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REGIONAL MEDICAL PROGRAMS

STATUS REPORT

February 16, 1968

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REGIONAL MEDICAL PROGRAMS
STATUS REPORT

Grants Awarded

Nineteen months have elapsed since the award of the first ten planning grants, effective July 1, 1966. Planning grants have now been made to all but one (Puerto Rico) of the 54 Regional Medical Programs and this application is presently under review. In a majority of the Regions (34), planning has been underway for a year or longer.

Initial operational grants have also been made to eight Regions. In addition, seven other Regions have submitted operational grant applications which are currently under review. And it is anticipated that another 8-10 Regions may submit operational grant requests by June 30, 1968.

Funds awarded to date for planning grants total over $37 million; and approximately $10.5 million has been awarded for operational grants. Pending requests -- operational and planning, new and continuation -- amount to over $14 million.

The largest first year planning awards have been made to the California and Greater Delaware Valley Regional Medical Programs -- between $1.5 and $1.6 million each. The Texas and Michigan Regional Medical Programs received the next largest first year planning awards -- close to $1.3 million each.

Over-all, the amount per capita funded for the 53 first year planning grants averaged about 11 cents. For the eight operational awards made to date, the average per capita funding is about 50 cents.

The percentage of the Nation's population covered by these eight operational awards is about 10%. The seven additional operational applications which are now under review include an additional 17% of the population. (See Table 1)

Regional Size and Population

The 54 Regions vary widely in size and population. The largest, in terms of population, is California with 19 million persons. The smallest is Northern New England with about 600,000 persons. The average size is 3.7 million persons and the median is 2.7 million. (See Table 2)

As initially defined for planning purposes, 31 Regions are essentially coterminous with State boundaries. Twelve Regions include all or parts

of two or more States. Eleven Regions are parts of single States; six of these are in New York and Pennsylvania. There continues to be substantial overlap among the Regions as tentatively defined.

Sponsorship of Regional Programs

In almost every Region medical schools were principal participants in the development of the planning applications; in about 20 cases, medical societies were key early contributors; and health departments were also involved in a similar number of instances. Both hospital associations and individual hospitals were also early contributors.

University medical schools have emerged as the coordinating headquarters for 30 Regional Medical Programs. A newly organized non-profit organization has assumed this responsibility in 15 instances and medical societies in 5. (See Table 3)

At this stage in the development of Regional Medical Programs, it is possible to pinpoint the nature and extent of the many participating institutions and organizations in a general way. For this type of analysis to be meaningful, participating organizations must include more than those agencies which actually receive Federal grant funds. Organizations and institutions are participating in the planning process by serving on Regional Advisory Groups and task forces and subcommittees, by conducting special planning and feasibility studies, by developing operational projects and by directly participating in operational projects.

Studies of current available data show that over 1700 organizations are participating in one way or another in Regional Medical Programs. They include the Nation's medical schools, State and local medical societies, hospital associations, and official and voluntary health agencies. Hospitals make up the largest single group of participating institutions (about 800). A more detailed breakdown appears in Table 5.

As planning proceeds and operational programs develop, more specific information will become available. A preliminary analysis of the first five awarded operational programs indicates that approximately 25% of the hospitals, with 40% of the beds, in those Regions were participating in the program.

Regional Advisory Groups

Total membership of Regional Advisory Groups has risen from about 1600 in mid-1967 to 1900. The average size of membership of Regional Advisory Groups has steadily increased. It is now 36. The largest Advisory Group has 111 members and the smallest only 11.

The most notable change has been the percentage of public members. In the early groups, this was about 10% and it is now about 15%. Approxi-

mately half the present membership is physicians. The remainder includes hospital administrators and other health workers, voluntary health agency representatives, and public health officials. (See Table 4)

Chairmen of the Regional Advisory Groups include medical school officials, practicing physicians, public members, and others, which include State and county health officers, officials of voluntary health agencies, and hospital officials.

Program Coordinators

To date, 44 of the Regions have full-time leadership, either as Program Coordinators or Directors. These men come from a variety of source and backgrounds. Approximately 36% come from the world of medical education; 27% come from the private practice of medicine; about 22% come from various segments of public health administration; and the remaining 15% come from voluntary health and professional associations.

Program Staffs

The staffs of the Regional Medical Programs are increasing rapidly. It is estimated that they now number about 1800. On the basis of the available information it is estimated that about a third of the total are professional personnel, another third are technical and other supporting personnel and another third are secretarial and clerical.

About 40% of the professional staff are full-time. Over 70% are devoting more than half their time to this work.

In addition, most Regions are heavily involving consultants in this activity. These come from university departments and schools, and official, professional and voluntary agencies.

An analysis of the backgrounds of the principal staff personnel indicated that about half are from the medical center, a fifth from private practice of medicine and 10% each from other university departments, official health agencies and voluntary health agencies.

Planning Activities

Previous reports have indicated that the original planning applications essentially anticipated three major areas of activity, in addition to the organization of the RMP planning and administrative resource itself:

- Strengthening of communications and relationships among the participating organizations.
- Collection and analysis of data on resources and problems.
- Design of initial operational approaches.

The first annual reports indicate that these approaches have generally been followed, although there have been alterations, in particular as staff was recruited and conditions changed.

A great deal of the first year's effort was focused on developing "cooperative arrangements". Most of this work included large numbers of conferences and discussions. Most Regions reported visits by staff personnel to local hospitals and other community agencies to discuss the nature and objectives of the program. In some cases, members of the Regional Advisory Groups participated significantly in this effort.

The development of task forces and subcommittees of the Regional Advisory Group has been a key mechanism for achieving broader participation in planning. About 45 Regions report such committees, with an average of six committees per region. It is estimated that approximately 2500 people other than Regional Advisory Group members and RMP program staff are serving on these subcommittees. About 24% of the individuals are practicing physicians, 41% are from the medical centers, 10% are allied health, 7% are hospital administrators, 7% are public officials, 6% are from voluntary health agencies, and 5% are members of the public.

Local, community-oriented planning groups are being developed to sutdy and propose activities to meet community needs and to strengthen regional relationships among and between local institutions and with the medical center. Approximately 250 such groups have been identified to date. Most of these are based out of community hospitals and include representatives of the hospitals, health professions, and other community leaders. About 40 of these groups are based out of county medical societies which are working with other community leaders in developing local plans and studies.

The first annual reports and continuation grant applications indicate that the Regions are doing or plan to do studies of the distribution of physicians and nurses, specialized clinical facilities, and disease patterns, patient referral patterns and continuing education and training programs and resources. Many Regions list dental manpower studies and analyses of allied health manpower. Library and communications facilities are also under study. In some cases, these activities are facilitated by the use of data available from one or more of the participating groups.

Feasibility studies are increasingly being developed by the Regions to test the efficacy of certain types of activities. Progress reports and second year continuation applications received to date from 34 Regions indicate over 170 such studies are underway or planned. Approximately 48% of these studies are in the area of continuing education and training, 39% are related to demonstrations of patient care and 13% are in research and development area.

Operational Programs

Eight Regions have been awarded operational grants totaling $10,471,994. (See Table 1). Seven additional Regions have operational grant applications now under review. Thse requests, including two supplementals, total approximately $9.5 million.

In the eight Regions with operational grant awards, the aggregate of operational projects and activities being undertaken indicate the following distribution of funds in terms of functional categories:

Functional Category	Percent of Award (100%)
Training and education	37%
Demonstrations of patient care	34%
Research and development	18%
Planning, coordination and administration	11%

It should be recognized that many of the operational activities do not fall neatly into one or another of the above functional categories since many of the activities combine program efforts. However, the above breakdown reflects the identifiable major emphasis of the activities. Taken as a whole, the operational projects within the eight Regions represent a broad scope of interrelated activities designed to help improve the organization and delivery of health services and to improve the medical and health capabilities and resources of the regions.

Operational Program Activities

A previous analysis of the program activities of the first five awarded operational grants (Albany, Intermountain, Kansas, Missouri and Wisconsin) indicated that in the Training and Education category, approximately 22% of the activity was geared to continuing education of physicians, and 8% was for nurses. Approximately 37% was for programs which utilize communications media (TV, radio, telephone), and 19% was for multiprofessional training programs. The remainder of this category included library and information retrieval programs, consultation programs, and training of health technicians.

In the Demonstrations of Patient Care Category, about 60% of the effort was in the area of heart disease and about 26% was for multi-phasic screening. Projects relating exclusively to cancer or stroke constituted about 14% of this activity.

Research aimed at gaining a better understanding of the organization and delivery of health services, including how health care delivery might be improved, and testing of bioengineering techniques, accounted for most of the activity falling in the Research and Development category.

Categorical Emphasis

An analysis of the eight operational grants awarded to date indicates that about three-fourths of the projects and activities have a distinct categorical emphasis. The breakdown between single and multi-categorical activities is roughly equal.

Disease Category	Percent of Awards (74%)
Single Disease Heart Cancer Stroke Related Diseases	38%
Multi-categorical (combined heart, cancer, stroke, and/or related diseases)	36%

The remaining 26% of operational funds are for activities undergirding entire Regional Programs. This includes providing basic facilities and resources, such as computer and communications networks, learning centers, information exchange programs, and programs in public education. It also includes a small percentage (11% of total funds) for coordinative and administrative functions.

TABLE 1

RMP AWARDS AND APPLICATIONS
(February 10, 1968)

	Funds Awarded		Pending Applications
Planning:			
1st year	$21,730,300		$ 246,307
2nd year	$15,638,173		$5,530,842
(Net New Money)*	($ 9,481,591)*		
Operational:			
Albany	$ 921,510	Central New York	$ 251,775
Intermountain	$ 2,038,123	California	$3,500,000
Kansas	$ 1,076,600	Missouri (Supplement)	$1,251,818
Missouri	$ 2,887,943	Metropolitan District of Columbia	$ 696,328
Rochester	$ 255,487	Kansas (Supplement)	$ 446,671
Tennessee Mid-South	$ 1,630,304	Mountain States	$ 206,913
Washington-Alaska	$ 1,032,003	New Mexico	$ 634,974
Wisconsin	$ 630,149	North Carolina	$1,570,067
		Oregon	$ 179,242
	$10,471,994		$8,737,788

* This figure represents the net amount of new second year planning funds awarded. Carryover funds from first year awarded planning grants, totaling approximately $6.1 million, bring the second year computed awards to $15.6 million.

TABLE 2

POPULATION OF PRELIMINARY PLANNING REGIONS
FOR REGIONAL MEDICAL PROGRAMS

Population Range	Regions
Less than 1,000,000	4
1,000,000 - 2,000,000	10
2,000,000 - 3,000,000	15
3,000,000 - 4,000,000	6
4,000,000 - 5,000,000	9
More than 5,000,000	10
TOTAL	54

TABLE 3

REGIONAL MEDICAL PROGRAMS
COORDINATING HEADQUARTERS AND GRANTEES

Type of Agency	Coordinating Headquarters	Grantees 1/
Universities	30	35
State	(25)	(26)
Private	(5)	(9)
Nonprofit Agencies	22	17
Medical Societies	(5)	(6)
Newly Organized Agencies	(15)	(8)
Other Agencies	(2)	(3)
State and Interstate Agencies	2	2
TOTAL	54	54

1/ The grantee differs from the coordinating headquarters when the Region requested this arrangement or the latter agency did not have the capability to assume formal fiscal responsibility.

TABLE 4

REGIONAL ADVISORY GROUP MEMBERSHIP
(January 1968)

	Number	Percent
Practicing Physicians	474	21.9
Medical Center Officials	306	15.6
Hospital Administrators	252	13.1
Vol. Health Agency Reps.	226	11.7
Public Health Officials	135	7.0
Other Health Workers	156	8.1
Members of Public	295	15.3
Other	135	7.0
TOTAL	1,929	100.0%

TABLE 5

INSTITUTIONS PARTICIPATING IN REGIONAL MEDICAL PROGRAMS 1/
February, 1968

Institution	Number Participating in RMP	Total	Percentage Participating in RMP
TOTAL	1743		
Medical School	103	103	100%
School of Public Health	13	16	81%
School of Dentistry	18	50	36%
Hospital	800	5700*	14%
State Medical Sooieties	52	52	100%
State Cancer Societies	51	51	100%
State Heart Associations	52	52	100%
State Hospital Associations	40	50	80%
Areawide Hosp. Plg. Agencies	30	80	38%
State Health Department	52	52	100%
State Nursing Association	30	52	58%
State Dental Association	29	53	55%
County Medical Societies	90	-	-
Other**	383	-	-

1/ For this analysis, "participating" is defined as membership on Regional Advisory Groups, subcommittees, and local planning groups. The only exception to this definition relates to participating hospitals, where participation was broadened to include operational projects.

*short-term, non-federal, general hospitals.

** The category "other" covers a wide variety of institutions which participating in RMP but which do not fall within the major categories listed above. They include such institutions as local hospital associations, county heart and cancer societies, allied health schools, Blue Cross-Blue Shield, professional organizations, and other public agencies, such as Department of Education.