleman

- 1. Concept of an Arthritis Center
- 2. Present status of Arthritis resources
- 3. Salient needs to advance, or improve program.

E. REVIEW OF RMP PROGRAM DEVELOPMENT Mr. Peterson
(Handouts: Fact Book; Mission Statement; P.L. 91-515)

- 1. Summary history of RMP, and milestones of the program
- 2. Organization of RMP's
- 3. Expanded authority of 1970 amendments (kidney, primary care, quality of care, 910, contracts, etc)

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4. Program phaseout announcements, extensions, possible program deadlines.	(Peterson, con't)	
F. DESCRIPTION OF RMP ORGANIZATION & PRACTICES (Handouts: RAG-Coordinator-Grantee Relationships; Training Policy)	Mrs. Silsbee	
1. Organization		
a. Grantees: fee-standing vs university, or other.		
b. RAG structure & role		
c. Technical committees		
d. Coordinator & staff roles, and operational projects		
e. Number of operating RMP's, & staffing.		
2. Review Process		
a. RMP accreditation		
b. Technical & RAG reviews; local review process		
c. CHP & RO roles, and differences 904 vs 910		
d. Headquarters reviews; Council involvement.		
1) Direct RMPS or other Federal review of special project classes; e.g., kidney, EMS, HMO, Probably Arthritis.		
G. FINANCIAL PROCESSES AND PROBLEMS (Handout: Listing of RMP's, and Grantees)	Mr. Gardell	
1.		
1. \$46.5 million awarded through June 30.		
2. Suit and Court Order		
3. Release of 1973 impoundment and balance of 1974 funds.		
4. Relaxation of June 30 termination date.		
5. No RMP's in Ohio, and Delaware -- problems		
6. RMP interests affected by releases of large sums --- interest in other program.		
7. Expanded program vs new program considerations		

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H. LEGISLATIVE PROSPECTS	Mr. Baum	
1. Roy, Rogers, Hastings bill		
2. Possible HEW, or other bills		
3. Known proposals would terminate RMP, CHP, and Hill-Burton, and replace these with new program focused on facility & service planning & cost containment		
4. Be aware of opportunity to mesh RMP arthritis program with Cranston Bill.		
I. BASIC PROBLEMS ASSOCIATED WITH ARTHRITIS PROGRAM	Mr. Chambliss & Staff	
1. Timing, working backward from 6/30/74		
2. Location of Program financing		
3. Applications status --- are any being written now? How many should we expect?		
4. Likelihood of good program results if funds are limited to one year		
5. Ability of Centers to continue activities after Federal funds are terminated.		
6. Probable application forms, and reports.		
7. Review, negotiation & awards.		
J. DEFINING & DEVELOPING THE ARTHRITIS PROGRAM	RMP and ARA joint discussion	
1. Meaning of appropriation language --- to what extent must we let this limit our outlook?		(Financial & strategic need for tight, well-run programs.)
2. Arthritis Program Objectives --- what is it that we specifically intend to do?		
3. What is the scope, and variety of resources now in place on which we can build?		
4. What are the needs in Arthritis?		
a. Prioritize them.		
b. Classify them as long term/short term.		
c. Classify them as achievable within 12 - 18 months.		

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5. What is an Arthritis Center?NormalOptimal

- location
- purpose
- governing body
- contact with State/local agencies
- services
- staffing
- single/multiple facility
- geographic, professional, or other boundaries
- relationship with other, related services or resources
- non-physician participation

- 3 basic RMP needs:
- a. Objectives, and how they can be met.
 - b. Program outline, to focus activities and improve counseling.
 - c. Criteria, evaluation of administration, services and product.

6. Program roles of non-center resources & services

- a. Should we consider other applicants?
- b. Should there be special contracted studies?
- c. Shall affiliations be required?
- d. What referral channels are needed?
 - 1) How can this be achieved?
- e. What Arthritis training/education is needed outside the Center?
 - 1) How can this be achieved?
 - 2) To what extent can lay persons be trained/used in delivery of services?
 - 3) What continuing education is needed?

7. Involvement of other Professions

- a. Who are they?
- b. Where are they, as a general pattern?
- c. How can they be made to feel a part of the act?
 - 1) Should we require their input in application development? If so, how?
- d. How can professional resources be brought to bear on the stated needs?
 - 1) Orthopedic surgeons
 - 2) The Therapists

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- 3) Community hospitals & clinics
- 4) Private clinics
- 5) Public leaders, and consumers

8. Advisory Groups

- a. What, if any, are needed?
- b. Where, and for what purpose?
- c. Who shall they be (membership)?
- d. Is there a role for a "mini peer assessment" group to review and report on program progress?
- e. Is there a role for travelling consultant groups to consult, advise, demonstrate?
- f. How can any of the above which are desirable, and feasible, be called into being?

9. Program requirements

- a. Given implications of above considerations, and other considerations, what shall be the requirements to which grant applications must be responsive?
 - 1) Location
 - 2) Purpose
 - 3) Existing resources/competencies
 - 4) Participation
 - a) Professional
 - b) Community
 - c) Other
 - 5) Outreach measures
 - 6) Coordination of services
 - 7) Training
 - 8) Reporting
 - 9) Budget
 - 10) Other

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10. What are the criteria by which applications shall be evaluated?

11. What are the values, or measures by which programs progress shall be evaluated?