



E000658



UNITED STATES GOVERNMENT

Memorandum

NIH-OD-OPP

TO : Surgeon General PHS

DATE: December 24, 1964

FROM : Director, NIH

SUBJECT: The factors of importance in considering PHS plans in respect to the President's Commission Report on Heart Disease, Cancer and Stroke

We have discussed within the Office of the Director, NIH, the broad implications of the President's Commission Report and the specific problems of developing a concept of action to accomplish the primary recommendations relating to the creation of the so-called "national network." The alternative concepts of action which have thus far been developed, seem to cover the range of broad possibilities in respect to the manner in which the Federal Government might undertake the implementation of these major recommendations. It seems clear that the preferable alternative is that which preserves to the maximum the established relationships through which the Federal Government normally acts in accomplishing public purposes in the nonfederal sector. Such an approach would also seem to require the least legislative addition in terms of new authorities to support the necessary Federal action.

While these alternatives constitute an appropriate set of "first cut" considerations they, by no means, constitute wholly adequate solutions to all the problems which the recommendations of the Commission pose. Even the fifth alternative devised following the meeting in your office on December 22 has many unsatisfactory aspects. We have attempted a further variation of this fifth alternative (attached) to cope with certain of the incomplete aspects in the first version of this alternative, but even this latter version leaves much to be desired. Even so, it is worthy of serious consideration as a means of refining our ideas about the essential framework through which Federal action can be taken to achieve the objectives of the Report.

Whatever alternatives are considered, it is my very strong feeling that we need to have clearly in mind certain principles which it is imperative not to violate, diminish or contravene. The extent to which these principles are recognized and preserved in the development of a plan of action should be our measure of its desirability and supportability. As I see it, these imperatives are of the following nature:

1. The direct relationship between Federal agencies and institutions of research and education in the achievement of basic Federal objectives must be sustained. Thus there should be no intervening of any other agency or instrument between the Federal Government and these institutions in achieving the Federal purpose.

2. Federal action to improve quality and quantity of health services available to the population ought to the maximum extent possible be integrated with the whole pattern of medical and health care services at the state and local level rather than in the form of discrete and separate actions or entities.

3. Federal support of the training and educational processes and institutions of higher education ought not to be subdivided or otherwise partitioned when there is no basis for such differentiation in the educational process in terms of the setting and content in which the training takes place.

4. The development of strong centers of research and education, their qualitative enhancement and their geographic dispersion must be undertaken as an end in itself and not as a dependent consideration of their relationship to any particular categorical program action. Thus the creation of additional centers of excellence is a matter requiring direct and purposeful effort not in the context of heart disease, cancer and stroke regional centers but in the interest of developing the most effective framework of national resources for teaching and research.

5. The problem of manpower for accomplishment of national objectives must be viewed in two parts. The need for professional and technical manpower by the substantive research training and service activities to be undertaken constitutes one essential requirement; the need for management and program direction manpower constitutes the other essential requirement. Failure to recognize the dual nature of these manpower requirements will be fatal to the execution of the Commission's objectives.

I believe that if we keep these important considerations in mind in examining the pros and cons of alternative approaches our sense of judgment in respect to the preferable alternatives will be sharper and more sound. Obviously there are other matters of importance to be kept in mind in connection with this new and extraordinary effort in the interests of better health as a whole and the control of heart disease, cancer and stroke problems specifically. In many respects we will have to feel our way quite cautiously and in this circumstance it is all the more important to have a clear sense of what we ought not yield in considering any course of action.

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NIH Variations on Alternative Number 5

This alternative would provide a framework for the accomplishment of the recommendations of the President's Commission concerning the establishment of a national network for dealing with heart disease, cancer and stroke in a manner which would seek to achieve the essential objectives of the Report but would also utilize the established relationships through which the Federal Government deals with the university, medical schools and research institutions on the one hand, and state and local agencies on the other. In essence, the first three recommendations of the President's Commission Report deal with (1) the concept of a national network of centers and stations, (2) the development of centers of strength in respect to research, teaching and specialized services, (3) an array of diagnostic and treatment stations engaged primarily in the provision of services but serving also an educational and informational function at the local level. The Report envisages a close working relationship between the centers and stations.

The accomplishment of these basic objectives could be brought about through the following arrangements:

1. The establishment of a national advisory group to the Public Health Service to undertake, in conjunction with the PHS and through appropriate consultation with the states, the development of a framework of regions or service areas for the Nation. This framework of service areas would constitute the basic grid within which the efforts to establish regional centers and diagnostic and treatment stations would

take place. Some such advisory group was envisaged in the Commission's Report in its discussion of recommendations 1 and 2. The regions of service areas developed through this mechanism would be individual states, parts of states, metropolitan areas or groups of two or more states, the basic determinant of the grouping being existing teaching and research facilities, population distribution and the pattern of normal economic, social, and governmental relationships.

2. Given this national grid or framework of service areas, responsibility then could be placed upon an appropriate state governmental agency in each state to (a) carry out the necessary state, interstate, and intrastate planning to determine the location of diagnostic and treatment stations in the state; (b) identify the most suitable and appropriate relationships between these stations and regional centers of research, teaching, and specialized services; and (c) to oversee the operations of the network as it relates to the provision of health services and the conduct of extension education.

3. The conduct of this state and local planning activity would envisage the establishment of an advisory group or commission for each regional area made up of representatives of the centers of research, training and service in the state, practicing physicians, and the public at large, to assist in the determination and coordination of these activities.

4. The Federal Government would work directly with the major research teaching and centers of medical activity in the enhancement and enlargement of these centers as an overall framework of national resources in research, education, and high quality services as an end in itself. In addition a special program of grants would be available to encourage and support the activities of those centers directed toward regional relationships with the framework of diagnostic and treatment facilities in the provision of specialized professional assistance and extension education services to such stations. In providing support for the regional service and educational activities of these institutions, a criteria of award would be the extent to which such proposals conform to and implement the regional plan developed under 2 and 3 above.

Through these arrangements the Federal Government would undertake:

1. To provide for the development of an overall national plan for improving and extending the quantity and quality of services available for heart disease, cancer and stroke and the regional framework within which this would be accomplished.

2. To utilize a framework of state, interstate, and intrastate mechanisms for regional planning relating to the establishment and operation of diagnostic treatment stations and the relationship of these stations in respect to health service and educational activities to centers of research and education.

3. To provide support for the construction, equipping and operation of diagnostic and treatment stations to the extent that such proposals are compatible with the regional plan.

4. To provide funds to major research, teaching and service institutions to serve a centers in the provision of specialized services, educational functions, and to extend professional assistance and educational services to the regional framework of diagnostic and treatment stations, a criteria for such support being the extent to which the activities proposed conform with the regional plan.