



E000713

PROFILE

ROCHESTER REGIONAL MEDICAL PROGRAM

Grantee: University of Rochester School of Medicine and Dentistry

Coordinator: Ralph C. Parker, Jr., M.D.

Originally Prepared by: Ray Maddox
Operations Officer

Original Date: October 1969

Updated: _____

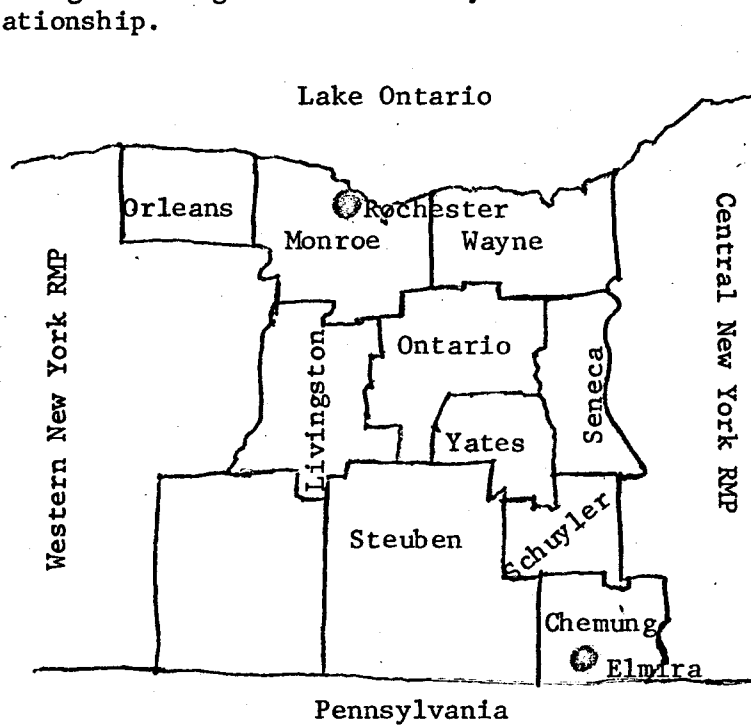
ROCHESTER REGIONAL MEDICAL PROGRAM
PROFILE

Table of Contents

- I. Geography
- II. Demography
- III. Politics
- IV. Historical Review
- V. Core Staff
- VI. Organization
- VII. Operational Project History

I. GEOGRAPHY

The Rochester Regional Medical Program includes ten counties in the Western part of New York State. It is bordered on the West by the Western New York Region and on the East by the Central New York Region. The Region presents a spectrum of health care situations, including rural practice, small community health problems, the medium-sized city with its more sophisticated health care, and finally, the complex relationships of a metropolitan area with its medical schools and affiliated hospitals. Despite these differences there is easy communication and wide acquaintanceship among administrators and physicians because of the long standing medical society-medical school-hospital council relationship.



Land Area: 6,836 Square miles

II. DEMOGRAPHY

- A. Population: Roughly 1,060,000
1. Roughly 66% Urban
 2. Roughly 97% White
 3. Median Age: 33.1 years (N. Y. State) U. S. Average 29.5
- B. Land Area: 6,836 square miles
- C. Health Statistics:
1. Mortality rate for heart disease - 428/100,000
 2. Rate for cancer - 162/100,000
 3. Rate for CNS vascular lesions - 112/100,000
- D. Facilities Statistics:
1. University of Rochester School of Medicine and Dentistry - 4-year school, enrollment of about 286
 2. There are 12 schools of nursing in the Region
 3. There are two schools of medical technology, one school of cytotechnology, and 10 schools of X-Ray technology
 4. There are 30 hospitals within the Region (2 Federal, 28 non-Federal (two State operated), containing 12,272 beds
- E. Personnel Statistics:
1. As of 1962, there were 1,973 physicians (including DO's) in the Region for a rate of 185/100,000
 2. As of 1962, there were a total of 9,108 (5,589) nurses in the Region for a rate of 823/100,000

III. POLITICS

A. Governor:

Nelson A. Rockefeller (R) Five year term with no limit

B. Senators:

Jacob K. Javits

Committee Memberships: Labor and Public Welfare
Joint Economic Committee
Select Committee on Nutrition
and Human Needs

Charles E. Goodell

C. Representatives:*

1. Howard Winfield Robison (R), Thirty-Third District
(Counties: Broome, Chemung, Tioga, Tompkins)

Committee Membership: Appropriations

2. Samuel S. Stratton (D), Thirty-fifth District
(Counties: Cayuga, Chenango, Cortland, Montgomery,
Ontario, Otsego, Seneca, Yates)
3. Frank Horton (R), Thirty-Sixth District
(Counties: Parts of Monroe, Wayne)
4. Barber B. Conable, Jr., (R), Thirty-seventh District
(Counties: Part of Monroe, Genesee, Livingston,
Orleans, Wyoming)
5. James F. Hastings (R), Thirty-eighth District
(Counties: Allegany, Cattarugus, Chautaugua,
Schuyler, Steuben)

1

3

* Includes only those Representatives who have a portion of their District within the Rochester Region.

IV. HISTORICAL REVIEW

- March, 1965 - RMP is discussed by Monroe County Medical Society. It was decided that the University of Rochester School of Medicine and Dentistry take leadership role in the regional medical program plannings.
- October, 1965 - Patient Care Planning Council of Rochester and Rochester Regional Hospital Council, Inc. endorse University of Rochester School of Medicine and Dentistry as grantee of an RMP planning application.
- October, 1965 - Dean of University of Rochester School of Medicine and Dentistry appoints Planning Committee on Regional Medical Programs for Heart Disease, Cancer and Stroke. Dr. Ralph C. Parker, Jr., formerly Medical Director of the Rochester Regional Hospital Council, serves as full time Secretary.
- January 1966 - Mr. Frank Hamlin, past president of Rochester Regional Hospital Council is appointed Chairman of RAG.
- October 1966 - First year Planning Grant Award in the amount of \$246,394 (dc) is made to Region. University of Rochester School of Medicine and Dentistry is designated as Applicant Organization and Dr. Ralph C. Parker, Jr. is listed as Coordinator. The grant period is October 1, 1966 through September 30, 1967.

October to September, 1967 Highlights of First Planning Year

1. Conference on program analysis and epidemiology held at University of Rochester School.
2. Dr. Parker and Dr. Bates take part in the Health Service Research Seminar at Johns Hopkins School of Hygiene and Public Health in Baltimore.
3. Dr. Ralph Parker attends meeting of Coordinators of RMP's in Bethesda.

4. Dr. Parker speaks at Annual Meeting of Districts 7 and 8 Branches of the Medical Society of State of New York.
5. Dr. Parker writes article on RMP for Bulletin of the Monroe County Medical Society.
6. Dr. Dickinson W. Richards, Emeritus Professor of Medicine, Columbia University, visits University of Rochester Medical School to discuss Regional needs and planning in the field of pulmonary disease and related problems in Regional planning for cardiology.
7. A feasibility study of a registry of patients in and discharged from coronary care units is in progress.
8. Dr. Chloe Alexson, Cardiologist in the Department of Pediatrics of the University of Rochester School of Medicine, starts survey on the handling of newborn infants with congenital heart disease, and on current management of congenital heart disease in the Region.
9. Dr. Siris Amiri, Department of Pediatrics, conducts survey of the effectiveness of rheumatic fever prophylaxis programs in the Region.
11. Weekly Oncology Conference organized at Strong Memorial Hospital.
12. A Syllabus on Clinical Oncology: A Multidisc approach was proposed by the Clinical Cancer Training Committee.
13. Dr. Marion Emerson and Dr. David Rush conducting an extensive study of Evaluation of Rehabilitation in stroke patients.
14. The recruiting stage of the program is phasing into the stage of intensified planning.
15. Since the need for pilot projects under operating grants is becoming apparent, operating grant applications are being prepared.

July, 1967 - Josephine Cray, Associate Professor of Nursing and member of the Planning Committee, joins RMP staff.

July, 1967 - Dr. Barbara Bates joins staff to direct planning for a multiphasic screening program.

September, 1967 - Second year Planning Continuation Application is submitted to DRMP.

September, 1967 - A new Operational Application is submitted to DRMP. The application contained the fine operational projects listed below:

1. Professional Nurse Training in Coronary Care.
2. Physician training in Coronary Care and General Adult and Pediatric Cardiology.
3. Registry of patients in and discharged from Coronary Care Units.
4. Regional Program in Problems of Coagulation and Anti-Coagulation.
5. Development of Community Hospital Application of Determination of Cardiac Output by Electrical Impedance Plythsmography.

November, 1967 - Second year planning continuation awarded of \$218,255 (dc) for the period 11/1/67 through 10/31/68.

November, 1967 - Site visit to the Region for the purpose of discussing new operational application. Dr. Clark Millikan of Mayo Clinic represented the National Advisory Council.

March, 1968 - First year Operational Award is made in part to the Region. Approval is given for projects number 1 thru 4. Project No. 5 was disapproved. Project period 3/1/68 to 2/28/69.

March, 1968 - Supplemental Operational Award is made to support a training program of Coronary Care Unit Managers - \$71,339 (dc) Project No. 6

July, 1968 - Supplemental Operational Award of \$324,295 is made for Projects No. 7, Early Disease Detection, No. 8, Continuing Education Program in Cerebravascular Disease in Rochester Area, No. 9, Regional Clearinghouse on Cancer, No. 10, Statistical and Evaluation Unit.

August, 1968

- An Operational Supplement containing eight new projects is submitted to DRMP. The supplement contained the following projects.

- Project #11 Telephone EKG Consultation
- Project #12 Automated Cancer Registry
- Project #13 Decentralized Regional Cancer Education Program
- Project #14 Development of a Stroke Team
- Project #15 Neurologic and Rehabilitation Nursing
- Project #16 Physician Training in Chronic Renal Disease
- Project #17 Chronic Renal Disease Nursing
- Project #18 A Program for patients with Diabetes Mellitus

November, 1968

- Supplemental Operational Award. This award is actually the 03 Planning Year. (core only) It was changed to an Operational Supplement and given a 16 month Award so that the Planning and Operational Program could merge together on 2/28/70.

Total 16 month Award - \$403,209.

January, 1969

- Site visit to the Region to review Operational Projects 11 thru 18.

February, 1969

- Council reviews and recommends approval for Supplemental Projects Nos. 11 (part A only) 13, 14, 15, 16, 17 and 18. Part B of Project Nos. 11 and 12 are defined. NO new funds are made available for the projects.

March, 1969

- 02 Operational Continuation Award-\$577,732 (dc)

August, 1969

- Council reviews and recommends approval for Project 11B - Transmission of EKG's for remote computer analysis and Project No. 12 - Automated Cancer Registry. Project No. 19 - Evaluation of Methods of Breast Cancer screening in high-risk populations was disapproved. No new funds were made available for the approved projects.

V. CORE STAFF

A. Core Staff Address: Rochester Regional Medical Program
University of Rochester School of
Medicine and Dentistry
260 Crittenden Boulevard
Rochester, New York 14620

Phone: Area Code 716 275-4540

- B. The Core Staff provides for overall coordination of all Regional Medical Program activities.
- C. The current Core Staff consists of a total of twenty-five positions, of which fourteen are full-time and the remainder part-time. The per cent of effort for the part-time persons ranges from 20 to 75 per cent.
- D. Of the 25 positions on the Core Staff budget, 18 are administrative and the remainder secretarial.
- E. As of August 1, 1969, there were six unfilled positions on the Core budget. These unfilled positions include four administrative and two secretarial.
- F. The great majority of the Core Staff are also affiliated with the Medical Center.
- G. The next page diagrams the members of the Rochester Regional Medical Program Core Staff, and the percent of time with RMP.

BIOGRAPHICAL INFORMATION

- 1) Ralph C. Parker, Jr., M.D. - Director
 - a. Born - 1910, Batavia, New York
 - b. B.A. Union College - 1933
 - c. M.D. Harvard Medical School - 1937
 - d. Internship - Norfolk Naval Hospital, Portsmouth, Virginia
 - e. Retired U.S. Navy, Rear Admiral - 1957
 - f. Medical Director, Rochester Regional Hospital Council 1957-65
 - g. Clinical Association Professor of Medicine, University of Rochester and Dentistry, and Sr. Assoc. Physician, Strong Memorial Hospital - 1957
 - h. Coordinator, Rochester Regional Medical Program - 1966

- 2) Thomas Christopher Hall, M.D. Director, Cancer Program
 - a. Born 1921 - New York, N.Y.
 - b. Harvard College and Harvard Medical School 1940-49 (Magna Cum Laude)
 - c. Intern in Medicine - Peter Brighham Hospital, Boston 1949-50
 - d. Clinical and Research Fellow, Massachusetts General Hospital Boston 1951-53
 - e. Teaching Fellow in Medicine, Harvard Medical School, Boston
 - f. Director, Oncology Division, Medical Services, Lemuel Shattuck Hospital, Boston 1957-62
 - g. Director of Career Program, RRMP and Professor of Medicine (Oncology) 1968

- 3) Thomas E. Cardillo, M.D. - Director, RRMP Heart Disease Program
 - a. Born 1924 - Rochester, N.Y.
 - b. B.A. - University of Rochester 1949
 - c. M.D. University of Rochester School of Medicine 1951
 - d. Intern - Strong Memorial Hospital 1951-52
 - e. Assistant Resident - University Hospital of the Good Shepard 1952-53
 - f. University of Rochester School of Medicine and Dentistry, Cardiopulmonary Lab. 1954-65
 - g. Director of Heart Disease Program, RRMP 1968

- 4) Gaetano F. Molinari
 - a. Born 1936 - New Jersey
 - b. B.S. Holy Cross College 1953-57
 - c. M.D. - New Jersey Medical College 1961
 - d. Medical Intern - Buffalo General Hospital 1961-62
 - e. Assistant Resident - Medicine Cleveland Metropolitan General Hospital 1962-63
 - f. Director of Stroke Program, RRMP 1968

VI. ORGANIZATION

A. Regional Advisory Group

1. Original RAG was appointed by the Dean of University School of Medicine & Dentistry. Members are now appointed by the Chairman of the RAG.
2. Term of office is indefinite
3. Currently has 30 members from throughout the Region and includes 10 physicians, 3 nurses, 2 hospital administrators, 1 social or behavioral scientists, and 12 lay representatives. (Business or Managerial)
4. The Chairman is Frank Hamlin, past president of the Rochester Regional Hospital Council. Mr. Hamlin is presently serving as president of a large farm machinery company.
5. The RAG meets as necessary.
6. Functions: (a) approve goals & priorities (b) evaluates ongoing programs (c) approves applications.

B. Planning Committee

1. Currently has a total of 17 members.
2. Members are appointed by the Dean of the University of Rochester School of Medicine & Dentistry.
3. The Chairman is Dr. Lawrence E. Young, Chairman of the Department of Medicine at University of Rochester.
4. Meetings are monthly.
5. Functions: (a) determines policy (b) reviews all project proposals (c) approves the guidelines for the RRMP (d) passes on the acquisition of personnel.

C. Study Committees

1. Currently there are 3 study committees- Heart - Cancer- and stroke.

2. There are a total of 46 members on the three committees-
Heart - 18 Cancer - 16 Stroke - 12
3. Membership is determines by the Chairman of the
Planning Committee, the Coordinator, and the program
director with the advice from the Planning Committee.
4. The Chairman of the Study Committees are ex officio
members of the Planning Committee.

VII. OPERATIONAL PROJECTS

SUPPORT OF RECONSTRUCTION AND EQUIPPING OF FACILITIES FOR USE AS A LEARNING CENTER FOR PROJECTED TRAINING PROGRAMS RELATED TO HEART DISEASE, CANCER, AND STROKE - Helen Wood Hall (Project #1)

To renovate space for training nurses and physicians to use coronary care units, and other continuing education programs that might be developed. Self-instructional equipment, resuscitation models, furniture, etc. would be purchased.

POSTGRADUATE TRAINING PROGRAM FOR PHYSICIANS (Project #2)

To provide continuing education for physicians in the latest techniques and equipment for preventing and treating cardiac patients. In-service training, short-term graduate courses, circuit consultation, conferences, etc. will be supported.

REGISTRY OF PATIENTS WITH ACUTE MYOCARDIAL INFARCTION (Project #3)

To analyze the information listed on a standard form regarding persons admitted to hospitals with acute myocardial infarction. This data will be discussed during training programs and used in evaluating other projects. IBM computer time will be rented.

ESTABLISHMENT AND SUPPORT OF A REGIONAL LABORATORY FOR THE EDUCATION AND TRAINING IN THE CARE OF PATIENTS WITH THROMBOTIC AND HEMORRHAGIC DISORDERS - ROCHESTER GENERAL HOSPITAL (Project #4)

To establish a center where physicians and technicians will receive training and a well-qualified consultancy staff will be available.

INTENSIVE COURSES IN CORONARY CARE NURSING FOR PROFESSIONAL NURSES (Project #6)

This project will provide training courses for nurses in the management of coronary care units. Four intensive courses of four weeks duration each will be offered annually. These courses will be conducted at the University of Rochester Medical Center by the Department of Nursing. Nurses will be trained both to staff CCU's as well as develop training programs in CCU's within the Region. Instruction will include didactic content, laboratory demonstrations and practice, and clinical experience.

EARLY DISEASE DETECTION (Project #7)

To provide multiphasic screening for selected populations throughout the Region. Initial efforts would be implemented at Strong Memorial Hospital and be based in the Outpatient Clinic on a pilot or demonstration basis. The applicant outlines the service, educational, and research and evaluation objectives of this proposal. A methodology for implementation is also presented. It is estimated that 5,000 patients will be screened during the first year.

CONTINUING EDUCATION PROGRAM IN CEREBROVASCULAR DISEASE FOR PHYSICIANS IN THE ROCHESTER AREA (Project #8)

To provide six or more different educational opportunities for practicing physicians in the pathophysiology, symptomatology, physical and laboratory diagnosis, complications, management, rehabilitation and prevention of the common types of cerebrovascular and related diseases. A curriculum is presented for what is described as in-service training to be available at Strong Memorial Hospital. In addition, continuing education programs, consultation services, special lectures, and conferences or workshops would be inaugurated in peripheral hospitals.

REGIONAL CLEARINGHOUSE ON CANCER (Project #9)

The purposes of this project include the development of a variety of methods for gathering data about cancer, the continuous identification of unmet needs, and the establishment of different communicative media for the dissemination of cancer information to health care personnel and other appropriate groups. The data to be gathered will include a broad spectrum of medical, consultative, educational, social service, community resources and like information. The Clearinghouse would be administered by the Regional Medical Program with professional staff services provided by the Medical Center.

STATISTICAL AND EVALUATION UNIT (Project #10)

The purposes of this project would be to gather and analyze health data for use in program planning, assist in the evaluation of the regional medical program in improving medical care, and consult with individual projects in the design of evaluation protocols. The project would be administered by the regional medical program and staff would be professional supervised through the Department of Preventive Medicine and Community Health.

TELEPHONE ELECTROCARDIOGRAPH CONSULTATION (Project #11)

Would provide for long distance transmission of electrocardiographs.

AUTOMATED CANCER REGISTRY (Project #12)

This project proposes the unification of present fragmented cancer registries through the development of a single automated registry. Full utilization of the registry is planned and described in nine different but related areas. These include the collection and analysis of data, identification of need for more intensive diagnostic or therapeutic or educational areas, appropriate return of information to physicians, and the like.

DECENTRALIZED REGIONAL CANCER EDUCATION (Project #13)

Would support oncology programs in affiliated teaching hospitals. Physician and nursing personnel would be provided to develop activities in tumor boards, teaching clinics, consultation services, and the like.

DEVELOPMENT OF A STROKE TEAM (Project #14) (Approved but not funded)

Stroke teams would be established at Strong Memorial Hospital and at Monroe Community Hospital to provide for continuity of care from the acute phase through rehabilitation.

NEUROLOGIC AND REHABILITATION NURSING (Project #15)

Partially decentralized program would be established at a hospital in Elmira which would include bedside teaching opportunities in other community hospitals. Short-term courses, circuit courses, clinical conferences, and other educational programs are planned.

PHYSICIAN TRAINING IN CHRONIC RENAL DISEASE (Project #16)

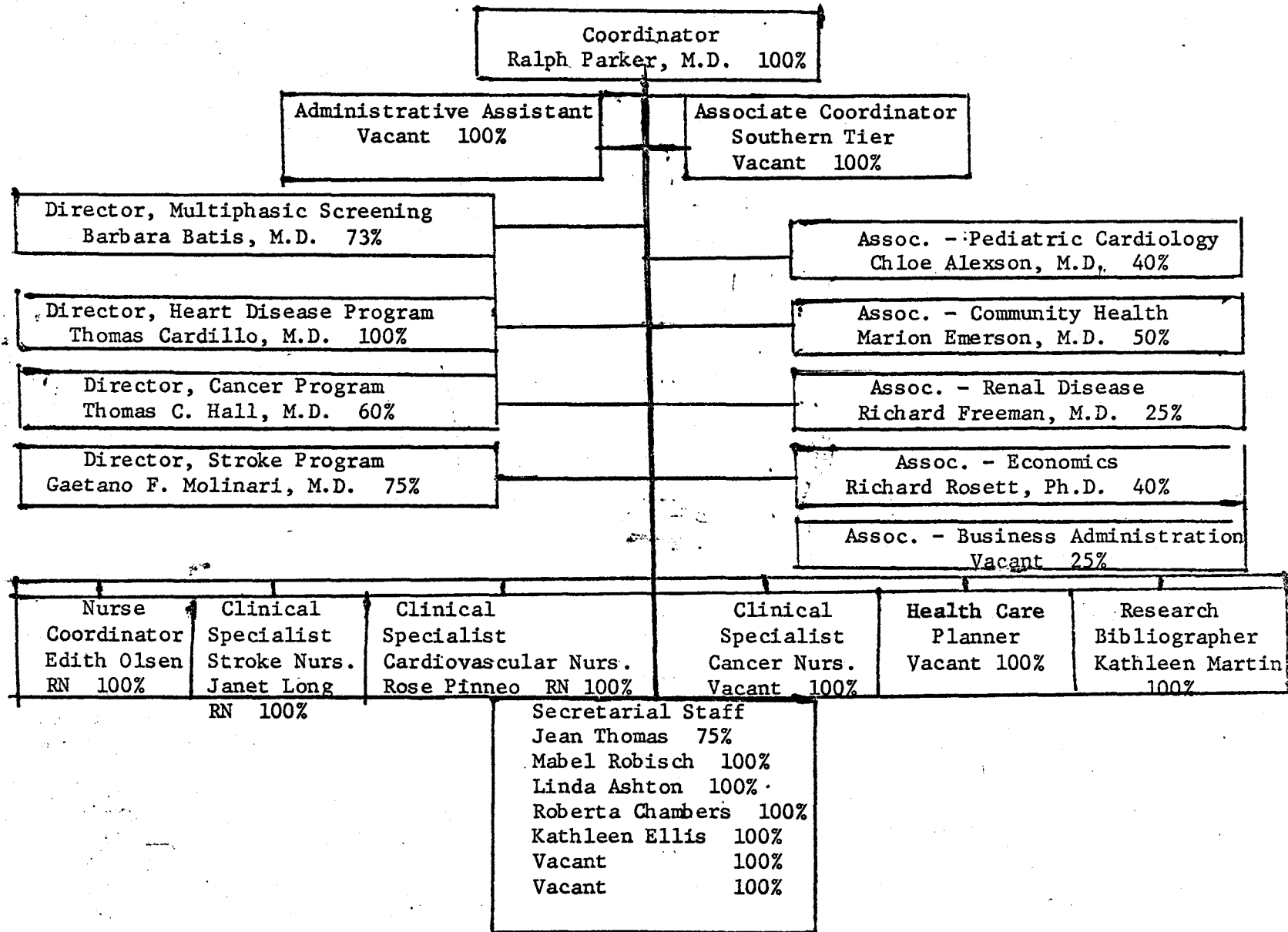
Monthly, three-day tutorial programs (for one physician each) would be made available to primary physicians. Information about chronic renal disease, conservative therapy, dialysis, and transplantation would be given.

CHRONIC RENAL DISEASE NURSING (Project #17)

Two one-week courses in transplantation, and two two-week courses in dialysis will be offered annually. In addition, circuit courses, conference days, and consultation services are planned.

A PROGRAM FOR PATIENTS WITH DIABETES MELLITUS (Project #18)

Program of patient education, professional education, and periodic medical evaluation of patients to assess diabetic control would be initiated.



APPENDIX

- I. Listing of Regional Advisory Group Members**
- II. Curriculum Vitae of Major Staff**