
E001431

SPECIAL ACTION REQUEST
Colorado/Wyoming Regional Medical Program

Purpose: The purpose of this request is to raise the current recommended National Advisory Council level for the Colorado/Wyoming RMP from $1,102,346 to $1,252,346 effective July 1, 1972. This recommended increase of $150,000 is exclusive of any EMS or Community Based Manpower Educational System applications (out-of-phase supplements) which might be presented to this meeting of the Council membership.

Rationale of Request: The Colorado/Wyoming RMP was approved for Triennial status and was awarded developmental component funds by the November, 1971 NAC. At the time the Region submitted its application, a tight-funding policy was in existence since all Regions had suffered a 12% reduction some 4 months earlier. Because of this reason, the Colorado/Wyoming RMP had submitted a three-year application which requested a most conservative budget proposal. All activities which had been approved by the RAG were rated utilizing a priority system. This process allowed only 9 of the 24 approved activities to be included in the application in order for the request to stay within the limited funding forecasted for the Region. As a result, an additional 12-15 proposals could not be considered for funding during the first year of the Triennial which started January 1, 1972.

Additionally, at the end of this calendar year, only 3 of the 9 project activities currently being funded are due to terminate. These terminations will provide only $73,000 for new activities next year. Also, of paramount interest is the fact that several new activities have already been stimulated which have a direct bearing on the new mission of this Region. One such activity is entitled, "Student Health Program for Migrant Agricultural Workers and Rural Poor." This proposal has come about through the leadership of a Chicano who now serves on the RAG. This particular type of activity had been strongly recommended by the site visit team which had visited the Program in September, 1971.

Conclusion: RMPS staff are of the opinion that this Region is beginning to move and needs additional funds in order to pursue those activities which have been stimulated with developmental component funds. In view of the tight turn-around monies available next year, we feel that an increase of $150,000 (d.c.) for each of the next 2 1/2 years, starting July 1, 1972, would be a good investment. If approved, this Region would be receiving an increase of approximately 15% over the pre April 1971 level.

Respectfully submitted,

Mid-Continent Operations Branch
May 25, 1972

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 05 OPER. YEAR	06 YEAR COUNCIL RECOMMENDED LEVEL	06 YEAR REQUEST	RECOMMENDED FUNDING X SARP REV. COM.
CORE	932,846		1,020,400	
Sub-Contracts				
OPER. ACTIV.	415,757		**** 577,500	
DEVEL. COMP.	DISAPPROVED		134,860*⊛	Yes ( ) or No
EARMARKS:				
KIDNEY (#40)	111,826(dc)		(125,000)	125,000
Model Cities (#45)	52,810(dc)		(39,550)	
CBES #51			See Below *****	
RMPS DIRECT	1,348,603	1,800,000⊛	1,732,760	1,425,000**⊛
REQUESTED	2,750,577			
COUNCIL APPROVED LEVEL	1,800,000			
NON-RMPS and INCOME				

⊛ Under 2/8/72 NAC Policy, the approved NAC level for the first year of the Triennium prevails

*⊛ Withdrawn by KRMP

**⊛ PLUS kidney funds of $125,000

**** This amount includes $125,000 for #40 and $39,550 for #45

*****Pending is the following requests: CBES, $123,304 (for one year)

Current program request	1,732,760
CBES request	123,304
	$1,856,064

REGION KANSAS

June 1972, REVIEW CYCL

Revised 5/25/72

KANSAS REGIONAL MEDICAL PROGRAM
Anniversary Application within a Triennium

PART I

Staff Briefing Document

PART II

Kidney -- not applicable

PART III

Funding History (01-07 period)
KRMP Funding Statement
Summary of Core Feasibility and Planning Studies
KRMP Core Breakdown and EEO Breakdown
KRMP RAC and Committee Data

PART IV

KRMP Trip Report: Staff Visit
KRMP Trip Report: Staff Evaluation
Report: Meeting of Dr. Margulies, KRMP Staff

PART V

Advice Letter

PART VI

Management Assessment Visit -- not applicable

PART I

RMPS
STAFF BRIEFING DOCUMENT

REGION Kansas

OPERATIONS BRANCH ☐ Eastern ☒ Mid-Continent ☐ South-Central ☐ Western

TYPE APPLICATION: B LAST RATING

☐ TRIENNIAL Feb. 197 1 DATE

☒ 1st ANNIV YEAR ☐ SARP

☐ 2nd ANNIV YEAR ☐ REV. COM.

☐ OTHER ☒ OTHER Staff

BRANCH
Tel. No. 443-1790 Room 10-15

BRANCH CHIEF Michael J. Posta

BRANCH STAFF Mary E. Murphy

RO. REP. Ray Maddox

Last Mgt. Assm't Visit - 197

Chairman -

LAST S.V. Mar 4-5 197 1 ; Chairman Alexander M. Schmidt, M.D.

Staff Visits, last 12 mos. (Dates, Chairman's Name and Type of Visit)

/16/71 — Technical Site Visit - Comprehensive Nephrology Train. Prog. UKMC - Francisco Gonzales, M.D.
8/9-12/71 - KRMP Evaluation Visit - Harold O'Flaherty
5-26/72 Staff Orientation Visit - Mary E. Murphy and Frank Zizlavsky

MAJOR EVENTS WHICH OCCURRED IN THE REGION AFFECTING THE RMP SINCE ITS LAST REVIEW in May 197 1 :

KANSAS EVENTS

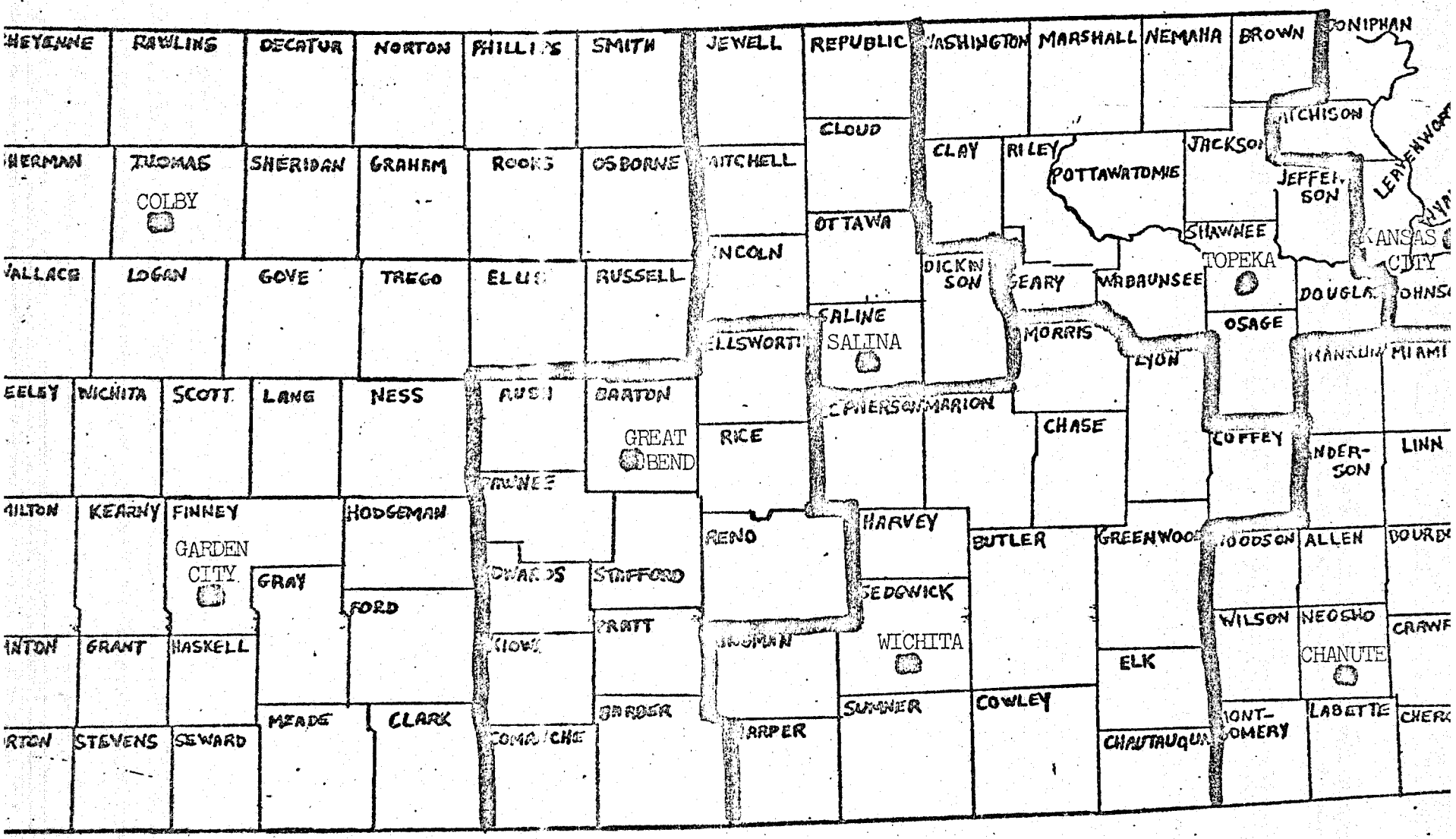
1. HMO Developmental Grant of $122,270 to Dodge City Medical Services Corporation (7/1/71)
2. Social and Rehabilitation Service Contract of $55,800 to Atchison, Topeka and Santa Fe Memorial Hospitals, Inc. to explore a possible HMO (FY '72)

RMP EVENTS

1. Mr. Ivan Anderson, former Director of Planning Services, Kansas Blue Cross-Blue Shield, Topeka; and Regional Advisory Council member, appointed KRMP Associate Director
2. Mr. Roy C. Hoe nominated and approved as Chairman, Regional Advisory Council. Mrs. Tom Gordon approved as Vice-Chairman.
3. Subregional Office changes: (1) Northwest (Colby) Coordinator resigned; (2) Flint Hill (Emporia) Coordinator resigned and office closed 7/71; (3) Central (Great Bend) Coordinator resigned 2/1/72; (4) Northcentral (Salina) Coordinator resigned. Coordinator replacements appointed to Great Bend and Salina.

KANSAS REGIONAL MEDICAL PROGRAM
Subregional Areas and Office Locations

July 1, 1971



KANSAS PROFILE

REGIONAL CHARACTERISTICS

DEMOGRAPHY
Kansas RMP encompases the State of Kansas (82,048 sq. miles)
Counties - 105
Congressional Districts - 5

POPULATION (1970 Census)
Total Population: 2,249,100
Population Density: 27 per sq. mile.
% Urban: 66
% Non-White: 6 (American Indians: 8,700)

AGE DISTRIBUTION
% Under 18 yrs.: 33
% 18 - 65 yrs.: 55
% 65 yrs. & over: 12

INCOME
Average Income per Individual (1970) - $3,804
U.S. Average - $3,910

MORTALITY RATES - per 100,000 (1968)

	Kansas	U.S.
Heart Disease	380.8	372.6
Cancer	157.2	159.4
Vascular Lesions (Afr. CNS)	115.4	105.8
All causes, all ages	970.0	965.7

FACILITIES AND RESOURCES

SCHOOLS
Medical School - Univ. of Kansas School of Medicine
1969/70 - Student Enrollment: 497
1969/70 - Graduates: 119
Professional Nursing Schools
19 Schools - 5 College Affiliates
Accredited Schools for Health Professionals
Cyto Technology - 3 (Hospitals: 1 -- Medical Centers: 2)
Medical Technology - 9
Radiologic Technology - 22 (Hospital or Medical Center Based)
Physical Therapy - 1
Inhalation Therapy - 3

HOSPITALS - Community General and V.A. General

	No.	Beds
Short Term	146	11,613
Long Term (special)	1	154
V.A. (General	2	947

MANPOWER
Physicians - Non-Federal M.D.s and D.O.s (1967)
Active: 2,388
Inactive: 292
Ratio: 106 active per 100,000 population
U.S. Rate: 132 per 100,000 population

M.D. Group Practices (1969)
Single Specialty: 24
General Practice: 21
Multispecialty: 45

Graduate Nurses

COMPONENT AND FINANCIAL SUMMARY -- ANNIVERSARY APPLICATION

COMPONENT	PREVIOUS YR'S AWARD 05 OPER. YEAR 7/1/70-6/30/71	CURRENT COUNCIL RECOMMENDED LEVEL	YEAR (06) REQUEST	RECOMMENDED FUNDING ☐ SARP ☐ REV. COM.
CORE and	932,846		1,020,400	
OPER. ACTIV.	415,757		577,500	
DEVEL. COMP.	DISAPPROVED		134,860 *	
EARMARKS:				
Kidney (#40)	111,826(dc)			
Model Cities (#45)	52,810(dc)			
RMPS DIRECT	1,348,603		1,732,760	
RMPS INDIRECT	413,441		414,387	
TOTAL RMPS	1,762,044		2,147,147	
NON-RMPS and INCOME	-			
TOTAL BUDGET	1,762,044		2,147,147	
REQUESTED	2,750,577			
COUNCIL APPROVED LEVEL	1,800,000			

*Withdrawn by KRMP

REGION Kansas
June 1972, REVIEW CYCLE

MARCH 17,1972

BREAKOUT OF REQUEST
06 PROGRAM PERIOD

REGION - KANSAS
RM 00002 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 PROGRAM CORE	$1,020,400				$1,020,400	$298,644	$1,319,044
* D000 DEVELOPMENT COMPONENT PROGRAM CORE				$134,860	$134,860		$134,860
001 GREAT BEND EDUCATIONAL PROGRAM	$60,000				$60,000	$22,320	$82,320
023 KANSAS MEDICAL LIBRARY SYSTEM	$45,000				$45,000	$11,665	$56,665
040 DEVEL OF COMPREHENSIVE NEPHROLOGY IPBG PROGRAM	$125,000				$125,000	$27,470	$152,470
041 CANCER INFORMATION SERVICE	$60,000				$60,000	$13,530	$73,530
042 CANCER CARE CONTINUING EDUCATION PROGRAM	$20,000				$20,000	$2,992	$22,992
044 NURSE CLINICIAN PROGRAM	$100,000				$100,000	$16,466	$116,466
045 MODEL CITY HEALTH MANPOWER DEVELOPMENT PROG	$39,500				$39,500		$39,500
046 HEALTH SERVICES TRAINING				40,000	$40,000	$4,800	$44,800
047 DIABETES DETECTION AND EDUCATION CENTER				$28,000	$28,000	$10,500	$38,500
048 PROBLEM ORIENTED MEDICAL RECORDS				$25,000	$25,000	$2,500	$27,500
049 SHARED MANAGEMENT ENGINEERING PROGRAM				$15,000	$15,000	$1,500	$16,500
050 HEALTH OCCUPATIONS PROMOTIONAL PROGRAMS				$20,000	$20,000	$2,000	$22,000
TOTAL	$1,469,900			$262,860	$1,732,760	$414,387	$2,147,147

*Withdrawn by KRMP

MARCH 17,1972

BREAKOUT OF REQUEST
07 PROGRAM PERIOD

REGION - KANSAS
RM 00002 06/72

RMPS-OSM-JTOGR2

	IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
	COCO PROGRAM CORE	$1,071,507				$1,071,507		$2,091,907
*	0000 DEVELOPMENT COMPONENT PROGRAM CODE				$173,276	$173,276		$308,136
	001 GREAT BEND EDUCATIONAL PROGRAM	$50,000				$50,000		$110,000
	023 KANSAS MEDICAL LIBRARY SYSTEM	$47,000				$47,000		$92,000
	040 DEVEL OF COMPREHENSIVE NEPHROLOGY IPUG PROGRAM	$116,050				$116,050		$241,050
	041 CANCER INFORMATION SERVICE	$62,380				$62,380		$122,380
	042 CANCER CARE CONTINUING EDUCATION PROGRAM							$20,000
	044 NURSE CLINICIAN PROGRAM	$102,815				$102,815		$202,815
	045 MODEL CITY HEALTH MANPOWER ED RECRUITMENT PROG	$41,000				$41,000		$80,500
	046 HEALTH SERVICES TRAINING				$44,000	$44,000		$84,000
	047 DIABETES DETECTION AND EDUCATION CENTER				$30,000	$30,000		$58,000
	048 PROBLEM ORIENTED MEDICAL RECORDS				$27,000	$27,000		$52,000
	049 SHARED MANAGEMENT ENGINEERING PROGRAM				$17,000	$17,000		$32,000
	050 HEALTH OCCUPATIONS PROMOTIONAL PROGRAMS				$22,000	$22,000		$42,000
	TOTAL	$1,490,752			$313,276	$1,804,028		$3,536,788

*Withdrawn by KRMP

REVIEW CYCLE June 197

OUTSTANDING ACCOMPLISHMENTS BY RMP since May 197 1

1. Regional Advisory Council redirected Program activity from a project oriented direction to one with major emphasis on improvement in the distribution of medical care services through regionalization.
2. KRMP had an active role in data compilation on which were based the plans for establishment of the Univ. of Kansas School of Medicine at Wichita State Univ. (WS pending Kansas Legislation. KRMP actively assisted WSU College of Health Related Professions in getting underway and supports it in part.
3. Negotiations are underway to develop several cities, in addition to Wichita, as Area Health Education or Area Health Service Centers, namely, Topeka, Salina, and Hays.
4. Bylaws of Regional Advisory Council to KRMP amended Oct. 2, 1971 to include the category of Ex-officio Membership; to represent Veterans Administration, CHP "b" agency, and Kansas Dental Association.
5. Dr. Brown has consulted freely with area physicians involved in HMO, EMS, and AHE(activities. His assistance has been commended.

PRINCIPAL PROBLEMS

1. Dr. Brown's mode of communication, especially to subregional staff has presented a problem. He has also limited LAG input into the establishment of regional goals and objectives.
2. RAC relies heavily on Dr. Brown for direction of the Program and for setting goals objectives, and priorities.
3. Kansas has severe medical manpower problems throughout the state.
4. One subregional office has closed and coordinators have resigned in three additio offices. Dr. Brown does not view the fact as a failure or subregionalization how

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ISSUES REQUIRING ATTENTION OF REVIEWERS

1. Communication to the subregions, staff and LAG requires improvement.
2. Relative to the setting of policy, priorities, goals and objectives:
   a. RAC should assume more leadership
   b. Priorities should be based on the available data base
   c. Core staff's expertise should be more readily utilized.
3. The Developmental Component's entire emphasis is directed toward Area Health Education, Science, and Service Centers. Should it be so restricted?

Mary E. Murphy, Chairman

Participants:

Michael J. Posta (MCOB)
Frank Zizlavsky (MCOB)
Harold O'Flaherty (MCOB)
Joan Williams (MCOB)
Calvin Sullivan, (MCOB)
Margaret Hulbert (DPTD)
Marlene Hall (DP&E)
Annie Stubbs (GMB)

Date: March 24, 1972

Recommendation: Approval of the application which requests $1,732,760 (direct costs) was unanimously accepted by staff. The amount requested is below the National Advisory Council approved level of $1,800,000. The request includes funding of the following:

I. A Developmental Component for the amount of $134,860
II. Continuation of Core (includes 11 projects of 46 components)
III. Continuation of 7 ongoing projects
IV. Implementation of 5 new projects
V. Termination of 4 projects

Please refer to MIS Breakout of Request.

Concern was expressed by staff regarding the following points.

There is much lack of CHP "b" Agency planning activity in Kansas. Therefore, RMP Core staff have assumed much responsibility for health planning. Kansas RMP should perhaps observe and evaluate how the Iowa RMP was successful in stimulating CHP "b" agency activity. As CHP functions on a 50% shared cost basis, local jurisdictions should be encouraged to elicit funds and stimulate CHP "b" agency development in the Kansas subregions.

Each Kansas subregion has its own Local Advisory Group (LAG). Questions were raised relative to the actual initiative of the LAG in stimulating health activity and in initiating projects. The establishment of the Wichita School of Allied Health Professions, in which the Dean, Dr. Cramer Reed, played such an active role, was cited as an example. Dr. Reed was a member of the Wichita LAG.

In reviewing the Regional Advisory Council membership of 24 members, of which 3 are ex-officio, it was noted that the members are thinly spread throughout the five, newly established committees, namely: 1) Finance; 2) Planning; 3) Evaluation; 4) Annual Report; and 5) Technical Review Committee. Consideration should be given to increasing Council membership which would alleviate over extension of members. Staff also felt that there should be more consumer representation on the Council.

The KRMP has not yet received a Management Assessment Visit. Staff recommended that the visit be made as soon as possible. Special emphasis should be placed on how actively involved is the RAC?

Committees, more representative of the program thrust and new national emphasis, should be instituted. The presently standing

categorical committees should be abolished. However, in no way should the experts on these committees, representative of the heart, cancer, stroke, kidney, and related disease fields be disregarded. These experts are valuable and could be used on Ad Hoc committees established to give technical support and to review related activities and project proposals.

It was apparent that the RAC is maturing and apparently assuming a bit more leadership. A criticism of the RAC, to date, has been its lack of leadership in policy and decision making. It has functioned in a more or less reactionary manner to what has been presented for consideration. With the establishment and involvement by RAC members on the new committees, staff hoped for more direct involvement.

Dr. Robert Brown's capability as a Coordinator with leadership ability was acknowledged. His staff was considered a capable one. It was felt that their input could be used to even greater advantage than has already been demonstrated. The subregional staff have felt somewhat cut off from the core of activity and information source. The communication system could stand improvement.

An evaluation system to be applied to Core personnel is in need of development. This evaluation process would be the responsibility of the RAC.

Two areas of concern were expressed regarding ongoing projects. The Great Bend Educational Program, of which Dr. Brown was the former Project Director, is requesting its 06 year of funding. The project was submitted in the Triennial Application and funded for an additional three years which will carry it through an 07 year. Council policy was later enacted limiting projects to five years of funding. A recommendation was made that RMPS staff consider the possibility of an in-depth evaluation of the Great Bend Project and determine what impact it has had on the area it has served.

The question of licensure was raised regarding the training of Physician's Assistants by the Nurse Clinician Program. The present project includes the training of Registered Nurses only. This does not present a licensure problem. However, should the training be extended to a non-licensed health professional, problems of licensure would arise. This is a National concern, however, and is presently being pursued by interested factions.

Interest was expressed in the number of projects continued with outside funds when RMPS funding ceases.

The Developmental Component emphasis is on the development of Area Health Science and Education Centers. The Education Center would be directed toward the development of faculty, consultative and technical. The Science Center would be directed toward the necessary educational and science function to maximize potential to meet the public demand for primary health and medical care. The concepts of the AHEC, Area Health Science Center and the Area Health Service Center seem to fit the Kansas Medical Community. The Administrative

framework among these responsible medical communities would include the establishment of a Vice Chancellor for Health Affairs "Office for KUMC Associated (Affiliated) Programs."

Concern was expressed that the entire Developmental Component addresses itself to the AHEC, etc. concept. Staff did not feel that such set limitation should exist.

Staff reviewed the KRMP according to the RMP Review Criteria. Please refer to comments recorded on RMP Review Criteria Form.

There was active participation by staff in the review of the KRMP and the new application submitted.

RMPS REVIEW CRITERIA FORM

REGION Kansas
REVIEW CYCLE June 1

A. PERFORMANCE

1. Goals, Objectives and Priorities (1)

Developed and broadly stated. Not based on available hard data. Health problems not prioritized by utilizing a systematic approach to planning, needs. Objectives and priorities should be determined.

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2. Accomplishments and Implementation (2)

KRMP no longer dominated by KU Medical Center, Grantee. Redirection of Progra activity from project orientation to major emphasis on improvement in distribution of medical care services through regionalization. KRMP evaluatic section has built in project review. Instrumental in establishment of WSU School of Medicine, through Kansas Legislation, and in assisting WSU College of Health Related Professions.

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3. Continued Support (3)

Continuation of projects which have exhibited merit and productivity is KRMP philosophy. Continued source of funding outside of RMPS is explored. Has been accomplished in several instances.

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4. Minority Interests (4)

In conformance. Minority representation needs strengthening, however, in core project staff, RAC and Committees. Minroity emphasis on Blacks and American Indians. Attention to increasing female representation.

B. PROCESS

1. Coordinator (5)

Excellent Leadership. Respect of Staff, RAC and Health Associates in the Sta Knowledgeable regarding state resources and has productive health contacts. Has a dominative-type personality. Could relate more effectively to staff, especially subregional assignees. Has demonstrated success in removing KRMP from domination of KU Medical Center, grantee institution. Deputy Coordinato is effective. On 83% time basis (Coordinator).

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2. Core Staff (6)

Larger staff (57) with much professional expertise. Excellent Evaluation Sec Most staff essentially full-time.

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3. Regional Advisory Group (7)

Regional Advisory Council is maturing. Instituted 5 new RAC staffed Committees within year. Needs to become more active in deciding policy, setting priorities, goals and objectives. Consumer, female, and minority representation should be increased.

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4. Grantee Organization (8)

Provides services as required. No longer dominates KRMP or RAC.

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5. Participation (9)

Key health interests, institutions, health providers, etc. appear to actively participate in KRMP. No interference from any one major interest or political force.

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6. Local Planning (10)

CHP has been ineffective, excepting in Kansas City area. RMP staff have assumed responsibility for majority of health planning. Each sub-region has local advisory group (LAG) finctioning. Interest and input varies considerably between subregions. CHP reviews and submits written comments relative to each KRMP application.

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7. Assessment of Needs and Resources (11)

Manpower needs have been given top priority. KRMP is continually assessing needs and resources. Data base is available, whether it provides basis for decisions is somewhat questionable.

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8. Management (12)

Core activities appear to be well coordinated. The ongoing number of activit is high (11 projects - 46 components). Project review is built in, held periodically, and seems a most effective control mechanism. Progress reports provided at each review session.

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9. Evaluation (13)

Evaluation section with full-time director and staff is superb. Project evaluation provided on periodic basis. Program evaluation less successful as goals, objectives, etc. too broad. Good feedback to project staff and RAC.

C. PROGRAM PROPOSAL

1. Action Plan (14)

Priorities established and congruent with National goals and objectives. Proposed activities in keeping with same, are realistic and feasible. More definitive program priorities receiving attention and work-up of RAC Planning Committee.

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2. Dissemination of Knowledge (15)

KRMP has been successful in this area. Active participation of health educati and research institutions of Kansas. Better care, at a reduced cost, is being demonstrated. Profile periodical, published by KRMP has wide circulation.

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3. Utilization Manpower and Facilities (16)

Major emphasis and thrust of Program. Expect increase in manpower will result with beneficial effect to entire state.

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4. Improvement of Care (17)

Proposed activities will markedly improve the delivery of health care.

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5. Short-Term Payoff (18)

Projects have demonstrated short-term payoffs.

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6. Regionalization (19)

KRMP has subregionalized with limited success. Is the accepted philosophy and recognizable mode of a successful operation. AHEC philosophy expected to further strengthen concept.

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7. Other Funding (20)

KRMP has been looking for outside funding mechanisms in order to continue project activities which have had a demonstrable and beneficial effect. Some success, to date.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations and Development CRC

DATE: April 18, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the Kansas Regional Medical Program Application RM 00002 6/72.

Accepted _____ 4/24/72
(date)

Rejected _____
(date)

Modifications:

Component and Financial Summary - Anniversary Application

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Model Cities (#45)	52,810(dc)			
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REQUESTED	2,750,577			
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NON-RMPS and INCOME				

⊛ Under 2/8/72 NAC Policy, the approved NAC level for the first year of the Triennium prevails

*⊛ Withdrawn by KRMP

**⊛ PLUS kidney funds of $125,000

REGION KANSAS

June 1972, REVIEW CYCLE

REGION Kansas
REVIEW CYCLE June 197 2
Type of Application Anniversary within trien

RECOMMENDATIONS FROM

[XX] SARP [ ] Review Committee Rating 264

[ ] Site Visit [ ] Council

FUNDING RECOMMENDATION: The Staff Anniversary Review Panel (SARP) recommended that KRMP be funded in the amount of $1,550,000 to include kidney funds (Project #40) which are not to exceed $125,000 for the 06 operational year. This amount ($1,550,000) reflects a reduction in that the application request was for the amount of $1,732,760.

RATIONALE: SARP felt that the recommended amount would provide the Program sufficient financial latitude for the projected expansion of activities within the Region especially since the KRMP now plans to pursue the supplemental funding route for several community health manpower programs. Since the prerogative of an out-of-phase supplement was not available to the Coordinator at the time that the present application was prepared, a Developmental Component had been requested for the sole purpose of establishing activities dealing with expansion and augmentation of manpower programs at the community level. In view of the new option now available, the Region has chosen to withdraw the Developmental Component and compete for supplemental funds using both the May 1 and June 1, 1972, protocols. Since the Region plans to utilize available liquid assets in the Core budget for 46 planning and feasibility studies, reviewers did not feel that additional developmental funds were needed at this time.

CRITIQUE: SARP concurred with Staff regarding its assessment of the KRMP. The Coordinator's "style" and his apparent dominance over his RAC and staff suggest some problems and weaknesses. Program staff is talented but apparently underutilized. Turnover of subregional staff is significant. The reviewers believed that the Regional Advisory Council should address these problems.

In the past, the RAC has been somewhat of a "rubber stamp" organization although the Coordinator indicates that this body is becoming more mature. More involvement by the Local Advisory Groups and the RAC is strongly recommended. Committee organization and Program Staff participation are indicative of increased interest and involvement.

SARP felt that since KRMP was one of the first Programs to become operational, their track record was somewhat disappointing. Although there has been a great deal of Core and Project activity, it is very difficult to obtain any real sense of explicit accomplishment.

Because of the above mentioned problems, SARP had recommended that the Developmental Component be disapproved. Since this request has subsequently been withdrawn and the requested funding level is below the NAC approved level for the 02 year, it would not be necessary that this application be submitted to the Review Committee.

Technical assistance was recommended, as follows: (1) Plan a Management Assessment Visit to KRMP in the immediate future. (2) Invite Mr. Ray House, recently appointed RAC Chairman, to participate in a site visit to an "A" Region with a strong Advisory Group. (3) Invite Dr. Brown, Coordinator, to participate in a site visit to an "A" Region. (4) Give Technical Assistance to the KRMP in regard to the pending 910 Kidney application (composite; Bi-State, Missouri, and Kansas estimated at $1,000,000). (5) Assist and encourage KRMP how best to use the results of their intensive evaluation efforts.

4/17/72

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations and Development CRC

DATE: April 18, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the Kansas Regional Medical Program Application RM 00002 6/72.

Accepted _____ 4/24/72 (date)

Rejected _____ (date)

Modifications:

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 05 OPER. YEAR	06 YEAR COUNCIL RECOMMENDED LEVEL	06 YEAR REQUEST	RECOMMENDED FUNDING X SARP REV. COM.
CORE	932,846		1,020,400	
Sub-Contracts				
OPER. ACTIV.	415,757		**** 577,500	
DEVEL. COMP.	DISAPPROVED		134,860*⊛	Yes ( ) or No (
EARMARKS:				
KIDNEY (#40)	111,826(dd)		(125,000)	125,000
Model Cities (#45)	52,810(dd)		(39,550)	
RMPS DIRECT	1,348,603	1,800,000⊛	1,732,760	1,425,000**⊛
REQUESTED	2,750,577			
COUNCIL APPROVED LEVEL	1,800,000			
NON-RMPS and INCOME				

⊛ Under 2/8/72 NAC Policy, the approved NAC level for the first year of the Triennium prevails

*⊛ Withdrawn by KRMP

**⊛ PLUS kidney funds of $125,000

**** This amount includes $125,000 for #40 and $39,550 for #45

REGION KANSAS

June 1972, REVIEW CYCLE

Revised 5/2/72

REGION Kansas
REVIEW CYCLE June 197 2
Type of Application Anniversa
within trienniu

RECOMMENDATIONS FROM

[XX] SARP
[ ] Review Committee
Rating 264
[ ] Site Visit
[ ] Council

FUNDING RECOMMENDATION: The Staff Anniversary Review Panel (SARP) recommended that KRMP be funded in the amount of $1,550,000 to include kidney funds (Project #40) which are not to exceed $125,000 for the 06 operational year. This amount ($1,550,000) reflects a reduction in that the application request was for the amount of $1,732,760.

RATIONALE: SARP felt that the recommended amount would provide the Program sufficient financial latitude for the projected expansion of activities within the Region especially since the KRMP now plans to pursue the supplemental funding route for several community health manpower programs. Since the prerogative of an out-of-phase supplement was not available to the Coordinator at the time that the present application was prepared, a Developmental Component had been requested for the sole purpose of establishing activities dealing with expansion and augmentation of manpower programs at the community level. In view of the new option now available, the Region has chosen to withdraw the Developmental Component and compete for supplemental funds using both the May 1 and June 1, 1972, protocols. Since the Region plans to utilize available liquid assets in the Core budget for 46 planning and feasibility studies, reviewers did not feel that additional developmental funds were needed at this time.

CRITIQUE: SARP concurred with Staff regarding its assessment of the KRMP. The Coordinator's "style" and his apparent dominance over his RAC and staff suggest some problems and weaknesses. Program staff is talented but apparently underutilized. Turnover of subregional staff is significant. The reviewers believed that the Regional Advisory Council should address these problems.

In the past, the RAC has been somewhat of a "rubber stamp" organization although the Coordinator indicates that this body is becoming more mature. More involvement by the Local Advisory Groups and the RAC is strongly recommended. Committee organization and Program Staff participation are indicative of increased interest and involvement.

SARP felt that since KRMP was one of the first Programs to become operational, their track record was somewhat disappointing. Although there has been a great deal of Core and Project activity, it is very difficult to obtain any real sense of explicit accomplishment.

Because of the above mentioned problems, SARP had recommended that the Developmental Component be disapproved. Since this request has subsequently been withdrawn and the requested funding level is below the NAC approved level for the 02 year, it would not be necessary that this application be submitted to the Review Committee.

Technical assistance was recommended, as follows: (1) Plan a Management Assessment Visi to KRMP in the immediate future. (2) Invite Mr. Ray House, recently appointed RAC Chairman, to participate in a site visit to an "A" Region with a strong Advisory Group. (3) Invite Dr. Brown, Coordinator, to participate in a site visit to an "A" Region. (4) Give Technical Assistance to the KRMP in regard to the pending 910 Kidney application (composite; Bi-State, Missouri, and Kansas estimated at $1,000,000). (5) Assist and encourage KRMP how best to use the results of their intensive evaluation efforts.

4/17/72

Region Missouri
Review Cycle June 1972
Type of Application: Anniversary within Triennium
Rating: 188.3

Recommendations From

☐ SARP ☒ Review Committee

☐ Site Visit ☐ Council

CRITIQUE: Review Committee considered MRMP's application for their 06 year which presented two Plans -- Plan A for the committed amount of $1.8 million and Plan B for an expanded program level of $4.4 million. During its deliberation, the Committee accepted the report of the April 4-5 technical site visit to review the computer and bioengineering activities (Projects #69, 72 and 75). Committee concurred with SARP's recommendations to disapprove the developmental component and further funding for the three technological projects: #69, Automated EKG in a Rural Area; #72, Automated Physician's Assistant; and #75, Biomedical Information Service. As a further measure, Committee withdrew Triennial status and reduced the funding level to $1.6 million. The $1.6 figure was computed by deducting from the committed level of $1.8 million the amount of $200,000 (the request for the technological projects). Committee also recommended a site visit be scheduled after Council to communicate reviewers' concern about the Program to the Region.

The two EMS projects in the application (#73, Subregional Emergency Services, and #85, Community Emergency Health System) were deferred for special review. A community-based manpower proposal for Springfield, Missouri, was submitted on May 1 and was reviewed by the special ad hoc education review panel.

The discussion of the present application began within the context of earlier reviewers' concerns about this RMP. Reviewers mentioned the vagueness of the goals and noted that projects still seemed to have developed around the interest of local physicians or hospitals without regard to regional planning. The overall program still appeared to be a collection of projects, many of which continue to cling to the categorical emphasis. The Coordinator is not a strong director and the large staff have not been organized or utilized to provide assistance in designing regionalized programs to groups in the periphery. Minority representation is low on Program Staff and review bodies. Reviewers were concerned about possible University domination of the Program as a result of the large number of part-time University faculty on the RMP payroll, since they questioned the investment in underwriting faculty salaries beyond the financial capability of the University to continue to sustain them when RMP support is phased out.

Missouri's continuing insistance on developing the technological projects in contradiction to the previous advice from Council also disturbed the reviewers. From the technical site visitors findings, it appeared that Missouri seemed to be pursuing expansion of past developments and responding to an essentially rural constituency with urban methods and lots of expensive hardware. With regard to Project #69, Automated EKG in a Rural Area, Committee agreed with SARP that no funds be provided for the project. The site visitors had suggested that perhaps some funds could be provided ($60,000) to redirect the activity to provide a telephone consultation service for the rural physician, since this seemed more valuable than further automation of certain tests. Since the primary service of the Biomedical Information Service (#75) will soon be offered nationally by the National Library of Medicine, NIH, and it did not appear likely that MRMP could enroll enough subscribers to support their system in the near future without substantial Federal investment, reviewers recommended that the system be phased out and no future support be provided from MRMP.

The Automated Physician's Assistant proposal was also disapproved. While the basic concept has merit, the site visitors determined that at its present level of achievement and project direction, it shows no potential for providing a very useful or marketable aid for the practicing physician. They pointed out that the course MRMP has taken -- expansion of past developments, rather than an innovative attempt to solve the actual problems of rural health care delivery -- has been misguided. In addition to cost considerations, reviewers found that the system had serious design deficiencies which made it difficult for the physician and his office staff to use in an optional fashion. Present efforts should be discontinued, and planned expansion to the Satellite Clinic and Family Practice and Surgery Clinics should be put aside. If in the future, any work is contemplated, it should first take into consideration the following: 1) a reassessment of the goals and specific approachable objectives of the project; 2) other advances in computer assistance to medical care around the country; 3) a revision of hardware choices so as to provide a more flexible, lower cost and more adaptable service to the physician; 4) a redesign of the overall system in order to aid the physician in delivering comprehensive, efficient, high quality and reasonably priced health care.

The Region has made progress in several areas as noted in the staff materials. These include the addition of a new Planning Director, consolidation of Program Staff functions, formation of Goals and Evaluation Committees, and greater success in seeking outside sources of support for MRMP activities. MRMP has also increased its program activity in communities outside of Columbia, including Kansas City. Newer projects, such as the Green Hills, the Docent Nurse Outreach and Pediatric Nurse Associate appear more relevant to the Region's needs and RMPS' review criteria.

Reviewers still thought, however, that the application showed little evidence that MRMP leadership had clearly thought out their mission or had committed themselves to bring about substantial change in the Program. Committee believed that a drastic approach was necessary to show the leadership responsible for this RMP that they are not pleased with the way the Program has met its responsibilities.

After discarding SARP's recommendations, Committee proposed measures to Council which they hoped would be a first step in reversing the Region's poor showing. They recommended that Triennial status be withdrawn and that a site visit be held in the near future to inform the Region what steps they might take to become a better RMP. They further recommended a reduction in funding from the committed level of $1.8 to a $1.6 m. (direct costs) level for the 06 year and a disapproval of the developmental component request and further RMP funding for projects #69, 72 and 75.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 05 OPER. YEAR	06 YEAR COUNCIL RECOMMENDED LEVEL	06 YEAR REQUEST	RECOMMENDED FUNDING ☐ SARP ☒ REV. COM.
CORE	$ 828,441		A 878,147 *** B 1,137,802	
Sub-Contracts	-0-		-0-	
OPER. ACTIV.	1,118,976		A 930,920 B 3,133,050	
DEVEL. COMP.	-0-		16,350 B 190,000	Yes( ) or No(X)
EARMARKS:				
KIDNEY	-0-		-0-	
EMS	See Below **			
RMPS DIRECT	1,947,417-12 mos. (2,251,653-14 mos.)	$2,500,000 *	A $1,825,417 ** B 4,460,852	$1,625,417**
REQUESTED	5,061,962			
COUNCIL APPROVED LEVEL	2,500,000			
NON-RMPS and INCOME				

* Under 2/8/72 National Advisory Council policy, the approved NAC level for the first year of the triennium prevails.

REGION Missouri

May/June 197 2 Review Cycl

** The EMS proposals were part of the basic application and are pending special review. Funds for these projects are not included in this figure.

*** Plan A requests the committed amount of $1,825,417.
Plan B requests the optimum amount of $4,460,852.
Staff and SARP recommend Plan A.

	Plan A
Current Program request	$1,825,417
Supplemental CBE request	385,817
Supplemental EMS request	1,345,185

RMPS
STAFF BRIEFING DOCUMENT

FEB 2 2 1972

DRAFT

EGION Missouri		OPERATIONS BRANCH ☐ Eastern ☐ South-Centr'l ☒ Mid-Cont ☐ Western
YPE APPLICATION:	LAST RATING	BRANCH Tel. No. 443-1790 Room 10-21
☐ TRIENNIAL	4 1971 DATE	BRANCH CHIEF Michael Posta
☒ 1st ANNIV YEAR	☐ SARP	BRANCH STAFF Dona Houseal
☐ 2nd ANNIV YEAR	☒ REV. COM.	RO REP. Ray Maddox
☐ OTHER	☐ OTHER	Last Mgt. Assm't Visit --- 197
		Chairman ------

AST S.V. 3 1971; Chairman Dr. G. V. Brindley

taff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)

ctober, 1971 --- Four day staff visit by D. Houseal. April 4-5, 1972 ---

Technical Site Visit scheduled to review computer and bioengineering activities

---chairman---Dr. Octo Barnett.

BACKGROUND:

Since MRMP became an operational program in 1967, it has undergone several program and organizational changes. These changes have been a consequence of several occurances:

1. Dr. Rikli succeeded Dr. Wilson as Coordinator in 1968.
2. A new medical school has been established in Kansas City. The MRMP's office in Kansas City has linked some of its activities to this new school, whose concept is to develop a community-oriented medical education program.
3. Two program site visits were held by RMPS (in 1969 and 1971). A copy of the last visit's results is attached.
4. As a result of these two critical reviews and the relative slowness of MRMP in responding to the change in the RMPS program direction, MRMP's budget has decreased from a $5.0 million to a $2.0 million level during the past two years.
5. In response to reviewers' recommendations, MRMP has gradually reduced the proportion of their monies allocated to computer and bioengineering activities, and increased the amount of funds for community-based projects.

MISSOURI REGIONAL MEDICAL PROGRAM RM 00009

State of Missouri, except for St. Louis Metropolitan area which established program later-- Bi-State.

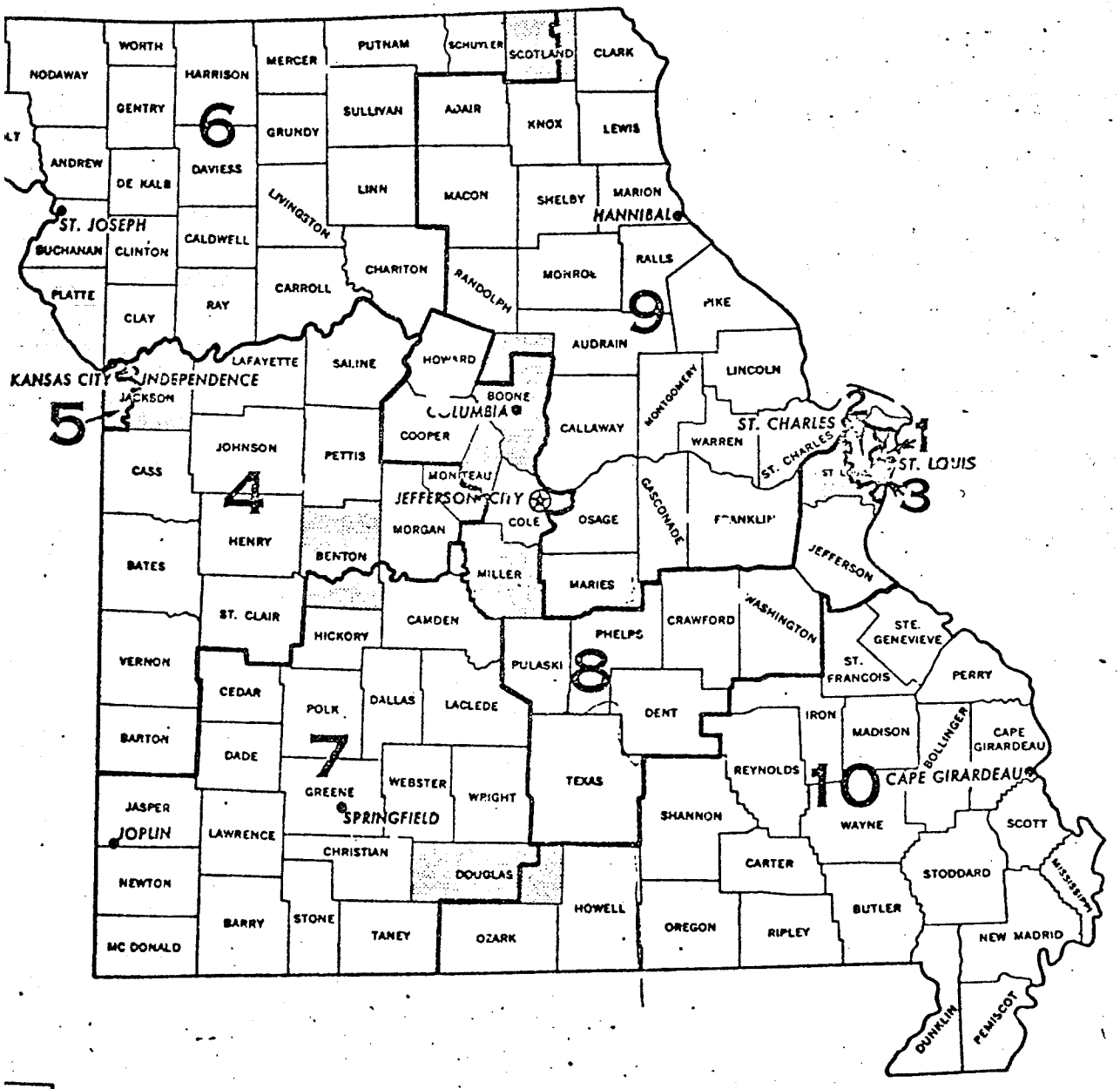
State has 115 counties; 10 Congressional Districts

Population (1970 Census) - 4,677,400; RMP estimates overlap of about 1.5 million with Bi-State (city of St.Louis and County

State: Land Area 69,138 square miles; density 68 per sq. mile.
Urban - 70% ; non-white 10%(500,000 of whom 480.1 are Negro)

Metropolitan areas: 3 excl. St.Louis -(total of 1478.4)

St. Joseph, Springfield, Kansas City,Mo.-Kansas.



County with two or more Congressional Districts

MISSOURI

Selected Death Rates (per 100,000) 1968

	Mo.	U.S.
Heart Disease	424.8	372.6
Malig. Neopl.	178.9	159.4
Vasc. Lesions(CNS)	136.8	105.5
Accidents	63.1	57.5
Diabetes	22.0	19.2
Broncho-pneumon.	19.4	16.6

Age Distribution -Percent

Age group	Mo.	U.S.
Under 18	37	35
18- 64	51	55
65 and over	12	10

RESOURCES AND FACILITIES (Outside of St. Louis)

Medical School - Univ. of Mo. School of Medicine, Columbia

1969/70 - Enrollment : 367 Graduates: 77

Developing School - Univ. of Mo., Kansas City, Mo.

Professional Nursing Schools - 20, of which 11 are college or Univ.based.

Practical Nurse Training - 21 of which 5 are college based

Allied Health Careers Program, Univ. of Missouri,Columbia

Schools of Osteopathy - 1967/68

	Enrollment	Graduates
Kansas City Coll. of Osteopathy and Surgery, Kansas City, Mo.	428	106
Kirksville Coll. of Osteopathy and Surgery, Kirksville, Mo.	396	93

Cytotechnology - 1 (Shodgrass Laboratory, St. Louis City Hosp.)
Medical Technology - 12 (outside of St. Louis)
Radiologic Technology - 20 (" ")
Physical Therapy - 1 at Univ. of Mo., Columbia
Medical Record Librarian (2 in St. Louis)

Hospitals	#	Beds
General short term (incl. some osteopathic)	90	12,095
Long term general	7	1,644
V.A. general	2	729

Extended Care Facilities

Skilled Nursing Homes - 208 (18,138 beds)
Long term care Units - 23 (1533 beds)

Manpower	Outside of St. Louis	St. Louis and County
Physicians, Active	2,873	2976
Inactive MDs	113	103
Osteopaths	797	119
Professional Nurses (adj. 1966 data)		
Actively empl. in nursing	8,389	2632
Not empl. in nursing	2,362	1183

Group Practices (1969) State Total:

Total 172: Single specialty - 101
General practice 20
Multi specialty 51

MISSOURI REGIONAL MEDICAL PROGRAM
Anniversary Application with a Triennium

*Will be available for Review Committee

DRAFT

FEB 2 2 1972

-7-

Region Missouri
Review Cycle 5/6 1972

OUTSTANDING ACCOMPLISHMENTS BY RMP since February 1972

1. Reduced the size of and consolidated the functions of Program Staff Dr. Phillip Morgan has replaced Dr. George Wakerlin as Chief of Planning.

2. Formed a Goals Committee with members of each of the three review bodies to develop a new set of goals and objectives. Established an Evaluation Committee to propose evaluation procedures for review.

3. Increased the program activity in Kansas City to the extent that all of the three new activities in the present application originate in the subregion.

4. Heeded Council advice to increase the proportion of its total program committed to community-based activities. The Green Hills project (#83) is one of the better examples of a community-based activity directed toward the organization of services and education.

5. Reduced the amount of RMPS funding for the computer and bioengineering activities and sought other sources of support (NCHSR&D funds for the Missouri Automated Radiology Service and the Automated Physician's Assistant projects). The current level of RMPS support for these activities is approximately $422,000, including the contract with Dr. Bass.

ISSUES AND PROBLEMS:

1. MRMP has reviewed the structure of its tripartite RAG and made the decision that the Advisory Council (one of the former three parts) is the RAG. Staff is concerned that the twelve-member Advisory Council does not fulfill the legal requirements for RAG membership; particularly VA and CHP representation.

2. Funding level for MRMP. The commitment is $1.8 million and the Council approved level is $2,012. MRMP submits plans for use of $1.8 million and $4.6 million. The present twelve-month level of funding is $1.9 million.

3. A technical site visit was held April 4 and 5 to review MRMP's $805,094 request for continuation of computer and bioengineering activities and to provide assistance to RMPS in monitoring the contract with Dr. Bass in Salem. The findings of the visit will be available for Review Committee and Council.

4. The need to develop a workable set of goals and objectives and an action plan. Staff agreed that many of the projects in the application addressed the target areas (p. 50) but they were unable to find in the application evidence of a plan for addressing these target areas in any unified way.

Draft:
Region Missouri
Review Cycle 5/6 1972

5. MRMP's approach to rural health. MRMP's projects dealing with the rural health care problem still appear disease category-oriented to some extent, but the more recently funded projects reflect a shift toward a more comprehensive emphasis, particularly in the Green Hills project. It appears from the application that MRMP staff has not developed an overall organized attack on the problem, again reflecting the need for a regional plan.

6. The use of Program resources. Despite the size of Program staff (60 positions; 48.5 F.T.E.). Program resources do not appear to be organized or deployed in a manner which permits the RMP to more rapidly respond to new program goals and special initiatives, or to requests for assistance at the subregional level.

7. MRMP's continuing education and training proposals include many health professions, and teaching methods and are conducted at various institutions. Some of the more innovative activities involve the health care team approach (Docent Unit - #86) and the pediatric nurse associate (#86) in Kansas City. A problem for reviewers in this area is the fact that MRMP has submitted the Continuing Education--Coordination Project for the fourth time. Reviewers will recall previous criticisms relate to the lack of coordination with the overall MRMP program, and the emphasis in determination of needs at the University rather than the community level. Since the proposal is several years old, staff believes that it should be reexamined in the light of possible development of future community health education systems in Missouri.

ENTIFICAT[illegible] OF COMPONENT	CONT. WITHIN APPR. PERIOD OF SUPPORT	CONT. BEYOND APPR. PERIOD OF SUPPORT	APPR. [illegible] PREVIOUSLY FUNDED	NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	T[illegible]
10 OFFICE OF COORDINATOR	$42[illegible],130				$423,130	$101,227	$524,357
11 OFFICE OF OPERATIONS	$199,594				$199,594	$60,888	$260,482
12 OFFICE OF PLANNING	$193,994				$193,994	$57,853	$251,847
13 K C DISTRICT OFFICE	$156,277				$156,277	$41,811	$197,988
14 SUB REGIONAL DISTRICTS	$115,207				$115,207	$27,688	$142,695
15 OFFICE OF CONTINUING EDUCATION	$50,000				$50,000	$14,193	$64,193
CORE TOTAL	($1,137,802)				($1,137,802)	($303,660)	($1,441,462)
10 DEVELOPMENTAL COMPONENT				$190,000	$190,000		$190,000
STROKE INTENSIVE CARE		$206,964			$206,964	$93,849	$300,813
TRAINING OF COMM HOSPITAL NURSES	$52,364				$52,364	$15,260	$67,624
1A DIABETES IN CHILDREN	$81,986				$81,986	$27,295	$109,281
1B DIABETES IN CHILDREN SUPPLEMENT EDUCATION				$27,448	$27,448	$8,739	$36,187
COMPONENT TOTAL	($81,986)			($27,448)	($109,434)	($36,034)	($145,468)
2A HI BLOOD	$179,458				$179,458		$179,458
2B HI BLOOD EXPANSION				$180,548	$180,548		$180,548
COMPONENT TOTAL	($179,458)			($180,548)	($360,006)		($360,006)
JOPLIN STROKE PREVENTION	$63,357				$63,357		$63,357
SIKESTON INTENSIVE CARE	$85,214				$85,214	$33,000	$118,213
CARDIOVASCULAR EC AND EVAL	$120,511				$120,511		$120,511
BIOINSTRUMENTATION	$47,708				$47,708	$13,479	$61,187
HEALTH ED IN CANCER HOSPITAL			$31,582		$31,582	$7,853	$39,435
NE MO COOP CVP PROJECT	$67,095				$67,095	$38,048	$105,143
COMPUTER PROCESSED DIAGNOSTIC AIDS	$179,032				$179,032	$40,078	$219,110
APHAS FIELD TEST			$75,740		$75,740	$12,616	$88,356
2A AUTOMATED PHYSICIAN ASSISTANT		$200,000			$200,000	$31,175	$231,175
2B AUTOMATED PHYSICIAN ASSISTANT				$378,309	$378,309	$58,640	$436,949
COMPONENT TOTAL		($200,000)		($378,309)	($578,309)	($89,815)	($668,124)

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
073 SUB REGIONAL EMERGENCY SERVICE			$39,446		$39,446		$39,446
074 PLATELET PLASMAPHERESIS			$48,117		$48,117		$48,117
075 BIOMEDICAL INFORMATION SERVICES	$207,210				$207,210	$27,116	$234,326
076 MOBILE REHABILITATION SERVICES	$94,435				$94,435		$94,435
077 CARDIAC CARE MISSOURI	$159,554				$159,554	$38,076	$197,630
078 IMPROVEMENT OF PHARM SERVICES	$73,610				$73,610	$20,750	$94,360
080 CAMERON HEALTH CARE	$10,463				$10,463		$10,463
081 BRANSON INTENSIVE CARE	$28,460				$28,460		$28,460
082 CONTINUING EDUCATION COORDINATION			$114,062		$114,062	$31,955	$146,017
083 GREEN HILLS	$95,077				$95,077		$95,077
084 PEDIATRIC NURSE ASSOCIATE				$48,057	$48,057		$48,057
085 COMMUNITY EMERGENCY HEALTH SYSTEM				$150,068	$150,068	$53,865	$203,933
086 DOCENT NURSE OUTREACH				$87,175	$87,175	$27,390	$114,565
TOTAL	$2,683,336	$406,964	$308,947	$1,061,605	$4,460,852	$882,943	$5,343,795

RMPS REVIEW CRITERIA FORM

REGION Missouri
REVIEW CYCLE 5/6 197 2

A. PERFORMANCE

1. Goals, Objectives and Priorities (1)

A Goals Committee has been established to develop a new set of goals and objectives. The present set encompass the universe of possible needs. No specific short-term objectives exist.

2. Accomplishments and Implementation (2)

Worthwhile activities have been stimulated in various parts of the Region, but their results have not been extended to other areas as well as they should. While heavily continuing education and technology oriented in the past, MRMP is devoting attention to quality of care standards, peer review mechanisms, better utilization of manpower, etc.

3. Continued Support (3)

MRMP is attempting to find other sources of support for terminating activities.

4. Minority Interests (4)

There are no minority members and one woman in the Advisory Council. Minority representation on staff is low. MRMP should consider these interests in replacing staff.

B. PROCESS

1. Coordinator (5)

The Coordinator is a capable director and has developed a cohesive staff. He has not implemented some of the new program ideas as recommended by Council.

2. Core Staff (6)

Core staff has a broad range of talent. However, its adherance to its traditional organizational structure seems to interfere with its ability to respond to new program goals and special initiatives and requests for assistance at the subregional level.

3. Regional Advisory Group (7)

4. Grantee Organization (8)

University of Missouri --- adequate support provided.

5. Participation (9)

Broad spectrum of participation.

6. Local Planning (10)

Effectiveness varies from area to area. RMP should possibly consider eventually replacing part-time elderly physician subregional directors with younger health planners.

7. Assessment of Needs and Resources (11)

An adequate data base exists, but it's use is not always reflected in regional plans or programs.

8. Management (12)

Adequate

9. Evaluation (13)

An Evaluation Committee has been formed. MRMP appears good at project evaluation, but needs better goals to evaluate on the program level.

C. PROGRAM PROPOSAL

1. Action Plan (14)

Target areas have been delineated, but decision-making on the bases of these areas does not yet appear functional. An action plan does not seem to have been articulated.

2. Dissemination of Knowledge (15)

One of MRMP's stronger emphases as reflected in the telelecture and biomedical information service projects, among others. The Continuing Education -- Coordination project would attempt further dissemination of continuing education activities from the University.

---

3. Utilization Manpower and Facilities (16)

Best efforts at improved utilization of manpower and facilities planned for in Green Hills and Kansas City. Technological activities may eventually help underserved areas.

---

4. Improvement of Care (17)

Hi-Blood and the Mobile Rehabilitation proposals are some of MRMP's better contributions to ambulatory care, primary care, and transportation problems. Problems of access to and continuity of care need further attention.

---

5. Short-Term Payoff (18)

Some of the newer projects address this more adequately than the group of original activities, particularly in the technological area, whose payoff is still some years away.

---

6. Regionalization (19)

Some regionalization of University of Missouri services and training expertise to the rest of the Region. Also exchange of information and results among projects occurs at Project Directors' meetings.

---

7. Other Funding (20)

More being attempted now (p. 46 and 47):

Missouri Automated Radiology Service
Automated Physician's Assistant
Telelecture Project

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations & Development

DATE: April 17, 1972

FROM : Director, Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the Missouri Regional Medical Program Application RM 00009 6/72.

Accepted Board accept site visitors' recommendations on automated BKG. — Hannoules 4/24/72 (date)

Rejected _____ _____ (date)

Modifications.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 05 OPER. YEAR	06 YEAR COUNCIL RECOMMENDED LEVEL	06 YEAR REQUEST	RECOMMENDED FUNDING ☐ SARP ☒ REV. COM.
CORE	$ 828,441		A 878,147 *** B 1,137,802	
Sub-Contracts	-0-		-0-	
OPER. ACTIV.	1,118,976		A 930,920 B 3,133,050	
DEVEL. COMP.	-0-		16,350 B 190,000	Yes( ) or No(X)
EARMARKS:				
KIDNEY	-0-		-0-	
EMS	See Below **			
RMPS DIRECT	1,947,417-12 mos. (2,251,653-14 mos.)	$2,500,000 *	A $1,825,417 ** B 4,460,852	$1,625,417**
REQUESTED	5,061,962			
COUNCIL APPROVED LEVEL	2,500,000			
NON-RMPS and INCOME				

* Under 2/8/72 National Advisory Council policy, the approved NAC level for the first year of the triennium prevails.

REGION Missouri

May/June 197 2 Review Cycle

** The EMS proposals were part of the basic application and are pending special review. Funds for these projects are not included in this figure.

*** Plan A requests the committed amount of $1,825,417.
Plan B requests the optimum amount of $4,460,852.
Staff and SARP recommend Plan A.

	Plan A
Current Program request	$1,825,417
Supplemental CBE request	385,817
Supplemental EMS request	1,345,185
Region's total request	$3,556,419

Region Missouri RMP
Review Cycle June 1972
Type of Application: Annive within Triennium
Rating: 219

Recommendations From

[X] **SARP**

[ ] **Review Committee**

[ ] **Site Visit**

[ ] **Council**

Critique:

The review of MRMP's request was handled in two parts: 1) Computer and bioengineering activities, and 2) the main MRMP Program.

I. The first dealt with the findings of the April 4-5 technical site visit of the computer and bioengineering activities, which were presented by staff who accompanied the site visit team. A draft copy of the report will be available. SARP accepted the site visit report and recommended that the following activities be terminated for lack of technical merit: Projects #69, Automated EKG in a Rural Area; #72, Automated Physician's Assistant; and #75, Bio-medical Information Service. With regard to the Automated EKG project, SARP differed with the site visitors' recommendation that $60,000 be provided for the proposer to develop an activity which would establish a remote consultation service using less expensive equipment in the local hospital, based on the commercially available analog transmitters of the EKG provided by the telephone company. Such a service could provide the local physician with both an interpretation and a consultation when requested. SARP recommended no funds for the EKG service, but directed staff to advise the RMP to explore this more productive areas outlined by the site visitors. (There was one negative vote.)

II. SARP then dealt with staff's concerns and recommendations covering the main part of the MRMP program. SARP agreed with staff's recommendation to approve the committed amount of $1,825,417. The developmental component request was disapproved.

MRMP submitted two budget plans: Plan A for $1,825,417 and Plan B for $4,460,852. Although MRMP had made progress in several areas, SARP agreed with staff that their serious concerns about the course followed with the computer and bioengineering activities, and the lack of strong leadership, precluded the approval of funds above the committed level or the developmental component. Decision on the EMS projects, #73 and #80, was deferred pending the results of the special RMPS review. Funds for these projects were not included in the $1.8 million figure.

Page 2 - Missouri RMP--Recommendations From SARP

Areas of progress and positive accomplishments which staff identified for SARP include the following:

1. Reduction in the size of and consolidation of the functions of Program Staff. In addition, Dr. Morgan has replaced Dr. Wakerlin as Chief of Planning;

2. Formation of Goals Committee to develop a new set of goals and objectives, as well as an Evaluation Committee to propose evaluation procedures for review;

3. Greater program activity in Kansas City;

4. Increase in the proportion of its total program request committed to community-based activities. Staff also found an improvement in the quality of the more recently submitted projects in this area. The Green Hills Project (#83), for example, has provided coordination and organization of services and education among twelve community hospitals in Northwest Missouri;

5. Greater success in getting outside sources of support for MRMP activities; and

6. Development of activities more relevant to the Region's needs and RMPS' review criteria. Examples include development of a position paper on the physician's assistant, a survey of community's perception of health needs, interest in consumer education programs, greater emphasis on preventive and primary care programs (Hi-Blood, Phonocardioscan and Diabetes projects), assistance to community hospitals in bioinstrumentation support and implementation of a standardized medical record. In the area of manpower, two innovative proposals are requested (Docent Nurse Outreach and Pediatric Nurse Associate).

Areas requiring reviewers' attention and staff assistance during the coming year include:

1. The need to develop a workable set of goals and objectives and an action plan. While many of the projects in the application addressed MRMP target areas (p. 50), staff was unable to find in the application clear evidence of a plan for addressing these target areas in any unified way. In overall program areas such as rural health and continuing education, MRMP needs assistance in developing a regional plan;

2. Despite the size of Program staff (60 positions, 48 F.T.E.),

Program resources do not appear to be organized or deployed in a manner which permits the RMP to more rapidly respond to new program goals and special initiatives, or to requests for assistance at the subregional level.

(One member abstained.)

Summary of Recommendations:

Approval of the $1,825,417 amount recommended by staff. Disapproval of the developmental component request. Disapproval and no funds for Projects #69, #72 and #75 (see Section I above). SARP also recommends the concerns delineated above be communicated to the Region in the advice letter.

Component and Financial Summary — Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	788,286		947,034	
Sub-Contracts	-0-		-0-	
OPER. ACTIV.	630,066		708,345	
DEVEL. COMP.	approved but unfunded		100,000	Yes (x) or No
EARMARKS:				
KIDNEY	-0-			
Kidney #24			74,576	Disapproved
Health Trng. #23 (CBES)	See below**			
EMS #25	See below**			
RMPS DIRECT	1,418,352	1,741,000*	1,829,955	1,725,000
REQUESTED	2,449,940			
COUNCIL APPROVED LEVEL	1,741,000			
NON-RMPS and INCOME				

* Under 2/8/72 National Advisory Council policy, the approved NAC level for the first year of the triennium prevails.

REGION Mountain States

May/June 1972, REVIEW CY

**Also pending are the following requests

	01	02	03
EMS	375,576	234,945	
CBES	219,575	182,000	100,000

Current Prog. Request 1,829,955

Total Request 2,425,106

5/23/72 WOB/RMPS

RMPS

STAFF BRIEFING DOCUMENT

REGION MOUNTAIN STATES REGIONAL MEDICAL PROGRAM

OPERATIONS BRANCH [ ] Eastern [ ] South Centr'l [ ] Mid-Con [x] Western

TYPE APPLICATION	LAST RATING
[ ] TRIENNIAL	_____ 197___ DATE
[x] 1st ANNIV YEAR	[x] SARP
[ ] 2nd ANNIV YEAR	[ ] REV. COM.
[ ] OTHER	[ ] OTHER

BRANCH
Tel. No. 443-2816 Room 10 + 25

BRANCH CHIEF Richard Russell

BRANCH STAFF James A. Smith

RO REP. Dan Webster

Last Mgt. Assm't Visit N/A 197

Chairman

LAST S.V. March 197 1 ; Chairman Clark H. Millikan, M.D.

Staff Visits, Last 12 mc . (Dates, Chairman's Name and Type of Visit)

Nov. 1971 Jessie Salazar, Jim Smith Staff visit to observe the Region's project review panel.

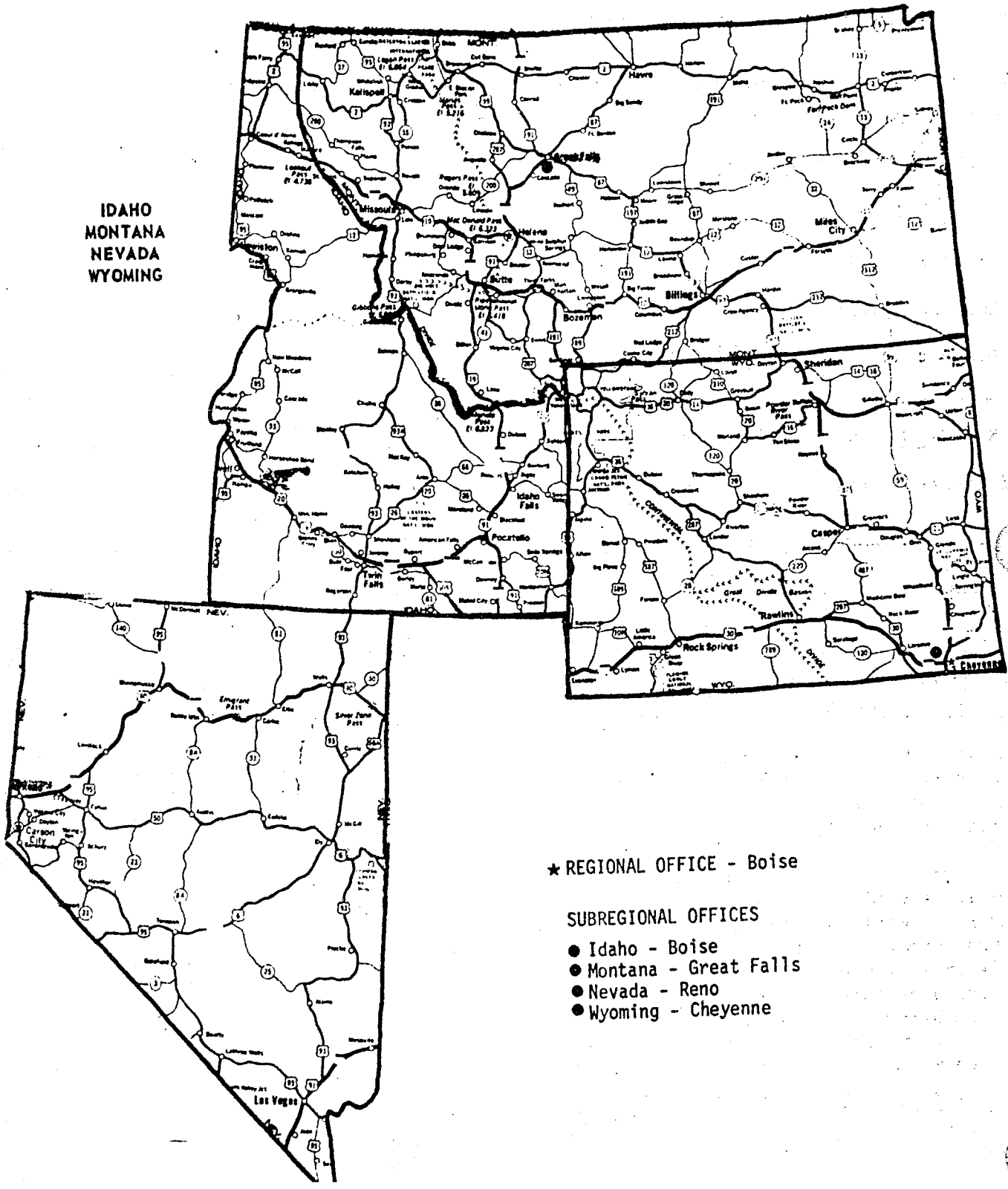
Major Events Which Occurred in the Region Affecting the RMP Since Its Last Review in May 197 1 ;

Alfred Popma, M.D., Coordinator, retired in December, 1971 after five years of service to the program. His deputy, John Gerdes, Ph.D., was named interim coordinator until a new coordinator is appointed. Dr. Gerdes is a candidate for the job.

The other significant happening for MS/RMP during the past year has been the emergence of long suppressed feelings of discontent with its grantee, WICHE. MS/RMP complains that the grantee (WICHE) maintains undue restraint on the programmatic efforts which hinders the Region from being responsive to many of the new national priorities. The Region feels that its progression of development and maturity is at the level where it can consider the possibility of becoming a nonprofit corporation. WICHE is resisting that notion, maintaining that the success of MS/RMP to a large degree has been through its affiliation with them. Currently, it appears that the two parties are working toward an acceptable compromise. WICHE will probably remain as grantee, but extend more programmatic latitude to the MS/RMP.

Mountain States Regional Medical Program

IDAHO
MONTANA
NEVADA
WYOMING



★ REGIONAL OFFICE - Boise

SUBREGIONAL OFFICES

- Idaho - Boise
- Montana - Great Falls
- Nevada - Reno
- Wyoming - Cheyenne

ADDITIONAL INFORMATION 3/72

Mountain States RMP (Wiche)

Geography and Demography

4 State area: Idaho, Montana, Nevada, Wyoming; interface with Colorado-Wyoming and parts of Intermountain

Land Area: 435,643 square miles

Population (1970 Census compared with 1960)

	Total in 000's 1970	Total in 000's 1960	Density (1970)	1970 Per Capita Income
Idaho	694	667	8.7	$3206
Montana	713	675	4.8	3381
Nevada	489	285	4.2	4544
Wyoming	332	330	3.3	3420
Total	2,228	1,957		3910 (U.S. Average)

Rounded to 2,230,000; average density 5.1 per sq. mile
Increase of 14% compared to 1960
Median age: (1960) each State below U.S. average of 29.5

Percent Urban: Idaho - 54%; Montana - 53%
Nevada - 81%; Wyoming - 61%

4 State average - 59% urban; 41% rural

Metropolitan areas - 1970 preliminary population, compared with 1960

	1970	1960
Billings, Montana	86.1	79.0
Boise, Idaho	109.4	93.5
Great Falls, Montana	79.7	73.4
Las Vegas Nevada	270.1	127.0
Reno	120.0	84.7
	665.3	457.6

Non-white - 95,100 (4.2% of 4 State total)
Black - 34,500
Other 60,600 (mainly Indian and Spanish-surname)

Vital Statistics - mortality rates (per 100,000 population) 1967

	U.S.	Idaho	Montana	Nevada	Wyoming
Heart disease	364.5	305.9	326.5	239.6	312.4
Malignant neopl.	157.2	131.3	142.9	122.7	130.2
Vasc. lesions (aff. CNS)	102.2	95.1	96.7	68.9	91.4
Diabetes	17.7	18.7	20.1	11.3	16.5
Broncho pneumonia (excl. infl. & pneum)	14.8	18.8	17.0	20.7	27.3
Accidents (1968)	57.5	79.5	79.4	85.1	89.2

Mountain States (continued)

Facilities and Resources

Medical School - 1 developing 2 year school - Univ. of Nevada, Reno; first class (24) to enter fall of 1972

Allied Health Sch - Idaho State Univ. Coll of Medical Arts, Pocatello

Professional Nursing Schools

Idaho - 4 (4 College or Univ. affil.)
Montana - 6 (4 College affil.)
Nevada - 2 (2 University based)
Wyoming - 3 (3 College affil.)

Total 15 (13 college or university based)

Licensed Practical Nurses

15 - each affil. with school district or college
5 - 4 college or high sch affil.
8 - 6 hosp; 2 priv. schools
2 - 1 college based

30 (20 are high school or college affiliated)

Schools of Medical Technology

Idaho - 6
Montana - 4
Nevada - 3
Wyoming - 1

14 (each at hospitals)

Schools of Radiologic Technology

Idaho - 7
Montana - 6
Nevada - 7 (2 Univ. based)
Wyoming - 2

22 (20 at hospitals)

Cytotechnology training - no schools

Hospitals - Community General and V.A. General

	Short-term		Long-term (special)		V.A. General	
	# Hosp.	Beds	#	Beds	#	Beds
Idaho	48	2,879	1	37	1	172
Montana	56	3,841	1	228	2	256
Nevada	17	1,951		---	1	224
Wyoming	27	1,825	2	698	1	174
	*148	10,496	4	963	5	826

*1965 report - 142 short term, 8814 beds

5 V.A. General hospitals, having total of 826 beds

Special Hospital Facilities 1969	Idaho	Montana	Nevada	Wyoming
Intensive CCU	17	19	9	13
Cobalt Therapy	1	4	1	3
Radium	5	8	5	2
Isotape Facility	6	7	5	4
Renal dialysis Impatient	4	5	4	1
Rehabilitation Impatient	3	0	2	2

Manpower

Physicians - Non-Federal Active MDs and DOs 1967	MD	DO	Total	Inactive
Idaho	610	37	647	29
Montana	656	40	696	30
Nevada	423	28	451	26
Wyoming	293	13	306	16
Total	1982*	118	2100	101

Graduate Nurses 1966	Total	Not empl. in nursing	Empl. in Nursing (adj.)
Idaho	3049	1090	1954
Montana	3404	916	2483
Nevada	1533	470	1060
Wyoming	1621	410	1209
Total	9607	2886	6706

Ratios of active practicing physicians range from 89 per 100,000 population in Idaho to 102 in Nevada. Average for region is 94/100,000 compared with national average of 132.

About 70% were actively employed in nursing. Average ratio for region -- about 301 per 100,000 compared to 313 for U.S. as a whole.

*Of the total active practicing MDs (1982) 802, about 40%, are in general practice. The majority of the remaining are specialists; a small number are hospital based and a smaller number are in other professional activities.

Group Practices - 1969

By State	Total	Single Specialty	General Practice	Multi-Specialty
Idaho	28	10	7	11
Montana*	36	5	9	22
Nevada	27	18	2	7
Wyoming	10	2	4	4

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD * 04 OPER. YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	788,286		947,034	
Sub-Contracts	0		0	
OPER. ACTIV.	630,066		708,345	
DEVEL. COMP.	0		100,000	Yes ( ) or No ( )
EARMARKS:				
KIDNEY				
Kidney #24	0		74,576	
Health Training #23				
Network	0		219,575	
RMPS DIRECT	1,418,352	1,511,000	2,049,530	
REQUESTED	2,449,940			
COUNCIL APPROVED LEVEL	1,741,000			
NON-RMPS and INCOME			374,000	

REGION Mountain States RMP

June 1972, REVIEW CYCLE

*The 04 Year is being extended to 9/1 and the region will receive $354,588 for the three month extension resulting in a direct cost award of $1,772,940 for 15 months.

MARCH 17,1972

BREAKOUT OF REQUEST
05 PROGRAM PERIOD

REGION - MOUNTAIN
RM 00032 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CORE	$947,034				$947,034	$204,647	$1,151,681
D000 DEVELOPMENTAL COMPONENT			$100,000		$100,000		$100,000
002 PROGRAM TO PROVIDE CORON ARY CARE TRAINING MISSOULA	$109,861				$109,861	$15,339	$125,200
003 MOUNTAIN STATES TUMOR IN SITIUTE	$165,000				$165,000	$43,566	$208,566
007 CONTINUING EDUCATION FOR NURSING NEVADA	$64,101				$64,101	$18,869	$82,970
011 CONTINUING EDUCATION FOR NURSING IDAHO	$52,370				$52,370	$15,986	$68,356
012 CORONARY CARE TRAINING S QUIGNESI IDAHO	$12,808				$12,808	$1,058	$13,866
013 CONTINUING EDUCATION FOR NURSING WYOMING	$61,127				$61,127	$20,449	$81,576
015 CONTINUING EDUCATION FOR NURSING MONTANA	$49,253				$49,253	$14,648	$63,901
022 NEW MANPOWER FOR THE MOU NTAIN STATES REGION				$174,550	$174,550	$24,763	$199,313
023 REGIONAL AREA HEALTH EDU CATION PROGRAM				$219,575	$219,575	$35,672	$255,247
024 KIDNEY DISEASE CONTROL P ROGRAM				$74,576	$74,576	$11,769	$86,345
025 PREDEVELOPMNTL PLANNING AND LIAISON OFFICER HMO				$19,275	$19,275	$5,635	$24,910
TOTAL	$1,461,554		$100,000	$487,976	$2,049,530	$412,401	$2,461,931

MARCH 17, 1972

BREAKOUT OF REQUEST
06 PROGRAM PERIOD

REGION - MOUNTAIN
RM 00032 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
C000 CORE	$1,013,326				$1,013,326		$1,960,360
D000 DEVELOPMENTAL COMPONENT			$200,000		$200,000		$300,000
002 PROGRAM TO PROVIDE CORON ARY CARE TRAINING MISSOULA							$109,861
003 MOUNTAIN STATES TUMOR IN STITUTE							$165,000
007 CONTINUING EDUCATION FOR NURSING NEVADA							$64,101
011 CONTINUING EDUCATION FOR NURSING IDAHO							$52,370
012 CORONARY CARE TRAINING S OUTHWEST IDAHO							$12,808
013 CONTINUING EDUCATION FOR NURSING WYOMING	$65,406				$65,406		$126,533
015 CONTINUING EDUCATION FOR NURSING MONTANA	$52,701				$52,701		$101,954
022 NEW MANPOWER FOR THE MOU NTAIN STATES REGION				$120,091	$120,091		$294,641
023 REGIONAL AREA HEALTH EDU CATION PROGRAM				$234,945	$234,945		$454,520
024 KIDNEY DISEASE CONTROL P ROGRAM				$112,000	$112,000		$186,576
025 PREDEVELOPMNTL PLANNING AND LIAISON OFFICER HMO				$175,000	$175,000		$194,275
TOTAL	$1,131,433		$200,000	$642,036	$1,973,469		$4,022,999

OUTSTANDING ACCOMPLISHMENTS BY RMP since Jan. 1 1972

The reorganization of RAG from a unwieldy group of 156 members to one of 30 is one of the Region's most significant achievements. This refinement of RAG has resulted in a more effective working RAG that has increased awareness of their responsibility for the direction of the program. Other significant achievements has been the success of the Region in gaining acceptance of new concepts of health care delivery such as the nurse family practioner and HMO development. Also, the Region has led the way in sponsoring continuing medical education in non-traditional methods through participation and involvement in WAMI.

MS/RMP has recognized the need to shift to a more balanced program which is not so heavily oriented to continuing education. This is reflected by the new projects: (1) Kidney Disease Control, and (2) Predevelopmental Planning and Liaison Officer for HMO, which are directed to developing health services.

PRINCIPAL PROBLEMS

In the past, the grantee (WICHE) has maintained a close and careful scrutiny of MS/RMP program activities. On one occasion, it actually restrained the MS/RMP core from accepting an Experimental Health Service Delivery Contract. This involvement in programmatic decisions by the grantee is seen as a problem by the region.

The selection of a new coordinator could have considerable implications in the future development of the MS/RMP.

The lack of minorities on core and project staffs has presented a problem. The acting coordinator admits the region has not faced up to this issue.

The ever continuing squabble between the Mountain State RMP, Colorado/Wyoming RMP and Intermountain) over territorial rights is causing problems.

ISSUES REQUIRING ATTENTION OF REVIEWERS

For the second year of its triennium (05 operational year) the region is requesting $2,049,530 for support of Core, Developmental Component, seven continuation projects and 4 new projects. This figure exceeds the Region's Council approved level ($1,511,000) by $538,530.

The complete lack of minority staff, professional or supportive, on Core and project staffs needs attention.

RMP: Mountain States PREPARED BY: James A. Smith DATE: 3/

1. GOALS, OBJECTIVES, AND PRIORITIES (8) --The region's goals of Subregional Centers for Continuing Education, Health Services for Rural Residents, Stimulating Health Manpower Development and Specialized Centers Development have not been changed or altered from those originally proposed in the triennial application.

Site visit report (3/71) states that the region seems to have very adequately assessed its needs, problems and resources; objectives and goals are congruent with National priorities.

To some extent, funding of operational programs to date appear to have been developed with political considerations in mind to give each of the states a share in activities. Site visit report approved this concept.

New program proposals of New Manpower for the Mountain States Region, Health Training Network, Kidney Disease Control Program and Predevelopmental Planning and Liaison Officer for HMO's appear to be congruent with the region's stated goals and objectives.

Recommended Action:

2. ACCOMPLISHMENTS AND IMPLEMENTATION (15)--MS/RMP has provided the momentum for expansion of the role of the nurse in health care services in rural areas. Two nurses training at Stanford's Nurses Practitioner Program are now providing primary health care in two remote mountain communities.

MS/RMP developed an outstanding coronary care training program in Montana which set the pattern for similar programs in Idaho, Nevada, and Wyoming. The RAG reports that as a result of this program, the majority of small remote hospitals now have special units with trained personnel.

MS/RMP has been instrumental in the development and support of the Mountain States Tumor Institute located in Boise, Idaho. For the first time, patients in this region have close access to a highly specialized diagnostic, treatment, and educational program.

MS/RMP continuing education efforts for nurses have resulted into four separate state programs that have a common thrust, training for the nurse outside the campus setting.

MS/RMP developed and supported the Montana Medical Education and Research Foundation through which representatives of all health professions and the educational institutions have been brought together in a common bond. A total of 105 continuing education programs for 22 health professions have reached 4,909 participants.

The RAG report states, "MS/RMP program activities are now proliferating through cooperative arrangements and co-funding which not only extend limited RMP dollars, but reinforce and [illegible] the capabilities of voluntary agencies and health organizations. MS/RMP is now

RMP: Mountain States PREPARED BY: James A. Smith DATE:

3. CONTINUED SUPPORT (10)

The region's policy for technical review requires the reviewers to ascertain whether there is a reasonable plan for the continuation of the proposal after RMP funding has expired.

MS/RMP phased out Project #9, Cardiac Care Training/Nevada, after two years of operations because it did not meet stated objectives. Four projects are stated to terminate at the end of this (04) grant period ending May 31. Only one, Project #8, Inhalation Therapy, will not be continued to some extent.

Recommended Action:

4. MINORITY INTERESTS (7)

MS/RMP has two minorities represented on a 30-member RAG. One black and one Spanish surname. There are no minorities working on core or project staffs in either professional or non-professional positions. Minorities account for approximately 5% of the total population in the region.

RECOMMENDED ACTION:

MP: Mountain States RMP PREPARED BY: James A. Smith DATE:

5. COORDINATOR (10)

The coordinator, Alfred Popma, M.D., retired in December 1971, after serving five years in that capacity. His deputy, John Gerdes, Ph.d., was appointed interim coordinator until the RAG makes a final selection out of a field of 65 applicants. Dr. Gerdes is a candidate for the job.

Recommended Action:

6. CORE STAFF (3)

The programmatic operations of core is decentralized into sub-regional offices located in each of the four states. The central core office which functions in an administrative and coordinating capacity, is located at Bosie, Idaho. The site visitors to the region in 1971 reported that the MS/RMP core reflected a broad range of professional competence and had been highly effective.

Mountain States PREPARED BY: James A. Smith DATE:

7. REGIONAL ADVISORY GROUP (5)

The RAG was reorganized in 1970 from an original group of 160 members down to a more manageable and effective number of 26. However, the site visitor in 1971 found the smaller new RAG to be largely weighed with medical people and generally inadequate in minority, allied health and consumer interest. In response to advice from RMPS to broaden the representation of the RAG, the Region increased the membership from 26 to 30 members. The four new members were selected from nominees chosen to represent minorities and non-health related consumers.

Recommended Action:

8. GRANTEE ORGANIZATION (2)

The site visit report of March, 1971, found no reason to question the Western Interstate Commission for Higher Education (WICHE) role as grantee agent for the MS/RMP. WICHE as the "backdrop" for MS/RMP seemed to the site visitors to be a reasonable and functional organization that provides strong management expertise. However, there are currents of discontent on the part of some members of the MS/RMP staff and RAG regarding what they consider WICHE's over zealous involvement in programmatic affairs. They see WICHE's responsibility limited to fiscal management and accountability. These differences have surfaced and the RAG has begun deliberations to determine whether MS/RMP should remain with WICHE as grantee or form a separate non-profit corporation.

RECOMMENDED ACTION:

RMP: Mountains States PREPARED BY: James A. Smith DATE:

9. PARTICIPATION (3)

The site visitors reported that practicing physicians and organized medicine are significantly supporting and participating in the program. Many community hospitals, including their boards and staff are firmly committed and involved. The involvement of nursing professionals is extensive. In general, there seems to be satisfactory political and economic interaction in the MS/RMP.

Recommended Action:

10. LOCAL PLANNING (3)

The Regional Advisory Group reports that the advisory boards and councils of CHP, Model Cities, Community Action, Division on Aging and others include RMP representation. Also, RAG or staff members frequently serve as consultants on projects developed by these agencies. The RAG recognizing the need for close dialogue and relationships with these local planning agencies has thought about the possibility of a general chairman of health for all four (Model Cities, CAP, CHP, and RMP) agencies.

Mountains States PREPARED BY: James A. Smith DATE:

11. ASSESSMENT OF NEEDS AND RESOURCES (3)

The site visitors reported that the Regions efforts in determining its needs, problems and resources have been adequate in most respects. However, planning efforts appear to be limited to the immediate future.

ecommended Action:

12. MANAGEMENT (3)

The retirement of Dr. Popma could raise the question as to whether the excellent management of core activities will continue. However, Dr. John Gerdes, his deputy, is well qualified and has Dr. Popma's endorsement for appointement as his replacement.

RECOMMENDED ACTION:

RMP: Mountain States PREPARED BY: James A. Smith DATE:

13. EVALUATION (3)

The site visit report stated that MS/RMP evaluation methods are under very capable direction, and evaluation for the program is of very high quality. In response to advice from RMPS to develop better feedback fo program and project evaluation to the RAG, the RAG has formulated a four-member evaluation committee. This committee will assist staff in the development and dissemination of evaluative information to assist RAG in decision-making.

Recommended Action:

14. ACTION PLAN (5)

MSRMP has established a rating system which is used by RAG to establish priorities for all operational and supplemental projects. The priority rating procedures appear to carefully asses whether the programs are congruent with national and regional goals.

RMP: Mountain States RMP PREPARED BY: James A. Smith DATE:

5. COORDINATOR (10)

The coordinator, Alfred Popma, M.D., retired in December 1971, after serving five years in that capacity. His deputy, John Gerdes, Ph.d., was appointed interim coordinator until the RAG makes a final selection out of a field of 65 applicants. Dr. Gerdes is a candidate for the job.

Recommended Action:

6. CORE STAFF (3)

The programmatic operations of core is decentralized into sub-regional offices located in each of the four states. The central core office which functions in an administrative and coordinating capacity, is located at Bosie, Idaho. The site visitors to the region in 1971 reported that the MS/RMP core reflected a broad range of professional competence and had been highly effective.

RECOMMENDED ACTION:

RMP: Mountain States RMP PREPARED BY: James A. Smith DATE:

17. IMPROVEMENT OF CARE (4)

The complexity of this region is manifold. This is a four-state region that contains not only vast rural areas but also urban concentrations. With the limited funding available, the region feels it can be the most effective through their programs to up-grade the skills and knowledge of the health care providers.

Recommended Action:

18. SHORT-TERM PAYOFF (3)

The MS/RMP's operational programs to improve the availability and quality of health care in the region is beginning to pay off. The RAG reports that the Coronary Care training project has provided most of the small isolated rural hospitals with trained staff. Also, through the support and development of the MS/Tumor Institute, for the first time, cancer patients in the region have access to a high quality treatment center.

MP: Mountain States PREPARED BY: James A. Smith DATE:

19. REGIONALIZATION (4)

The RAG reports that MS/RMP efforts toward regionalization has done much to dissipate the historic sectionalism in each of the Mountain States. There are few, if any, areas in the Region which have not felt the thrust of MS/RMP-supported continuing educationwhich professionals now consider a right as well as an obligation. The patient in an isolated area, as well as the health practitioner is benefitting from this impact.

Recommended Action:

20. OTHER FUNDING (3)

MS/RMP is formulating an increasing number of co-funded and con-jointly sponsored programs. The MS/Tumor Institute with 365,000 local funds and coronary care training--Southwest Idaho with 9,000 dollars, illustrate this trend.

RECOMMENDED ACTION:

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations & Development

DATE: April 18, 1972

FROM : Director, Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the Mountain States Regional Medical Program Application RM 00032 May/June 1972

Accepted ✓ 4/19/72
(date)

Rejected _____ _____
(date)

Modifications:

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	788,286		947,034	
Sub-Contracts	-0-		-0-	
OPER. ACTIV.	630,066		708,345	
DEVEL. COMP.	approved but unfunded		100,000	Yes (x) or No ( )
EARMARKS:				
KIDNEY	-0-			
Kidney #24			74,576	Disapproved
Health Trng. #23	-0-		219;575	**
RMPS DIRECT	1,418,352	1,741,000 *	2,049,530	1,725,000 **
REQUESTED	2,449,940			
COUNCIL APPROVED LEVEL	1,741,000			
NON-RMPS and INCOME				

* Under 2/8/72 National Advisory Council policy, the approved NAC level for the first year of the triennium prevails.

** Action on education proposal pending special review. Funds for that project not included in this figure.

REGION Mountain States RMP

May/June 1972, REVIEW CYCLE

Region Mountain States RM 00032
Review Cycle June 1972
Application: Anniversary Within Triennium

Recommendations From Rating: 314

[x] SARP
[ ] Review Committee
[ ] Site Visit
[ ] Council

The Staff Anniversary Review Panel concurred with staff recommendations for the 02 year Anniversary Application from Mountain States Regional Medical Program. The Panel recommended a funding level of $1,725,000 for support of the Core Program, Developmental Component and nine operational projects. This proposed funding level does not exceed the National Advisory Council's recommended level of $1,741,000 for the second anniversary year.

Two new projects presented by the Region in this application, #23-Health Training Network and #24-Kidney Disease Control Program are not included in the above funding recommendations. Project #23-Health Training Network is an AHEC proposal and will be reviewed separately by the Ad Hoc Review Panel at Sun Valley. Based on the recommendation received from the Kidney Mini SARP Review, the SARP disapproved Project #24-Kidney Disease Control Program. The Region will be advised of the proposal's inadequacies and be provided, if requested, with staff assistance and counseling in developing a new proposal.

There was general agreement by SARP that MS/RMP has been effective and productive in the past. With the recent selection of Dr. John Gerdes, Deputy Coordinator, to become Coordinator, there is no reason to believe that this positive trend will not continue.

Since the February summit conference meeting between MS/RMP, WICHE, and RMPS, the tension between MS/RMP and WICHE appears to have diminished. The relationship of MS/RMP to WICHE and particularly the issue of programmatic latitude is under study by the RAG. However, there are favorable indications that a compromise amicable to both parties is about to be reached.

The reviewers thought that the goals as promulgated by MS/RMP are all inclusive which gives them wide parameters for programing . However, the lack of any definable short-term objective hinders any real measurement of achievement either by the Region or RMPS.

SARP was especially concerned about the new proposal #25-Predevelopmental Planning and Liaison Officer for HMO in Sweetwater and Fremont Counties, Wyoming. It was noted that the budget zooms upward from $19,275 for the first year to $175,000 for the second with no explanation for the increase. They advised that the Region be cautioned against any tendency to get involved in the acutal development or support of an HMO.

Most of the reviewers thought that while liaison activity was a legitimate function for the Region, it should be a part of Core and not a separate project.

SARP was equally concerned about the lack of minority employees on either the Core program or project staff. It was noted that the Region had added minorities to the RAG in the past year and the new coordinator has requested a situation report on minorities by May 1 from each of the four-state directors. However, it was recommended that the region give full attention to acquiring minority employees when vacancies become available.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations and Development CRC

DATE: April 18, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the Kansas Regional Medical Program Application RM 00002 6/72.

Accepted _____ 4/24/72
(date)

Rejected _____
(date)

Modifications:

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 05 OPER. YEAR	06 YEAR COUNCIL RECOMMENDED LEVEL	06 YEAR REQUEST	RECOMMENDED FUNDING X SARP REV. COM.
CORE	932,846		1,020,400	
Sub-Contracts				
OPER. ACTIV.	415,757		**** 577,500	
DEVEL. COMP.	DISAPPROVED		134,860*⊛	Yes ( ) or No ( )
EARMARKS:				
KIDNEY (#40)	111,826(dd)		(125,000)	125,000
Model Cities (#45)	52,810(dd)		(39,550)	
- PS DIRECT	1,348,603	1,800,000⊛	1,732,760	1,425,000**⊛
REQUESTED	2,750,577			
COUNCIL APPROVED LEVEL	1,800,000			
NON-RMPS and INCOME				

⊛ Under 2/8/72 NAC Policy, the approved NAC level for the first year of the Triennium prevails

*⊛ Withdrawn by KRMP

**⊛ PLUS kidney funds of $125,000

**** This amount includes $125,000 for #40 and $39,550 for #45

REGION KANSAS

June 1972, REVIEW CYCLE I

Revised 5/2/72

REGION Kansas
REVIEW CYCLE June 197 2

Type of Application Annivers
within triennii

RECOMMENDATIONS FROM

[XX] SARP ☐ Review Committee Rating 264

☐ Site Visit ☐ Council

FUNDING RECOMMENDATION: The Staff Anniversary Review Panel (SARP) recommended that KRMP be funded in the amount of $1,550,000 to include kidney funds (Project #40) which are not to exceed $125,000 for the 06 operational year. This amount ($1,550,000) reflects a reduction in that the application request was for the amount of $1,732,760.

RATIONALE: SARP felt that the recommended amount would provide the Program sufficient financial latitude for the projected expansion of activities within the Region especially since the KRMP now plans to pursue the supplemental funding route for several community health manpower programs. Since the prerogative of an out-of-phase supplement was not available to the Coordinator at the time that the present application was prepared, a Developmental Component had been requested for the sole purpose of establishing activities dealing with expansion and augmentation of manpower programs at the community level. In view of the new option now available, the Region has chosen to withdraw the Developmental Component and compete for supplemental funds using both the May 1 and June 1, 1972, protocols. Since the Region plans to utilize available liquid assets in the Core budget for 46 planning and feasibility studies, reviewers did not feel that additional developmental funds were needed at this time.

CRITIQUE: SARP concurred with Staff regarding its assessment of the KRMP. The Coordinator's "style" and his apparent dominance over his RAC and staff suggest some problems and weaknesses. Program staff is talented but apparently underutilized. Turnover of subregional staff is significant. The reviewers believed that the Regional Advisory Council should address these problems.

In the past, the RAC has been somewhat of a "rubber stamp" organization although the Coordinator indicates that this body is becoming more mature. More involvement by the Local Advisory Groups and the RAC is strongly recommended. Committee organization and Program Staff participation are indicative of increased interest and involvement.

SARP felt that since KRMP was one of the first Programs to become operational, their track record was somewhat disappointing. Although there has been a great deal of Core and Project activity, it is very difficult to obtain any real sense of explicit accomplishment.

Because of the above mentioned problems, SARP had recommended that the Developmental Component be disapproved. Since this request has subsequently been withdrawn and the requested funding level is below the NAC approved level for the 02 year, it would not be necessary that this application be submitted to the Review Committee.

Technical assistance was recommended, as follows: (1) Plan a Management Assessment Visi to KRMP in the immediate future. (2) Invite Mr. Ray House, recently appointed RAC Chairman, to participate in a site visit to an "A" Region with a strong Advisory Group. (3) Invite Dr. Brown, Coordinator, to participate in a site visit to an "A" Region. (4) Give Technical Assistance to the KRMP in regard to the pending 910 Kidney application (composite; Bi-State, Missouri, and Kansas estimated at $1,000,000). (5) Assist and encourage KRMP how best to use the results of their intensive evaluation efforts.

4/17/72

March 21, 1972

Post Mini-SARP Report
Mountain States Regional Medical Program
Kidney Disease Control Program Proposal

Proposal Summary

Based on a lack of any Kidney Disease Program, it is proposed that 2 centers each in Idaho, Montana, Nevada, and Wyoming be developed for the retrieval and transportation of cadaveric kidneys to 6 transplantation centers outside of the region in Seattle, Denver, Portland, Salt Lake City, San Francisco, and Los Angeles. Furthermore, it is proposed to establish a continuing education program for appropriate health professional directed toward the management of patients with chronic renal disease. It is also proposed to develop a regional public education program regarding kidney disease. The projected Ist year budget for the program is $76,000.

Mini-SARP Action

The Mini-SARP recommended that the MSRMP Kidney Disease Control Program Proposal not be approved for funding. The Panel feels that the intent of the Local Technical Review Panel recommendations have not been embodied in this proposal, and the Panel believes that the proposal does not fit the guidelines of November 1970 and the more recent position paper of January 1972 on Kidney Disease. The panel felt the technical aspects of the establishment of the retrieval and transportation network were sound in terms of geographic distribution, professional personnel availability, and population concentration, however, more than a retrieval and transportation network is necessary to establish a Kidney Disease Control Program. The panel fears that the proposal does not assure that any Mountain States Region patient will necessarily benefit or receive transplantation as a result of the program. The program does not address itself to providing chronic or home dialysis, and it does not address it self to the delivery of services to the non-wealthy patient with chronic renal disease.

Mini-SARP Recommendations

The Mountain States Region should prepare and present a new Kidney Disease Control program after the following steps have been taken:

1. A survey to determine the number of potential harvestable kidneys within the region should be conducted to determine whether or not kidney retrieval will be cost effective, and as a guide in determining where retrieval centers should be established.
2. A survey of the incidence, prevalence, morbidity, potential number of transplant candidates, and mortality of chronic renal disease in the two unsurveyed states of Nevada and Wyoming should be conducted to aid the region in determining the scope and size of the various aspects of its Kidney Disease Control Program.

The proposal should contain:

3. More substantiative arrangements and agreements with the participating transplant medical centers concerning kidney usage, sharing, and transplantation of Mountain States patients.
4. A program for the development of a chronic dialysis program and 3rd party & State support for chronic dialysis for the patient in the Mountain States.
5. Provisions so that the patient without unlimited wealth can be a renal transplant recipient if medically acceptable.
6. Provision for continuing professional education in the areas enumerated in the present proposal and including professional education in home dialysis and its supervision to dovetail with currently developing home dialysis training programs.
7. Explanation of the 2½ times increase in 2nd year equipment expenses when equipment purchased in year 02 is only 5/4 of that to be purchased in year 01.
8. Acceleration of the public education program timetable so that it may have some impact in meeting its objectives in the program.

Jimmy L. Roberts, M.D.
RMPS/DPTD

JLR/jlr

Review Cycle: June 1972
Type of Application: Anniversary Within Triennium
Rating: 319.4 (B)

Recommendations From

[ ] SARP
[X] Review Committee
[ ] Site Visit
[ ] Council

RECOMMENDATION: The Committee agreed with the site visitors in recommending increasing the Council approved level for the 02 and 03 year, approval of the developmental component request, continuation of program staff and seven ongoing projects, the implementation of an approved and unfunded project and the initiation of three new projects. The Committee, parelleling the recommendation of the Kidney Staff Review panel and the site visitors disapproved Project #15 - Home Dialysis Training Program with advice to seek consultation from existing and proficient home dialysis training programs.

The total request and recommendations are as follows:

	Direct Costs	
Year	Requested	Recommended
02	$1,316,577	$1,099,000 *
03	1,211,672	1,138,135

*Includes $27,060 for Project #14 - Kidney Organ Donor Program

CRITIQUE: The N/SRMP continues to exhibit the strength that led the Committee to recommend an approval of the triennium application last year. The problem areas identified during last year's Site Visit have received attention, and although not all have been solved, definite progress has been accomplished. The reorganization of the corporation, both at the policy-making level and at the operational-level will undoubtedly increase the effectiveness of the Program. The policy-making level is still cumbersome. However, the Committee recognized the problems encountered in restructuring the organization to meet RMPS guidelines and believed that the organization as now formulated will prove to be functional. The Committee believed that the administrative capabilities of the Coordinator and his key-staff have increased and that the Program, although somewhat lacking in formal community participation, has developed valuable informal participation linkages. Committee further noted that the goals and aims committee does not include any minorities. A mechanism needs to be developed to enable minority groups to present their views to RAG.

The Region was found to be developing coordinated program thrust that is realistic in terms of community needs and there are adequate review mechanisms to establish priorities, formulate projects and Program staff actions into programs and monitor these programs after they are operationalized.

The Committee questioned specifically two projects; The Pediatric Nurse Practitioner Training - Project #12 and A Regional Approach to Computer Assisted Electro Cardiograph and Spirometry - Project #7. Regarding the latter project reviewers felt the expenditures were justified on two levels namely creating linkages among hospitals and early plans to make this project self sufficient.

The Pediatric Nurse Practitioner Project was found to be designed in line with the joint "Guidelines on Programs for Pediatric Nurse Associates" issued by the American Nurses' Association and the American Academy of Pediatrics. In addition the project also complies with the laws and standards set forth by the State of New York.

Special Council Action

Committee recommends to Council for their review and consideration that HSMHA joint fund the Nassau-Suffolk RMP-CHP Inc. From an organizational and theoretical point of view committee feels this would be beneficial to the region. It would mean in effect that HSMHA would be receiving a single application from a single agency and that a joint award would be issued either from CHP or RMPS. In effect RMPS would be coordinating our central and regional office efforts with CHP in the review of the application and the expenditures of the region.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 01 OPER. YEAR	02 YEAR COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	331,234		446,179	$381,000
Sub-Contracts				
OPER. ACTIV.	463,260		729,569	611,940
DEVEL. COMP.			79,449	79,000 Yes (X) or No (
EARMARKS: KIDNEY			61,360	27,060
RMPS DIRECT	*794,494	868,408	1,316,577	1,099,000
REQUESTED	1,467,221			
COUNCIL APPROVED LEVEL	829,755			
NON-RMPS and INCOME	--		--	

REGION Nassau-Suffolk RMP

May/June 1972, REVIEW CYCL

*$794,494 was awarded for the 12-month budget period 7/71-6/72. Region has been extended two months to 8/72 to accommodate the three-cycle review system. A pro-rated amount of $132,414 has been awarded for the two-month extension.

RMPS

STAFF BRIEFING DOCUMENT

EGION Nassau/Suffolk Regional Med. Program

OPERATIONS BRANCH /X/ Eastern /_/ South Centr'l /_/ Mid-Co /_/ Weste

YPE APPLICATION

/_/ TRIENNIAL

/X/ 1st ANNIV YEAR

/_/ 2nd ANNIV YEAR

/_/ OTHER

Not rated LAST RATING

_____ 197____ DATE

/_/ SARP

/_/ REV. COM.

/_/ OTHER

BRANCH
Tel. No. 301-443-1810 Room 10-35

BRANCH CHIEF Mr. Frank Nash

BRANCH STAFF Jerome J. Stolov/E. I. Faa

RO REP. Mr. Robert Shaw

Last Mgt. Assm't Visit July 19

Chairman Mr. Simonds, Mr. Haglund, Mr. Baker

AST S.V. March 25-26 1971 ; Chairman Dr. John Kralewski

taff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)

1. Nov. 11, 1971 Mr. Simonds, Mr. Mercker, Ms. Faatz

ajor Events Which Occurred in the Region Affecting the RMP Since Its Last Review
n April 1971 ;

March 1972 14-15 CHP Site Visit
Revision of grantee and RAG bylaws to form new corporation.
Revision of cost accounting practices to better account for RMP dollars.

Feb. 1972 Sept. 1 was designated to be the new anniversary date for the NSRMP grant.

Jan. 1972 Dr. Margulies comments on the need for RMP fund accountability and RAG responsibility for program matters.

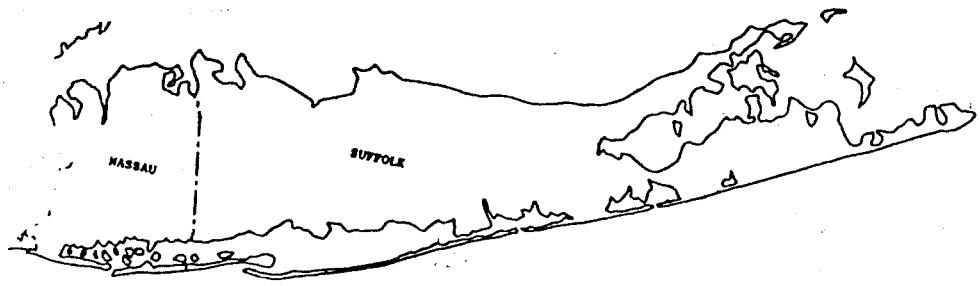
Dec. 1971 Dr. Hastings responds to Management Team Report. States his objections to forming new grantee organization.

Nov. 1971 11 Management Survey Team Report

May 1971 Advisory Council recommendation for 01-$829,755 02-$868,408 03-$908,043.

March 1971 25-26 Last Site Visit.

REGIONAL CHARACTERISTICS OF
NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM



Nassau-Suffolk Congressional Districts 1-5

1. Otis G. Pike (D)
2. James R. Grover, Jr. (R)
3. Lester L. Wolff (D)
4. John W. Wydler (R)
5. Norman F. Leut (R)

Geography and Demography--Region encompasses two counties, with an increasing population and urbanization.

Nassau County--1,428,000; Suffolk County--1,011,000; Total--2,438,000

Population (1970 Census)--2,539,700 compared with 1,967,000 in 1960

Land Area: Nassau--300 sq. miles; Suffolk--922 sq. miles;
Total 1,222 sq. miles; Density, 2,080 per sq. mile.

Urban: Nassau--nearly 100%; Suffolk--about 90%

Non-White Population, Nassau and Suffolk, 1960-1970

Year	Number	Per Cent
1960	76,919	3.9
1970	143,027	5.5

Population per Square Mile, Nassau and Suffolk, 1950-1960

	1950	1960
Nassau (300)[a]	2,243	4,334
Suffolk (922)	300	723

[a] Area in square miles

Population Growth

	1950	1960	1970 (EST.)
Nassau	672,765	1,300,171	1,461,250
Suffolk	276,129	666,784	1,133,845
Total	948,894	1,966,955	2,595,095

U.S. Census; Long Island Lighting Co. Population Survey

Population, Distribution by Age, Nassau-Suffolk, 1960-1975

	1960	% of Total	1970	% of Total	1975	% of Total
Under 15	667,617	33.94	833,470	32.00	872,229	30.15
15-19	119,335	6.07	244,649	9.39	282,556	9.77
20-24	75,614	3.84	184,666	7.09	222,411	7.69
25-29	105,637	5.37	145,005	5.57	206,255	7.13
30-39	331,777	16.87	318,754	12.24	348,037	12.03
40-49	279,825	14.23	380,462	14.61	371,220	12.83
50-69	304,993	15.51	402,038	15.43	484,078	16.73
70 and over	82,157	4.18	95,778	3.68	106,433	3.68
TOTAL	1,966,955	100.01	2,604,822	100.01	2,893,219	100.01

Health Manpower

Physicians--Nassau, one practicing physician for every 716 residents (U.S. 1/653); Suffolk, one M.D./1,014.
50% of physicians--some type of specialty
25% of physicians--general practitioners
25% of physicians--in both Counties registered no hospital affiliation

Dentists--Nassau, 1,457; Suffolk, 649; Total--2,106.

Nurses--Nassau, 8,827; Suffolk, 7,193; Total--16,020.
Inactive: Nassau, 3,750; Suffolk, 2,345; Total--6,050

Allied Health--The present market for budgeted allied health positions is 16,965. The employment figures reported are 15,304 allied health positions.

Health Facilities--38 hospitals in Bi-County Region; 32,000 beds.
A. 25,698 for mental care
1,068 beds at V.A. hospitals
510 proprietary hospitals
86 Nassau County Medical Center
44 in voluntary non-profit hospitals
23,990 State mental institutions

B. 6,657 General care beds and TB and Rehab.
3,745 or 56.3% in voluntary hospitals
2,176 or 32.77% in proprietary hospitals
736 or 11.0% local Government

Long Term Care--5,897 beds in six nursing homes
4,581 or 77.7% proprietary
1,087 or 18.4% Government
229 or 3.9% non-profit

Developing Medical School--State University of New York, Stony Brook, L.I. Health Sciences Center--Medical School plans include establishment of 600 bed University Hospital

Nassau/Suffolk Regional Medical Program

Component and Financial Summary

Component	Current Award 01 yr.	Next Year 02 year: Council Recommended Level	Next Year 02 year: Request	Recommended Funding ☐ SARP ☐ Review Committee
Core	$ 331,234		$ 446,179	
Operational Activities	463,260		729,569	
Developmental Component			79,449	
Earmarks: Kidney		-0-	61,380	
RMPS Direct	794,494*	$ 868,408	$1,316,577	
TOTAL RMPS	$ 794,494		$1,316,577	
Non-RMPS & Income	-0-		-0-	
TOTAL BUDGET	794,494		1,316,577	
REQUESTED	$1,467,221			
Council Approved Level	829,755			

*$794,494 was awarded for the 12-month budget period 7/71-6/72. Region has been extended two months to 8/72 to accommodate the three-cycle review system. A pro-rated amount of $132,414 has been awarded for the two-month extension.

Region: Nassau/Suffolk RMP

Review Cycle: June, 1972

ACCOMPLISHMENTS SINCE LAST REVIEW

1. The proposed reorganization of the RAG/Grantee structure to eliminate confusion and clearly spell out the roles of each.

2. The development of new cost accounting procedures for better control of RMP and CHP dollars.

3. Reorganization of core.

4. Apparent continuation of good and productive relationships with numerous other organizations.

5. Revision and simplification of the review process.

PROBLEM AREAS

1. There is some indication that the joint RMP/CHP direction and staffing, with its organizational and functional reflections, is not only confusing to the larger provider community but may be counter-productive from an RMP vantage point in achieving the cooperation of providers.

2. The N/SRMP has invested a considerable amount of effort in planning studies. How have the results of the planning affected the Region, both the RMP and others?

3. Does the application present an overall plan of action into which the various activities logically fit?

4. Is the membership of the Joint Aims and Goals Committee and the Joint Program Committee such to raise question as to the maintenance of separate identities for the RMP and CHP?

OTHER ISSUES REQUIRING ATTENTION OF REVIEWERS

1. The reasonableness of the new RAG/Grantee structure.

2. Adequacy of core organization and management, and the need for additional core staff.

3. The functions of the 19 local CHP planning committees.

4. The mechanics of the project evaluation strategy.

5. Adequacy of review process, both programmatic and technical.

6. Has the progress of the Region during the past year been sufficient to warrant an increase in the Council-recommended level?

MARCH 17,1972

BREAKOUT OF REQUEST
02 PROGRAM PERIOD

REGION - NASSAU-SFK
RM 00066 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CORE	$446,179				$446,179		$446,179
D000 DEVELOPMENTAL COMPONENT				$79,449	$79,449		$79,449
001 COMPREHENSIVE HOME CARE	$95,260				$95,260		$95,260
002 NASSAU SUFFOLK STROKE EVALUATION AND REFERRAL	$94,196				$94,196		$94,196
003 DEVELOPMENT OF PAP SMEAR AND SELF BREAST EXAM	$105,468				$105,468		$105,468
004 REGIONAL MEDICAL LIBRARY	$46,750				$46,750		$46,750
005 COMPUTERIZED RADIATION THERAPY	$34,619				$34,619		$34,619
006 SMOKERS WITHDRAWAL WORKSHOP	$7,050				$7,050		$7,050
007 COMPUTERIZED EKG AND SPIROMETRY	$92,576				$92,576		$92,576
009 REGIONAL DRUG INFORMATION SERVICES			$79,200		$79,200		$79,200
012 PEDIATRIC NURSE PRACTITIONER TRAINING PROGRAM				$78,450	$78,450		$78,450
013 DEVELOPMENT OF A DEPARTMENT OF COMMUNITY MEDICINE				$96,000	$96,000		$96,000
014 NASSAU SUFFOLK REGIONAL ORGAN DONOR PROGRAM				$27,060	$27,060		$27,060
015 HOME DIALYSIS TRAINING PROGRAM				$34,320	$34,320		$34,320
TOTAL	$922,098		$79,200	$315,279	$1,316,577		$1,316,577

MARCH 17, 1972

BREAKOUT OF REQUEST
03 PROGRAM PERIOD

REGION - NASSAU-SFK
RM 00066 06/72
RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
C000 CORE	$482,246				$482,246		$928,425
D000 DEVELOPMENTAL COMPONENT				$79,449	$79,449		$158,898
001 COMPREHENSIVE HOME CARE	$97,603				$97,603		$192,863
002 NASSAU SUFFOLK STROKE EV ALUATION AND REFERRAL	$118,426				$118,426		$212,622
003 DEVELOPMENT OF PAP SMEAR AND SELF BREAST EXAM	$106,557				$106,557		$212,025
004 REGIONAL MEDICAL LIBRARY	$48,994				$48,994		$95,744
005 COMPUTERIZED RADIATION T HERAPY	$24,719				$24,719		$59,338
006 SMOKERS WITHDRAWAL WORKS HOP							$7,050
007 COMPUTERIZED EKG AND SPI ROMETRY	$58,788				$59,738		$151,364
009 REGIONAL DRUG INFORMATIO N SERVICES			$64,770		$64,770		$143,970
012 PEDIATRIC NURSE PRACTITI ONER TRAINING PROGRAM				$63,040	$63,040		$141,490
013 DEVELOPMENT OF A DEPARTM ENT OF COMMUNITY MEDICINE				$67,080	$67,080		$163,080
014 NASSAU SUFFOLK REGIONAL ORGAN DONOR PROGRAM							$27,060
015 HOME DIALYSIS TRAINING P ROGRAM							$34,320
TOTAL	$937,333		$64,770	$209,569	$1,211,672		$2,528,249

NASSAU-SUFFOLK REGIONAL MEDICAL PROGRAM

The Nassau-Suffolk Regional Medical Program organizational structure at both the Core level and the Corporate and RAG level was the source of concern for a Site Visit team on March 25-26, 1971. The team recommended that the region be made operational for three years with the condition that they obtain the services of an outside management consultant to examine the organizational structure and operating procedures with specific attention directed toward the RMP/CHP relationships. On September 28, 1971, Dr. Margulies offered the services of the Management Survey Team. On November 11, 1971, a team composed of Tom Simonds, Rod Mercker, Eileen Faatz, and Spero Moutsatsos visited NSRMP to examine these organizational structures and the relationship between RMP and CHP.

By way of summary, the following comments are made. Each is discussed more fully in the body of this report. The team concluded that the identities of RMP and CHP have been maintained while at the same time effecting an unusually close working relation. There is however, a need for more accurate cost allocation. The presence of corporate members on the RAG is not a great concern to RMPS, but they should not be in a position of dominance. The RAG must develop its own set of By-Laws establishing it as an independent body responsible for all program decisions. The team did not find any cause for concern regarding the administration of the Core offices or the span of control of the Executive Director.

RMP-CHP RELATIONSHIP

The Nassau-Suffolk Regional Medical Program is unique in its relationship to CHP in a couple of significant respects. Although the advisory boards of the two organizations are separate (the RAG and the CHP Council), there is being created a joint committee structure for both programmatic and administrative aspects of both organizations as indicated on the attached chart. (See page 5). The RMP Coordinator shares his time equally between RMP and CHP "b" activities and serves also as Director of the CHP "b" area wide agency. He directs a joint RMP/CHP core staff, all the members of which are, for bookkeeping purposes, on one payroll or another in an approximate ratio of 40% CHP and 60% RMP. In actuality all employees devote their time to whatever area is timely, regardless of whether it is classified as RMP or CHP.

Although the two advisory groups are separate bodies, the staff team fully expected to find this division to be primarily a paper creation, with a phantom superstructure composed of the overlapping memberships between the two groups providing for a RMP/CHP program merger in fact, if not officially. This supposition appears not to be borne out by an analysis of the membership of the two groups, although attendance records might alter the analysis result.

Our analysis reveals that there are 82 seats on the RAG and 93 on the CHP Council. Twenty-two people hold membership on both groups. Therefore, of the total representation of 153, approximately 14% of the members have joint interests in both groups; 27% of the RAG and 24% of the CHP Council. In terms of activity, using as an indicator membership on a committee or election to an office, it appears that for most of the overlapping members, their predominant interest lies with either one group or another. For instance, of the 22 overlapping members only seven belong to a committee or hold office for both the RAG and the CHP Council. The rest concentrate their membership on one group, with only token membership on the other organization.

To counterbalance power exerted by the 22 joint members, each organization has a large number of active members who are interested in one organization only. There is a sizable number of active members (activity, again, measured by participation in at least one committee or election to office) on each body which has no overlap with the other group: 23 on the RAG and 19 on the CHP Council. It does seem then that the Region is maintaining separation at the Council level, although RMPS staff should keep an eye on situations which may mitigate against this division. Primary among these might be the future formation of joint committees and the membership on each. For example, the Joint Aims and Goals Committee presumably has been functioning since the Spring of 1971. It has an "open" membership; i.e., the dates of meetings are circularized and those who are interested attend. This is further complicated by the fact that membership lists furnished to the staff visitors in mid-November still contained listings for separate goals committees for the two organizations. There remains some question then as to who participates in the important functions of this committee--primarily, the fashioning of generalized goals, priorities, and a program plan for the two-county region.

Similarily the joint Program Committee has not yet been formed, but when it is, it will have the task of allocating resources between RMP and CHP and monitoring the joint program effort. Clearly, the membership on these committees is important.

REGIONAL MEDICAL PROGRAM GRANT FUND ACCOUNTABILITY

The unique relationship between the Regional Medical Program and Comprehensive Health Planning in the Nassau-Suffolk Regional Medical Program has resulted in the establishment of one health planning and administration organization that is funded from two Federal Government sources. Accountability for the Regional Medical Program grant funds is based on the relative amounts awarded by the two sponsors. Accountability is not based on the RMP-CHP identification of the activity for which funds are actually expended. The RMP-CHP organization prepares separate applications which are sent to the RMPS and CHP. Each staff member, with the exception of the Coordinator is assigned to the budget of the most appropriate sponsor. These assignments are made on the basis of general criteria which provide that RMP administers operational projects exclusively and Comprehensive Health Planning includes such things

as Environmental Health and air pollution. All other activities are considered RMP-CHP activities.

The Core staff has a system that is intended to account for their expenditure of grant funds to both the RMP and CHP as their granting agencies. Accountability for the expenditure of grant funds throughout the year is based on the budget requests submitted to the two sponsors. At the beginning of the grant year, Core staff establishes a ratio of RMP-CHP grant support requested and awarded. Then as grant funds are spent the costs are attributed to RMP and CHP grants on the basis of the ratio. Thus costs incurred throughout the year are charged to the two sponsors on a prorata basis. The demands placed upon RMPS dictate that more accurate accountability should be based upon expenditures and not budget estimates. A system should be developed and implemented through which grant expenditures are periodically identified and allocated between RMP and CHP grant support. The minimal requirements for such a system will be developed jointly between the RMPS and CHP. The CHP has been contacted to initiate joint development of minimal acceptable grant fund accountability requirements.

REGIONAL ADVISORY GROUP AND CORPORATION

The duplication of responsibilities and membership between the NSRMP Regional Advisory Group and the Corporation has been the source of considerable confusion and some concern. The difficulty in understanding the organization at this level results from thinking of the Corporation and RAG as separate bodies, each with its own identity, when in reality there is little difference. Interviews with NSRMP officials and a review of the By-Laws bear out this conclusion. As an example, there is only one set of By-Laws which incorporates both Corporation and RAG rules. Again, it must be kept in mind that except for the semantics, there is virtually no difference in the two.

Originally it was the plan of NSRMP that there be only one group and that the incorporators would also be the RAG. The Regional Medical Programs Service would not permit this arrangement and required that there be both a corporate body and a Regional Advisory Group. To satisfy this requirement, NSRMP added more members and designated them as non-corporate members of the RAG. The 67 Corporate members remained as voting members of the 82 member RAG. Although all RAG members may vote only Corporate members may hold office in the RAG or be a committee chairman.

The dual nature of membership in the Corporation and RAG and of the By-Laws is inconsistent with the basic need for the RAG to be separate and distinct from the grantee. To remove the appearance of dominance by the Corporation, the Corporate membership should be reduced to the minimum number necessary to meet the legal requirements of the State of New York and to provide the fiscal, personnel and other administrative affairs of NSRMP. This small

group should be considered as the Board of Directors of the Corporation and should conduct its affairs in periodic meetings apart from the total RAG. There is no objection to the Board of Directors being members of the RAG; however, they should not hold office. The designations of corporate and non-corporate members should be removed.

The By-Laws should be re-written to establish the Regional Advisory Group as an independent, self-sustaining entity responsible for all program decisions. It should not concern itself with the administrative deliberations of the Board of Directors.

SPAN OF CONTROL

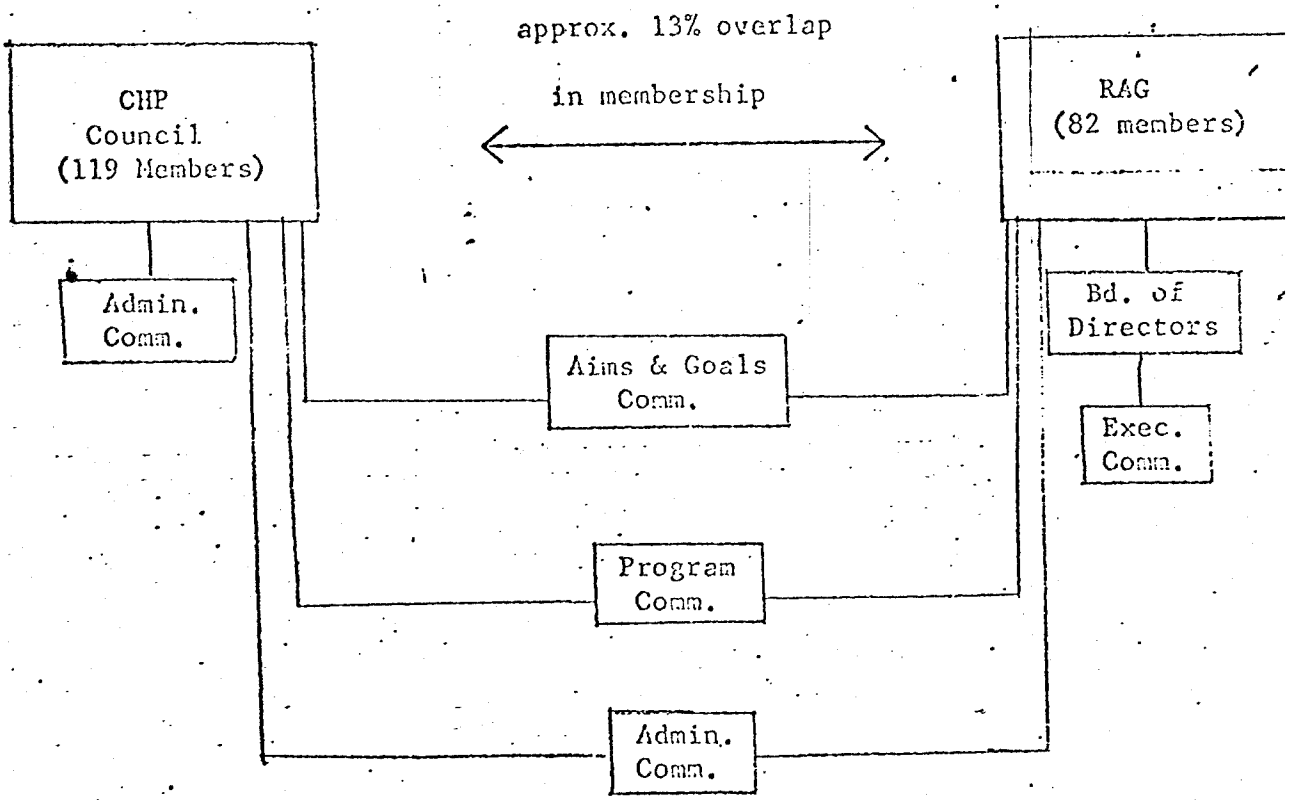
The Executive Director shares his time equally between RMP and CHP activities and in addition, is responsible for the management of the Core offices and supervision of the Core staff. On the surface this would appear to be a herculean task. In reality, the Executive Director does not perform his managerial duties without assistance.

The combined RMP-CHP staff is organized into three Divisions; namely, Administration, Program Development and Evaluation, and Sub-Area Planning. Each Division is headed by an Associate Director who is responsible for the management of his Division and who reports directly to the Executive Director. Appropriate delegations of authority have been made in writing to the Associate Directors to carry out their day-to-day duties and to service the appropriate committees of the RAG and CHP Council. The Associate Directors also serve as Deputies in the absence of the Director and in the performance of their assigned responsibilities, relieve the Executive Director of a great amount of detail.

The team concludes that the span of control of the Executive Director and the supervisory staff is reasonable and that responsibilities and delegations of authority have been assigned in a manner to provide for a properly managed program. The team did not review the management practices and actions of the supervisory staff and, therefore, draws no conclusions on how well the staff is directed below the Division level.

NASSAU-SUFFOLK

RMP/CHP



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Special Management Situation

Director, Regional Medical Programs Service
THROUGH: Acting Director, Division of Operations & Development, RMPS

March 27, 1972

Chief, Grants Management Branch
Division of Operations & Development
Regional Medical Programs Service

Visit to Nassau/Suffolk Regional Medical Program to Resolve the Problem of Accountability of RMPS Funds/

Enclosed is a copy of Mr. Miller's subject report indicating alternatives for administering the subject programs grant funds. We have two decisions to make: 1) How to satisfy expenditure in the current budget period, and 2) How to simplify an existing complex situation.

To facilitate accounting for current budget expenditure, I feel that Mr. Miller has indicated that detailed records must be maintained to identify the efforts of the employees in the pursuits of the two grant programs to the extent that they are able to charge costs appropriately. They have tried this on a weekly, one-time basis and have shown that to a great extent it can be accomplished. This we must do in order to satsify requirements based on two separate budgets and awards. For those activities that cannot be identified on a specific percentage of efforts basis, I concur in Mr. Miller's recommendations that the percentage established in the budget as awarded be applied. This would be communicated to the grantee so that there will be a basis for future audit.

With respect to future years, I strongly urge that we pursue a joint award with CHP. This is what Dr. Hastings would like to do and has so stated orally to me. If you concur, we will pursue this matter with CHP and appropriate offices. It is ironic that this program is viewed by both RMPS and CHP as being something less than we would hope the program could be. This point might well be one for consideration when and if we review a budget jointly with CHP.

In a jointly-funded grant, a percent of support is established by the programs and is funded on that basis unless during the year the efforts vary. In that case, the grantee should advise us and request an appropriate revision to the budget. If the volume of business in the future remains as it is, in all likelihood we would be the lead agency.

FILE COPY

OFFICE	SURNAME,	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

My alternate recommendation for future years would be to require the organization to become separate. As Mr. Miller points out, total costs would then be increased and we would probably not end up with that clean a break in the total picture anyway. We should be glad to discuss this matter with you.

/s/

Gerald T. Gardell

Enclosure

cc:
Official Grant File
Nash/Stolov
Mr. Chambliss
Mr. Miller
Board
File

GMB/GTGardell:rc 3/27/72

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Chief, Grants Management Branch
Division of Operations and Development

DATE: March 20, 1972

FROM : Grants Management Officer
Grants Management Branch, DOD

SUBJECT: Visit to Nassau/Suffolk Regional Medical Program to Resolve the Problem of Accountability for RMPS Funds

The individuals participating in the discussion of this subject from both the Grantee, RMPS and the Regional Office were as follows: Mr. Glen Hastings, Coordinator, Nassau/Suffolk RMP, Mr. Harrison Owen, Associate Coordinator, Nassau/Suffolk RMP, Mrs. Elaine Kaldor, Accountant, Nassau/Suffolk RMP, Mr. Gerald Hunt, Grants Management Officer, Region II and Mr. Roger Miller, Grants Management Branch, RMPS.

The Nassau/Suffolk organization currently allocates expenditures to its two Federal Programs based on the relative amount awarded by each Program. The basis for allocation, however, does not include funds set aside for direct RMPS "project" activities. The basis for distribution is RMPS funds provided for Core activities versus CHP Federal and matching funds provided for the same type activities. As the grant funds are spent the cost attributed to RMP and the CHP grants are distributed on the basis of this ratio which at the present time is 61.8% RMP and 38.2% CHP. Where contributory funds from either RMP, CHP or matching varies substantially, then the percentage ratio of each programs' contribution to the total, is revised and a retroactive adjustment for the entire budget period is made, to reflect the current level of contribution by each program to the total. The grantee's method of recording its expenditures, is to enter all joint RMP and CHP expenditures in the RMP cash disbursement ledger. Once this is accomplished, at the end of each monthly period the CHP portion is allocated from each expense nomenclature account in the cash disbursement ledger at the contributory percentage of 38.2%. This journal entry in effect, represents the transfer of the CHP portion of its total expenses to the CHP program; the balance naturally represents the RMP's share of its expenditures.

Since generally accepted accounting procedures dictate that an allocation of expenditures should be based on actual experience rather than initial budget estimates, I felt it was my assignment to determine a means of resolving the above situation. During the week immediately prior to my visit the staff of the Nassau/Suffolk organization prepared individual time-sheets by employee, whereby each employee accounted for their time on 15 minute intervals for an entire weekly period. A careful review of these time-sheets by the members participating in this group indicated that time fell into three major categories which were (1) directly attributable to RMP activities, (2) directly attributable to CHP activities, or (3) falling into a category that could not be specifically identified to either program.

Based on the review of the records and the ensuing discussion, it was resolved that we would come up with five alternatives solutions to this problem. These are as follows, and are discussed in greater depth in a latter section of this memorandum:

RECOMMENDATIONS:

1. Combine the organizations by issuance of a joint award under the joint funding concept.

2. Completely separate the organizations by requaring two separate staffs at two separate locations.

3. Allocate costs as presently operating.

4. Prepare a time study on quarterly basis for all employees to determine what portion of effort is devoted to each program. If it is found that a larger portion of effort is devoted to one program than the actual funds provided then it would be recommended that the operational program be adjusted accordingly.

5. Place a restriction on the RMPS grant award that funds could not be used for the Core activity that would result in more than a 50-50 split of Core costs between those funds provided by the RMP program and the CHP program inclusive of both Federal and matching shares.

Based on my study of the entire situation, the following are my pros and cons to the above recommendations which I am listing in priority order with one being my most favored recommendation:

1. I feel the most efficient recommendation which would encompass the least problems would be to joint fund this entire operation with a combined grant of RMP and CHP funds. Since RMP provides the major portion of funds for the operation of this organization, this option would include RMPS administration of the total grant. Since RMP is now extending the grant to this organization to August 31, beginning 9/1/72, the CHP grant and the RMP grant would be on the same fiscal period. Since there are costs of the combined operations that cannot be specifically identified with either one program or the other, I am of the opinion that this option would be the most feasible. In addition, since Dr. Wilson has proposed this concept, "it would be a feather in the cap" of RMPS to be one of the first programs to attempt to implement such a concept, with the results of the implementation being made available to the Administrator.

2. My second recommendation would be to require the grantee to prepare a time study on a quarterly basis utilizing a period of an entire week each quarter as the basis for the allocation of costs to

each program. In discussions with the Nassau/Suffolk representatives on this recommendation, they feel that if a hypothetical situation resulted where 30% of time could be specifically allocated to CHP and 30% of time could be specially allocated to RMP, and 40% of total time fell into the category of both, they were of the opinion that they could make the managerial decision to allocate the time into either category as they saw fit, to come back to the current allocation ratio of the 61.8% and 31.2%. I did not agree with their conclusion, since I feel that the time that fell into both categories would have to be allocated 50-50, and if this study indicated a disproportion of effort based upon funds provided, they would have to redistribute their program activities accordingly.

3. My third recommendation would be to place a restriction on the RMPS award to this organization, that RMPS funds could not be used for the Core activity, in a larger percentage than those funds provided by either Federal or matching funds by the CHP program. The representatives of the Nassau/Suffolk program were adamantly opposed to this proposal since they said it would severely restrict their operations. I felt, however, that since Mr. Hunt indicated that their is little or no community involvement in CHP, that such action would force them to stimulate community involvement in CHP to obtain increased local support for the CHP operation which in effect, allow them to put more RMP funds into the Core activity. I realize this suggestion is harsh in nature, but I feel we may have to take such action if this is the recommendation that is proposed.

4. My fourth recommendation would be to allocate costs based on the original budget estimates as is the current practice. Although I am completely opposed to this proposal, this is the procedure the Nassau/Suffolk organization would like to continue following. CHP programs are decreasing while funds available to the RMP program are increasing. As a result of this situation, continuation of the current method of allocation could eventually evolve in RMPS picking up 90% of the total Core staff salaries and related expenses while CHP would only be picking up 10%. It is currently the practice of Suffolk County, who contributes a portion of the matching share to the CHP project to be very restrictive as far as the amount of funds that are actually provided for the CHP operation. Suffolk County is trying their best to cut costs in view of a potential deficit, and as a result the Nassau/Suffolk CHP operation is looking forward to less of a contribution from this county. A lower contribution from Suffolk County by $5.00, in effect, results in a lower contribution from Nassau County of the same amount and a lower contribution from the Federal Government of twice the amount. So a loss of $5.00 from Suffolk County results in a total loss of $30.00 to the CHP program.

5. My last and least favored recommendation would be to completely separate the organizations. This in effect, would solve the problem, but would result in increased administrative costs to both the RMP and CHP for duplicate staff in all administrative areas. I feel that taking such a step would be an extreme measure since I do feel that there

is some merit to having these organizations combined and within close proximity to each other.

I am willing to discuss all of the above recommendations at length and write a letter to the Nassau/Suffolk Regional Medical Program indicating the recommendation selected for adoption by the Nassau/Suffolk organization. I indicated upon leaving the Nassau/Suffolk organization that we would inform them of our decision within the next week, so that the site visit team visiting the Nassau/Suffolk organization during the last week of March would be aware that this area has been resolved.

Roger Miller

cc:
Dr. Margulies
Dr. Pahl
Mr. Chambliss
Mr. Nash/Stolov

MEMORANDUM

PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : For the Record

DATE: March 21, 1972

FROM : Edward T. Blomquist, M.D.

SUBJECT: Post-Mini SARP Meeting, March 20, 1972, Nassau-Suffolk Regional Medical Program

Renal Organ Donor Program

Purpose of Program - To procure cadaver kidneys from 24 donors each year from seven named hospitals in which there is a physician committed to the program.

Part time physician coordinator and a secretary will be employed to administer the program. Participating surgeons and hospitals will be paid a standard fee for service Cost for developing and training procurement teams for maintaining transplantation registries, and for payment of cadaver kidneys will be $27,060 for the first year.

Patient selection, histocompatability testing and transplantation will be performed at facilities located in New York City.

Action - Recommend approval of application as submitted for the first year of operation. Future funding will be determined after review of application from Metropolitan New York Region requesting support for a Tri-Regional (New York City, New Jersey, Nassau-Suffolk) Transplantation Program is received.

Home Dialysis Training Program

Purpose of Program - To develop 50 validated, modular, single concept lessons and tests for home dialysis patients after a period of studying dialysis units in New York City and after developing patient behavioral objectives.

Costs are projected for the first year only. During the first year, 6 validated lessons and tests will be completed at a cost of $31,200.

Action - Disapproval with advice to seek consultation from mature home dialysis training programs, as previously recommended by staff.

Information for Local Regional Medical Program

The objective to train the majority of patients for home care is admirable but the time and expense of the proposed program is excessive. It is

recommended that full advantage be taken of the experience and teaching aids now available at mature home training dialysis centers. Specifically it is recommended that contact be made with such resources as the Northwest Kidney Center in Seattle, Washington, and those listed by staff in earlier letters of advice.

Further, it is recommended that the anticipated caseload of patients needing dialysis and transplantation be reviewed. The quoted rate of 70 patients per million population needing dialysis requires validation. Further, the need for expanding existing dialysis facilities as implied in General Objective 1 requires additional study.

Edward T. Blomquist, M.D.

Region: Nebraska
Review Cycle: June 1972
Type of Application: Anniversary prior to Triennium
Rating: 288 B

Recommendations From

[ ]	SARP	[XX]	Review Committee
[ ]	Site Visit	[ ]	Council

	02	03
Recommended Level of Funding	$725,000	$700,000

Review Committee concurred with the funding recommendations of the March 30-31,1972 Site Visit Team and agreed that the Nebraska RMP has demonstrated substantial progress by adequately responding to the eight specific issues raised in the June 11, 1971 RMPS advice letter. The recommended $725,000 funding level included full support of the Program Staff in the amount of $401,641 which includes $25,000 for the initiation of small planning and feasibility studies.

The Review Committee accepted the Ad Hoc Renal Disease Staff Committee and the site visitor's recommendation to disapprove Project #6 entitled, Kidney Continuing Education Program and Project #7 entitled, Renal Dialysis Training Proposal. In this connection, the reviewers strongly suggested that the Program develop a comprehensive statewide plan before pursuing any specific operational activities in the kidney disease area.

When comparing last year's Program Staff Budget with the current request, reviewers agreed the proposed increase was justified. The Reviewers believed that the additional four Program Staff will greatly strengthen programmatic efforts needed to develop a Triennial Application. Members of the Review Committee were impressed with the progress achieved especially since it had been accomplished within a six-month period. Favorable comments included the increased involvement of the RAG membership, its vastly improved review process, its committee structure and its monitoring of ongoing activities.

Reviewers recommended that the composition of the RAG and its supporting committees should be strengthened through the addition of more minority group representation and allied health disciplines.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 01 OPER. YEAR	01 YEAR COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING ☐ SARP ☒ REV. COM.
CORE	232,196		376,641	401,641
Sub-Contracts	0		0	
OPER. ACTIV.	267,804		405,556	323,359
DEVEL. COMP.				Yes ( ) No(X)
EARMARKS:				
KIDNEY #6			4,640	Disapproved
KIDNEY #7			44,198	Disapproved
RMPS DIRECT	*500,000		782,197	725,000
REQUESTED	850,120			
COUNCIL APPROVED LEVEL	790,070			
NON-RMPS and INCOME				

REGION Nebraska

June 197 2 Review Cyc

* $500,000 was awarded for the 12-month budget period 7/71-6/72. Region has been extended two months to accommodate the three cycle review system. A pro-rated amount of $88,834 has been awarded for the two month extension.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : For the Record

DATE: March 23, 1972

FROM : Edward T. Blomquist, M.D.

SUBJECT: Post Mini-SARP Meeting, March 20, 1972, Nebraska Regional Medical Program

Kidney Continuing Education and Renal Dialysis Training Programs

Purpose of Program - To produce 6 unspecified one-half hour teaching tapes at the Good Samaritan Hospital in Kearney, Nebraska, for use in undescribed training courses to be given an unknown number of patients and public groups and

To develop an inadequately described multidisciplinary continuing education program in renal care for hospital personnel.

Cost - $48,838 over one year

Action - Disapproval. During the scheduled site visit to Nebraska, attention should be drawn to the instructions for the preparation of kidney grant application as published in November 1970 and as contained in the position paper dated January 1972. Particular emphasis should be given to the need for a comprehensive regional plan on which specific projects can be related.

Advice to Region - The reviewers found the applications incomplete. They had difficulty understanding what contributions the proposed programs would make in the absence of better documented need and plans for a regional renal disease program.

Comments contributed by local consultants were noted. In the opinion of the reviewers, the criticisms raised by local consultants, Drs. Tomhave, Smith, and Holmes, had not been corrected. Specifically, the plan of action is still not adequately documented and quantitated to give the reviewers confidence that the objectives can be met.

Edward T. Blomquist, M.D.

RMPS
STAFF BRIEFING DOCUMENT

EGION Nebraska		OPERATIONS BRANCH ☐ Eastern ☐ South-Centr'l ☒ Mid-Cent. ☐ Western
YPE APPLICATION:	None LAST RATING	BRANCH Tel. No. 443-1790 Room 10-15
☐ TRIENNIAL	____ 197__ DATE	BRANCH CHIEF Michael J. Posta
☒ 1st ANNIV YEAR	☐ SARP	BRANCH STAFF Frank Zizlavsky
☐ 2nd ANNIV YEAR	☐ REV. COM.	RO REP. Ray Maddox
☐ OTHER	☐ OTHER	Last Mgt. Assm't Visit Feb. 11-13 1970
		Chairman Tom Simonds

AST S.V. April 197 1 ; Chairman Joseph W. Hess, M.D.

taff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)

November 21-24, 1971, Frank Zizlavsky & Ray Maddox, Staff Visit

January 21, 1972, Frank Zizlavsky, Staff Visit

lajor Events Which Occurred in the Region Affecting the RMP Since Its Last Review
n May 1971 ;

1. New Coordinator - Deane S. Marcy, M.D., as of July 1, 1971.
2. Subregional offices - University of Nebraska and Creighton University phased out as of February 15, 1972.
3. February 25, 1972 - Community of Creighton, Nebraska, received Experimental Health Delivery Sub-System site visit from National Center for Health Services Research and Development.

Component and Financial Summary - Anniversary Application

COMPONENT	01 Current YR'S AWARD OPER. YEAR	02 Year COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING ☐ SARP ☐ REV. COM.
CORE and	232,196		376,641	
OPER. ACTIV.	267,804		405,556	
DEVEL. COMP.				
EARMARKS:				
KIDNEY				
#6			4,640	
#7			44,198	
RMPS DIRECT	500,000*	790,070	782,197	
RMPS INDIRECT				
TOTAL RMPS				
NON-RMPS and INCOME				
TOTAL BUDGET	--		--	
REQUESTED	850,120			
COUNCIL APPROVED LEVEL	790,070			

* $500,000 was awarded for the 12-month budget period 7/71 - 6/72. Region has been extended two months to accommodate the three cycle REGION Nebraska review system. A pro-rated amount of 83,334 has been awarded for the June 1972, REVIEW CYCLE two month estension.

APRIL 4, 1972

BREAKOUT OF REQUEST
02 PROGRAM PERIOD

REGION - NEBRASKA
RM 00068 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
1C CORE NEBRASKA REGIONAL M EDICAL PROGRAM	$376,641				$376,641	$73,107	$449,748
1A CORONARY CARE TRAINING S UPPORT PROGRAM	$56,656				$56,656	$11,972	$68,628
1B CORONARY CARE TRAINING S UPPORT PROGRAM	$29,408				$29,408	$6,958	$36,366
1C CORONARY CARE TRAINING S UPPORT PROGRAM	$20,339				$20,339	$4,485	$24,824
1 COMPONENT TOTAL	($106,403)				($106,403)	($23,415)	($129,818)
3 MOBILE CANCER DETECTION UNIT	$190,854				$190,854	$41,124	$231,978
4 PUBLICATIONS CEREBROVASC ULAR AND RELATED DISEASES				$14,378	$14,378	$2,853	$17,231
5 NEBRASKA PROJECT FOR RES PIRATORY THERAPY				$45,083	$45,083	$10,635	$55,718
6 KIDNEY CONTINUING EDUCAT ION PROGRAM				$4,640	$4,640	$1,160	$5,800
7 RENAL DIALYSIS TRAINING PROPOSAL				$44,198	$44,198	$10,362	$54,560
TOTAL	$673,898			$108,299	$782,197	$162,656	$944,853

APRIL 4,1972

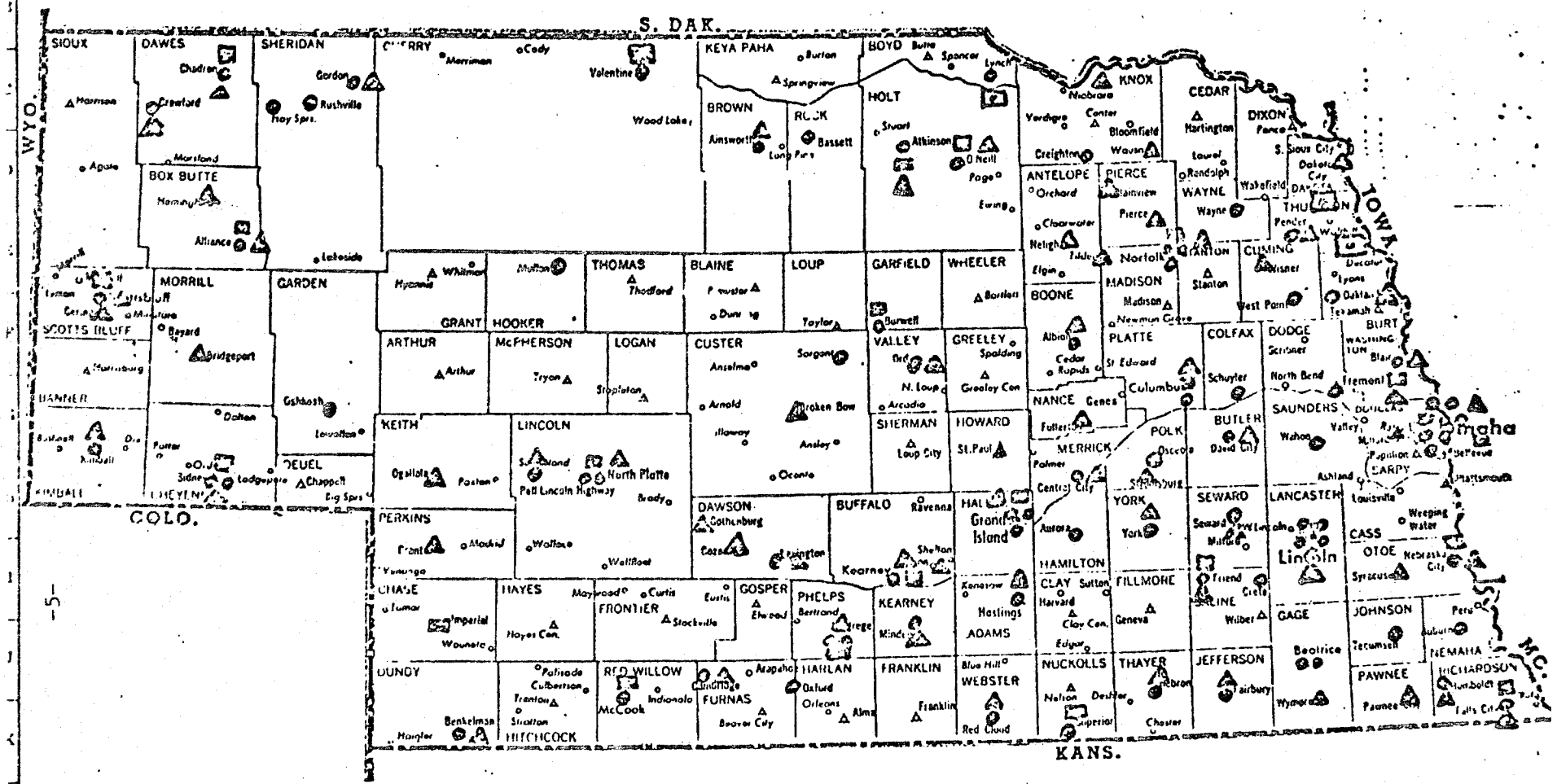
BREAKOUT OF REQUEST
03 PROGRAM PERIOD

REGION - NEBRASKA
RM 00068 06/72

RMPS-OSM-JTOGR2

ENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
00 CORE NEBRASKA REGIONAL MEDICAL PROGRAM	$398,439				$398,439		$775,080
1A CORONARY CARE TRAINING SUPPORT PROGRAM							$56,656
1B CORONARY CARE TRAINING SUPPORT PROGRAM							$29,408
1C CORONARY CARE TRAINING SUPPORT PROGRAM							$20,339
1 COMPONENT TOTAL							($106,403)
3 MOBILE CANCER DETECTION UNIT							$190,854
4 PUBLICATIONS CEREBROVASCULAR AND RELATED DISEASES				$12,778	$12,778		$27,156
5 NEBRASKA PROJECT FOR RESPIRATORY THERAPY				$42,146	$42,146		$87,229
6 KIDNEY CONTINUING EDUCATION PROGRAM							$4,64[illegible]
7 RENAL DIALYSIS TRAINING PROPOSAL				$38,748	$38,748		$82,946
TOTAL	$398,439			$93,672	$492,111		$1,274,308

NRMP ACTIVITY SITES



NEBRASKA

Scale of Miles

0 20 40 60

- Learning Resource Center
- Drug Information & Tape Library
- Coronary Care & ROCOM
- Mobile Cancer Detection Unit

LEGEND

State Capital △ County Seats
MADISON County Names

POPULATION KEY

- Over 100,000
- 50,000 to 100,000
- 25,000 to 50,000
- 20,000 to 25,000
- 10,000 to 20,000
- 5,000 to 10,000
- 1,000 to 5,000
- Under 1,000

Population classification based on the Federal Census of 1960, corrected to latest state report.

PROFILE

STATE OF NEBRASKA

Geography: 93 Counties
76, 612 square miles

Population: Total - 1,483,500 (1970 Census)
Density - 19 per sq. mile (1/3 as high as U.S. average of 57.5)
Urban - 61.5 % (912,800)
Non-White - approx. 3% (50,800)
Negro - 40,000
Other - 10,800 (about 6,600 are Amer. Indians)

Age Group: Under 18 yrs. - 34%
18 - 64 yrs. - 54
65 and over 12

Metropolitan Areas:

Lincoln 166,000
Omaha,Nebr. 538,700
Iowa
Sioux City,Iowa- 113,900
Nebr.*(Dakota Cty) 13,200

Average Income per Individual, 1969

Nebraska - $3642
U.S. 3680

Political Information:

Governor - J.J. Exon (D)

Senators - Carl T. Curtis, (R)
Roman L. Hruska (R) - Appropriations Committee

Representatives - Cong. District 1 - Charles Thone (R)
" 2 - John Y. McCollister (R)
3 - David T. Martin (R)

- - - - - - - - - - - -

Vital Statistics Rates* - Leading Causes of Death, 1968

	Nebr.	U.S.
Heart Disease	407.1	372.6
Malign. Neopl	176.3	159.4
Cerebro vasc.	125.4	105.8
Accidents	65.3	57.5
Related --		
Diabetes	20.1	19.2
Arteriosclerosis	22.3	16.8
Bronchitis, emphy.	24.4	16.6

FACILITIES AND RESOURCES

SCHOOLS

Medicine	1969 Enrollment	69/70 Graduates
Creighton Univ. School of Medicine, Omaha	316	73
Univ. of Nebraska, Coll. of Medicine, Omaha	397	94
Dental - 2 (Creighton and U. of Nebr., Lincoln)	422	
Pharmacy - 2 (" ")	300	

Nursing

Professional - 13 of which 4 are College or Univ. Based

Licensed Practical - 7

Allied Health Schools

Cytotechnology - 1 Univ. of Nebraska

Medical Technology - 9

Radiologic Technology- 9

Physical Therapy - None

Medical Records - 1 - College of St. Mary

2Yr. Community and/or Junior Colleges

7 - majority Jr. Colleges

FACILITIES

Non-Federal Short and Long-Term General Hospitals, 1970

	#	Beds
Short Term Gen. & Special	101	9149
Long Term Gen.& Special	2	334
Veterans Admin. General	3	850

Number of Hospitals with Special Facilities, 1969

ICCU	30
Cobalt Therapy	6
Isotope Facility	11
Renal Dialysis Inpatient	7
Rehab - Inpatient	9

Long-Term Care Facilities (Extended Care) 1969

	#		
Skilled Nursing Homes	152	9174	Beds
Long-term care Units	36	1482	Beds

State of Nebraska

MANPOWER

Physicians

Total Physicians (incl. inactive) -	1711	
Total Active Practitioners, reporting	1439	(inc. interns and residents)
Office-Based	1188	
Other	251	
Active Practitioners, by Specialty		
General Practice	506	
Medical Specialties	258	
Surgical Specialties	385	
Other Specialties, Research, admin. and other	290	
Group Practices: Total	81	
Single specialty	37	
General practice	17	
Multispecialty	27	
Doctors of Osteopathy (as of Dec. 31, 1967)	32	

Professional Nurses:

Actively employed in nursing	4,730	
Not actively employed in nursing	2,547	
Licensed Practical Nurses:		
Actively empl. in nursing	1,147	
Not actively empl. in nursing	348	
Licensed Pharmacists (in active practice) 1969 -	1,020	
X-ray Technologists	485	
Radiation therapists(technologists)	3	
Physical Therapists, 1970 - members in active practice (APT Assoc.)	60	full-time
	9	part-time

BACKGROUND & HISTORY

The November 1970 National Advisory Council approved the separation of South Dakota from the Nebraska-South Dakota RMP. To provide interim support for the Nebraska-South Dakota RMP's core staff and three projects (beginning January 1, 1970), the first year award was extended for six months until June 30, 1971 at the Region's current level of support.

The February 1971 Council recommended approval of South Dakota's planning application for three years including support for their part of the coronary care activities for one year.

Nebraska RMP was site visited on April 1-2, 1971 because an initial application for operational status as a separate Region was submitted to RMPS. The site visitors assessed the program structure, achievements and capability. The site visit report, which received National Advisory Council concurrence, recommended that the Nebraska Regional Medical Program must develop and accomplish, as soon as possible, solutions to the following:

1. There is the need for stronger and more effective central program direction. The operating objectives and priorities need to be better defined and understood.

2. The role of the RAG should be strengthened. For example, the RAG should have a strong role in the selection of the Program Coordinator. It should display, also, its interest in his continuing education in program management.

3. The following documents should be developed and officially adapted by the RAG:

   a. Mechanism of appointment of Committees
   b. Objectives of each Committee
   c. Procedure for reallocation of funds within RMP
   d. Procedures for monitoring projects over programs
   e. Procedures for project development
   f. Procedures for project review
   g. Procedure for project termination

4. The role of grantee organization should be re-defined in a way which will delineate the manner in which its responsibilities and authorities are separate from those of the Regional Advisory Group.

5. The capabilities of already available resources on Core staff should be more effectively utilized in program planning, monitoring and evaluation.

6. Available resources should be utilized more effectively in defining needs and carrying this through to project operation.

7. There should be organized plans for phasing worthwhile projects to funding mechanisms other than RMP.

8. There should be strong involvement of core staff and RAG in directing the course of the mobile cancer project.

The May 1971 National Advisory Council recommended approval as a separate and new Region with operational status for three years at the current level with the following conditions:

1. The concerns of visitors be communicated back to the Region,
2. The review of the second year continuation request include a site visit to assess progress during the next year, and
3. The level of funding be increased if significant progress is achieved in the first year.

Additional concerns are contained in April 1-2, 1971 site visit report.

During June 1971, Harold S. Morgan, M.D. resigned as Coordinator. Deane S. Marcy, M.D. became the new Coordinator as of July 1, 1971.

The Nebraska RMP is currently in its 01 operational year. The direct cost award for the present budget period is $500,000 and indirect costs amount to $125,639 (24.4%). The current budget period has been extended two months until August 31, 1972. The Region has submitted an Anniversary Application before the triennial requesting 02 year support of $782,197 direct costs for the following:

I.	Continuation support for Core	376,641
II.	Continuation support for two ongoing projects	297,257
III.	Support for four new projects	108,299
	Total	782,197

TANDING ACCOMPLISHMENTS BY RMP SINCE April 1-2 197 1

1. Region has defined RAG, Grantee, and Coordinator responsibilities. RAG has been actively involved in the Regions review process.
2. Developed "Procedural Manual", "Administrative Policy Manual". (pg 13, 15)
3. Core Staff is developing outreach to community rather than strict confinement to medical community.
4. Good relationships with CHP exist. CHP is actively involved in RMP review process.
5. Assisted community of Creighton, Nebraska in developing an Experimental Health Delivery Sub-systems proposal.
6. RAG is active in terms of overall developmental aspect of programs. Nine functioning committees are involved.
7. Program Coordinator has made successful accomplishments in reorganizing the NRMP.
8. Education projects seem to include a methodology for evaluation.
9. Inter-regional cooperative arrangements have been excellent.
10. Central program direction has been strengthened.

PRINCIPAL PROBLEMS

1. NRMP has clearly articulated its goals, objectives and priorities, however, they are not time-framed and an overall plan for the Region does not emerge.
2. Program is still quite "project-oriented".
3. NRMP is not focusing its attention on improving the total delivery of health care.
4. Collection and use of data to determine funding priorities or delineation of program direction.
5. There are no minority group members on core staff or the various project staffs, nor on the 9 RAG Committees. (One black on the RAG) Special health problems of Indians and migrant farm workers have not been addressed.
6. Too much conceptual planning (CHP responsibility).
7. Emphasis of kidney programs.
8. Needs should be defined before action statements on goals, priorities and objectives.

OTHER ISSUES REQUIRING ATTENTION OF REVIEWERS

1. The emphasis of NRMP is still categorical, and continuing education and training; they should be encouraged to broaden their health "Horizons".
2. RAG should be encouraged to become more involved in the evaluation process. SUGGESTION: A "Planning and Evaluation Committee" to assist in monitoring overall program as well as specific projects and core staff activities. (Compare this to role of Planner-Evaluator, pg. 22.)
3. The data accruing from the Westinghouse Corporation study should be used as a basis for carrying out an overall needs assessment of the Region for developing a related 3-year plan of action.
4. Two part-time salaried positions of grantee being paid by Core funds.
5. Clarification of CHP "b" representative on RAG.
6. Future relationships with two medical schools.
7. Core staff position descriptions.
8. Position of RAG chairman and president of Nebraska State Medical Association (same).
9. Although manpower is a stated objective, what activities are planned.
10. The role of 2 "Kidney projects" in NRMP statewide Kidney plans.

TABLE OF CONTENTS

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

ANNIVERSARY APPLICATION

RMPS

STAFF BRIEFING DOCUMENT

EGION North Carolina 00006

OPERATIONS BRANCH /_/ Eastern /X/ South Centr'l /_/ Mid-Cont /_/ Western

YPE APPLICATION	N/A LAST RATING
_/ TRIENNIAL	April 1972 DATE
X/ 1st ANNIV YEAR	/X/ SARP
_/ 2nd ANNIV YEAR	/_/ REV. COM.
_/ OTHER	/_/ OTHER

BRANCH Tel. No. 31740 Room 10-22

BRANCH CHIEF Lee E. Van Winkle

BRANCH STAFF Bill Reist

RO REP. Ted Griffith

Last Mgt. Assm't Visit Planned for Early 197

Chairman N/A

AS[illegible]V. Nov. 1970 ; Chairman Henry Lemon, M.D. (Committee); Bland Cannon, M.D. (Council); Edward Coppola, M.D. (Consultant) RMPS STAFF: Dan Spain, Buddy Says, & Ted Griffith

tail Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)

November 15, 1972- Bill Reist- Met Staff- Attended RAG Meeting- Consulted on Migrant Projec

March 7-9, 1972- Bill Reist- Met Staff- Obtain supplemental Information for Application

A REVIEW PROCESS VERIFICATION VISIT is scheduled for April 27, 1972

ajor Events Which Occurred in the Region Affecting the RMP Since Its Last Review
n May 1971 ;

Eastern Carolina University in Greenville has been appropriated funds by the State legislature, for a 2 year Medical School and School of Allied Health.

State Legislature has passed a bill which provides payment for dialysis of Kidney patents

Legislation Research Committee has been appointed to study and make recommendations on EMS in North Carolina

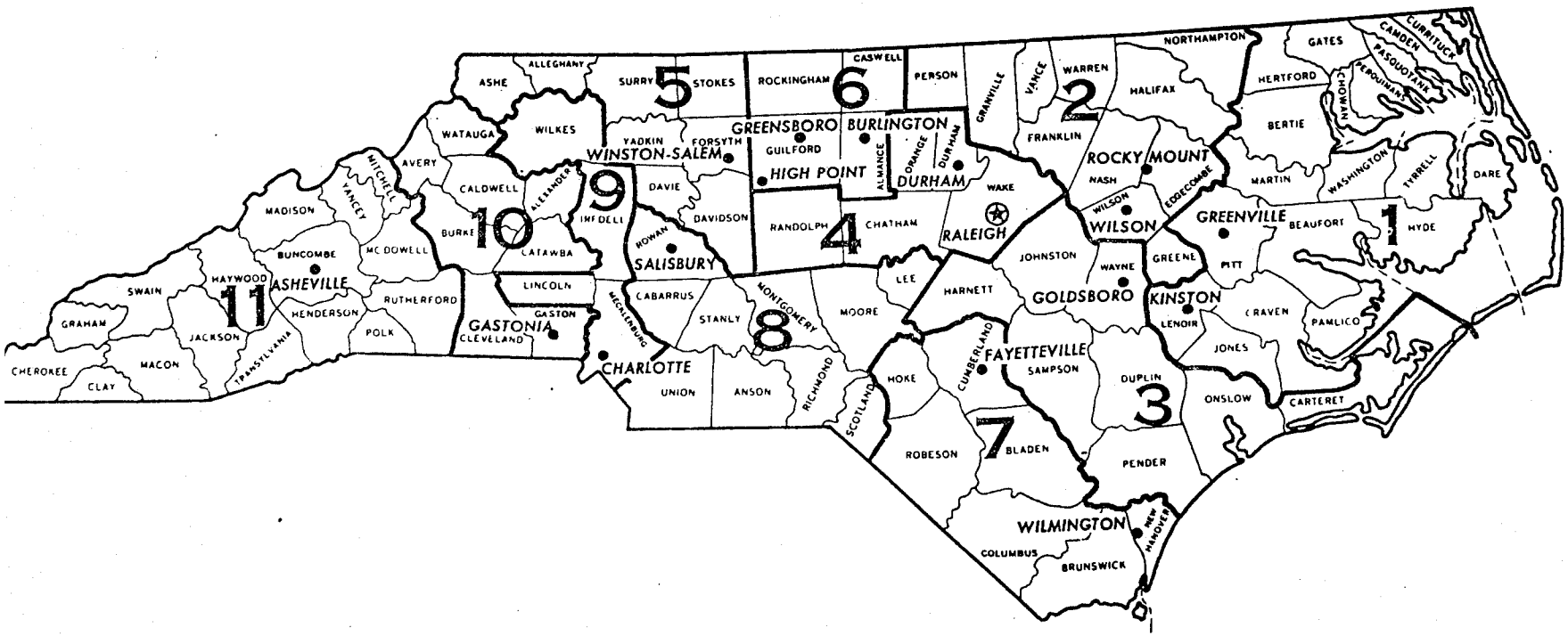
It will be announced on April 7, 1972 that University of North Carolina has been selected by NCHSRD as the grantee for a University Center for Health Evaluation award

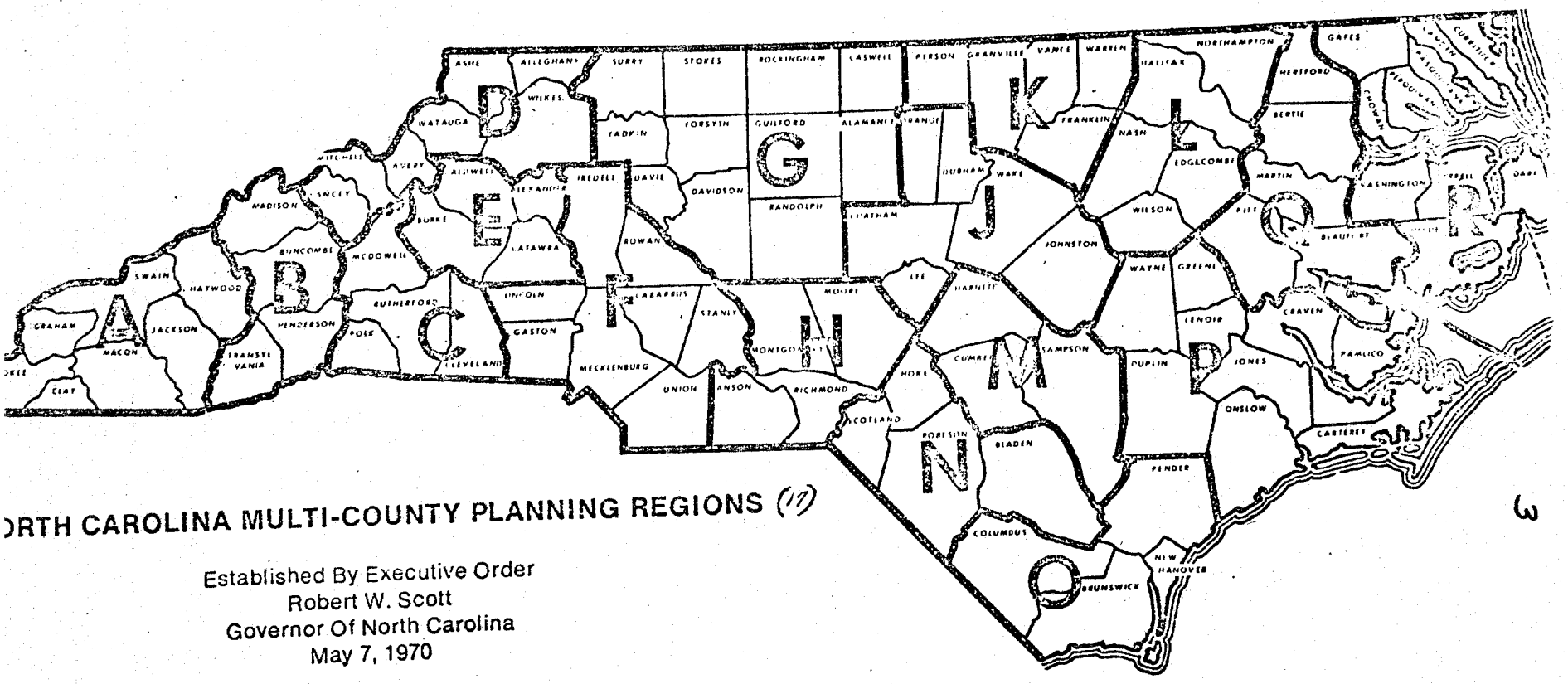
Map of Congressional Districts, Counties, and Selected Cities

(11 Districts)

Metropolitan Areas:

Asheville - 135.4
Charlotte - 406.0
Durham - 188.8
Greensboro-
W. Salem 598.9
Raliegh - 225.6





ORTH CAROLINA MULTI-COUNTY PLANNING REGIONS (17)

Established By Executive Order
Robert W. Scott
Governor Of North Carolina
May 7, 1970

Geography and Demography -- Regional boundaries coincide with the State
Congressional Districts - 11
Counties - 100

Population (1970 Census) -- 5,082,100

Land Area: 49,067 sq. miles
Urban : 45%
Density : 103 per square mile

Metropolitan Areas: (5) - Total population of 1,555,000

Asheville - 135.4
Charlotte - 406.0
Durham - 188.8
Greensboro - Winston . Salem - 598.9
Raleigh - 225.6

Race: White - 77% - 3,891,500
Negro - - 1,137,700
Other - 52,900
(majority indians)

Age Distribution
Under 18 yrs - 35%
18-64 yrs. - 57%
65 & Over - 8%

Migrant Population: Home Based - 17,307

Migration into State - 9,053
Total 26,360

Per Capita Income (1970): North Carolina $3,188 - (Ranks #39)
United States $3,910 -

Mortality: Deaths per 100,000 population, 1967

	NORTH CAROLINA	U.S.
Heart Disease	303.6	364.5
Malignant neopl.	115.4	157.2
Vascular lesions (aff. CNS-Stroke)	105.2	102.2
Diabetes	15.2	17.7
Broncho-pneumonic	11.0	14.8
(other)		
Accidents	67.2	57.5

Resources and Facilities:

	1970-1971 Enrollment	Graduates
(3) Medical Schools - Bowman Gray, Wake Forest Winston - Salem	273	58
Duke Univ. School of Med. Durham	383	80
Univ. of N. Carolina Chapel Hill	337	76

(1) Allied Health School, University Based
Bowman Gray School of Med.,Winston Salem
Division of Allied Health Programs

RM 00006

3/15/72

Professional Nursing Schools

40 - 17 are college or University-Based

Practical Nursing Schools

37 Schools

Accredited Schools - Allied Health

Cytotechnology	- 7	
Medical Technology	- 14	
Radiologic Technology	- 28	
Physical Therapy	- 2	(University Based)
Medical Record Librarian	- 1	

Hospitals-Community General & V.A. General

	#	Beds
Short Term	136	18,681
Long Term-(special)	7	484
V.A. (general)	3	1,505

Hospital Special Facilities

ICCU	51
Cobalt	12
Radium	34
Isotope Facility	37
Renal Dialysis (in-patient)	13
Rehabil. (in-patient)	6

Manpower:

Physicians - Non-Federal M.D.s and D.O.s (1967)

Active	4,484
Inactive	199
Osteopaths	21

Graduate Nurses, 1966:

Actively employed in nursing	12,126
Not employed in nursing	3,475

Group Medical Practices, 1969:

Total	153
Single Specialty	92
General Practice	18
Multi-Specialty	43

RMPS/SCOB/DOD

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. YEAR *	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	558,193		643,940	
Sub-Contracts	-0-		(73,000)	
OPER. ACTIV.	1,152,129		1,248,175	
DEVEL. COMP.	168,605		187,893	Yes ( ) or No ( )
EARMARKS:				
KIDNEY #28			(145,400)	
AHEC #41			(200,000)	
RMPS DIRECT	1,878,927	2,194,400	2,080,008	
REQUESTED	3,875,178			
COUNCIL APPROVED LEVEL	2,194,400			
NON-RMPS and INCOME	100,000		34,691	

REGION North Carolina

June 1972, REVIEW CYCLE

* The 04 year is being extended to 9/1 and the region will received $365,733 for the two month extension resulting in a direct cost award of $2,244,660 for 14 months.

MARCH 17,1972

BREAKOUT OF REQUEST
05 PROGRAM PERIOD

REGION - N CAROLINA
RM 00006 06/72

RMPS-OSM-JTOGRZ#1

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
2000 CORE STAFF	$643,940				$643,940	$241,939	$885,879
0000 DEVELOPMENTAL COMPONENT	$187,893				$187,893		$187,893
003 DIABETIC CONSULTATION AND EDUCATIONAL SERVICES	$45,250				$45,250	$12,506	$57,756
015 COMPREHENSIVE STROKE PROGRAM	$124,070				$124,070	$29,392	$153,462
019 PHYSICIANS ASSOCIATE TRAINING PROGRAM	$124,799				$124,799	$27,090	$151,889
026 N C EMPHYSEMA AND LUNG DISEASE PROGRAM	$52,389				$52,389	$11,246	$63,635
028 CARE OF PATIENTS WITH CHRONIC UREMIA			$145,400		$145,400	$42,240	$187,640
029 CONED PHY ALDH PERSONNEL IN E N C	$67,450				$67,450	$7,550	$75,000
030 COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	$26,498				$26,498	$3,922	$30,420
031 COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	$37,360				$37,360	$7,611	$44,971
032 CAREER LADDER NURSING EDUCATION	$35,893				$35,893		$35,893
034 FAMILY NURSE PRACTITIONER	$103,708				$103,708	$24,207	$127,915
035 ADULT SCREENING PROGRAM	$55,626				$55,626	$8,233	$63,859
036 COMPREHENSIVE CANCER PROGRAM	$152,264				$152,264	$22,736	$175,000
039 NEIGHBORHOOD MGMT CTRS CONTROL HYPT AND DIAB				$39,325	$39,325	$14,256	$53,581
040 EDUCATIONAL TESTING SERVICE TEST AND EVALUATION				$38,143	$38,143	$7,552	$45,695
041 AREA HEALTH EDUCATION CENTERS				$200,000	$200,000		$200,000
TOTAL	$1,657,140		$145,400	$277,468	$2,080,008	$460,480	$2,540,488

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS	TOTAL ALL YEARS DIRECT COSTS
C000 CORE STAFF	$839,765				$839,765	$1,683,705
D000 DEVELOPMENTAL COMPONENT	$187,893				$187,893	$375,786
003 DIABETIC CONSULTATION AND EDUCATIONAL SERVICES						$45,250
015 COMPREHENSIVE STROKE PROGRAM						$124,070
019 PHYSICIANS ASSOCIATE TRAINING PROGRAM						$124,799
026 N C EMPHYSEMA AND LUNG DISEASE PROGRAM	$135,034				$135,034	$187,423
028 CARE OF PATIENTS WITH CHRONIC LEUKEMIA			$145,400		$145,400	$290,800
029 CONED PHY ALDH PERSONNEL IN N C	$112,743				$112,743	$180,193
030 COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	$110,876				$110,876	$137,374
031 COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	$21,236				$21,236	$58,596
032 CAREER LADDER NURSING EDUCATION	$84,237				$84,237	$120,130
034 FAMILY NURSE PRACTITIONER	$107,641				$107,641	$211,349
035 ADULT SCREENING PROGRAM	$99,024				$99,024	$154,450
036 COMPREHENSIVE CANCER PROGRAM	$276,932				$276,932	$429,196
039 NEIGHBORHOOD MGMT CTRS CONTROL HYPT AND DIAB				$61,629	$61,629	$100,954
040 EDUCATIONAL TESTING SERVICE TEST AND EVALUATION				$13,090	$13,090	$51,233
041 AREA HEALTH EDUCATION CENTERS						$200,000
TOTAL	$1,975,381		$145,400	$74,719	$2,195,500	$4,275,508

8

REGIONAL MEDICAL PROGRAMS S[redacted]ICE
SUMMARY BUDGET BY TYPE OF [redacted]RT

REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NO.	PERSONAL SVC	PATIENT CARE	EQUIP.	CONST.	OTHER	TRAINING & FELLOWS.	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	DIRECT COST PREVIOUS YEAR AWARD	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR
NEW NOT PREVIOUSLY APPROVED												
039	31,680		1,500		6,145		39,325	14,256	53,581		61,629	
040	16,300				21,843		38,143	7,552	45,695		13,090	
041							200,000		200,000			
NEW SUB-TOTAL												
	47,980		1,500		27,988		277,468	21,808	299,276		74,719	
APPROVED NOT PREVIOUSLY FUNDED												
028	110,400		10,000		25,000		145,400	42,240	187,640		145,400	
NOT PREV SUB-TOTAL												
	110,400		10,000		25,000		145,400	42,240	187,640		145,400	
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT												
2000	504,330		2,000		137,610		643,940	241,939	885,879	558,193	839,765	
0000							187,893		187,893	198,800	187,893	
003	40,169				5,141		45,250	12,506	57,756	62,550		
015	65,314		2,750		56,006		124,070	29,392	153,462	109,000		
019	50,794				66,005	8,000	124,799	27,090	151,889	169,662		
026							52,389	11,246	63,635	53,295	135,034	
029	26,207		2,000		39,243		67,450	7,550	75,000	52,233	112,743	
030	16,958				9,540		26,498	3,922	30,420	33,821	110,876	
031	28,320				9,040		37,360	7,611	44,971	26,861	21,236	
032							35,893		35,893	32,008	84,237	
034	83,658		1,850		18,200		103,708	24,207	127,915	58,493	107,641	

COMPONENT NO.	PERSONAL SVC	PATIENT CARE	EQUIP.	CONST.	OTHER	TRAINING & FELLOWS.	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	DIRECT COST PREVIOUS YEAR AWARD	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR
035	37,986				17,640		55,626	8,233	63,859	74,176	99,024	
036	82,512		3,750		66,002		152,264	22,736	175,000	91,412	276,932	
CONT. WITHIN SUB-TOTAL												
	936,188		12,350		424,427	8,000	1,657,140	396,432	2,053,572	1,520,504	1,975,381	
REQUEST TOTALS												
	1,094,568		23,850		477,415	8,000	2,080,008	460,480	2,540,488	1,520,504	2,195,500	
REGION TOTALS												
	1,094,568		23,850		477,415	8,000	2,080,008	460,480	2,540,488	1,520,504	2,195,500	

COMPONENT NO.	TITLE	COMPONENT YEAR
039	NEIGHBORHOOD MGMT CTRS CONTROL HYPT AND DIAB	01
040	EDUCATIONAL TESTING SERVICE TEST AND EVALUATION	01
041	AREA HEALTH EDUCATION CENTERS	01
028	CARE OF PATIENTS WITH CHRONIC UREMIA	01
0010	CORE STAFF	05
0000	DEVELOPMENTAL COMPONENT	02
003	DIABETIC CONSULTATION AND EDUCATIONAL SERVICES	05
015	COMPREHENSIVE STROKE PROGRAM	05
019	PHYSICIANS ASSOCIATE TRAINING PROGRAM	03
026	N C EMPHYSEMA AND LUNG DISEASE PROGRAM	02
029	CONED PHY ALDH PERSONNEL IN E N C	02
030	COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	02
031	COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	02
032	CAREER LADDER NURSING EDUCATION	02
034	FAMILY NURSE PRACTITIONER	02
035	ADULT SCREENING PROGRAM	02
036	COMPREHENSIVE CANCER PROGRAM	02

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MARCH [redacted] 1972

REGIONAL MEDICAL PROGRAMS [redacted]ICE
LISTING OF ADDITIONAL

REGION 06 [redacted]CAROL

REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
NEW NOT PREVIOUSLY APPROVED									
039	53,581								53,581
040	45,695								45,695
041	200,000								200,000
NEW SUB-TOTAL	299,276								299,276
APPROVED NOT PREVIOUSLY FUNDED									
028	187,640								187,640
NOT PREV SUB-TOTAL	187,640								187,640
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT									
C000	885,879								885,879
D000	187,893								187,893
003	57,756								57,756
015	153,462								153,462
019	151,889								151,889
026	63,635								63,635
029	75,000								75,000
030	30,420								30,420
031	44,971								44,971
032	35,893				34,691				70,584
034	127,915								127,915
035	63,859								63,859
036	175,000								175,000

LISTING OF ADDITIONAL FUNDS

REGION 06 NO CAROL

REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
CONT. WITHIN SUB-TOTAL									
	2,053,572				34,691				2,088,263
REGION TOTALS									
	2,540,488				34,691				2,575,179

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MARCH 10,1972

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET BY TYPE OF SUPPORT

REGION 06 N CAROLINA RMP SUPP YR 05
DESK SOUTH CENTRAL

REQUEST MAY/JUNE 1972 REVIEW CYCLE
RMPS-OSM-JTCGRB

COMPONENT NO.	COMPONENT TITLE	COMPONENT SUPPORT YEAR	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR	TOTAL DIRECT ALL 3 YRS
	NEW NOT PREVIOUSLY APPROVED							
039	NEIGHBORHOOD MGMT CTRS CONTROL HYPT AND DIAB	01	39,325	14,256	53,581	61,629		100,954
040	EDUCATIONAL TESTING SERVICE TEST AND EVALUATION	01	38,143	7,552	45,695	13,090		51,233
041	AREA HEALTH EDUCATION CENTERS	01	200,000		200,000			200,000
	NEW SUB-TOTAL		277,468	21,809	299,276	74,719		352,187
	APPROVED NOT PREVIOUSLY FUNDED							
028	CARE OF PATIENTS WITH CHRONIC UREMIA	01	145,400	42,240	187,640	145,400		290,800
	NOT PREV SUB-TOTAL		145,400	42,240	187,640	145,400		290,800
	CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT							
C000	CORE STAFF	05	643,940	241,939	885,879	839,765		1,483,705
0000	DEVELOPMENTAL COMPONENT	02	187,893		187,893	187,893		375,786
003	DIABETIC CONSULTATION AND EDUCATIONAL SERVICES	05	45,250	12,506	57,756			45,250
015	COMPREHENSIVE STROKE PROGRAM	05	124,070	29,392	153,462			124,070
019	PHYSICIANS ASSOCIATE TRAINING PROGRAM	03	124,799	27,090	151,889			124,799
026	N C EMPHYSEMA AND LUNG DISEASE PROGRAM	02	52,389	11,246	63,635	135,034		187,423
029	COMED PHY ALDH PERSONNEL IN E N C	02	67,450	7,550	75,000	112,743		180,193
030	COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	02	26,498	3,922	30,420	110,876		137,374
031	COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	02	37,360	7,611	44,971	21,236		58,596
032	CAREER LADDER NURSING EDUCATION	02	35,893		35,893	84,237		120,130
034	FAMILY NURSE PRACTITIONER	02	103,708	24,207	127,915	107,641		211,349
035	ADULT SCREENING PROGRAM	02	55,626	8,233	63,859	99,024		154,650

-CONTINUED ON NEXT PAGE-

MARCH 13,1972

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET BY TYPE OF SUPPORT -CONT.-

REGION 04 N CAROLINA RMP SUPP YR 05
DESK SOUTH CENTRAL

REQUEST MAY/JUNE 1972 REVIEW CYCLE
RMPS-DSM-JT0898

COMPONENT NO.	COMPONENT TITLE	COMPONENT SUPPORT YEAR	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR	TOTAL DIRECT ALL 3 YRS
036	COMPREHENSIVE CANCER PROGRAM	02	152,264	22,736	175,000	276,932		429,196
CONT. WITHIN SUB-TOTAL			1,657,140	396,432	2,053,572	1,975,381		3,632,521
REGION TOTALS			2,081,008	460,480	2,540,488	2,195,500		4,275,508

MARCH 10,1972

REGIONAL MEDICAL PROGRAMS SERVICE
LISTING OF ADDITIONAL FUNDS

REGION 06 N CAROLINA RMP SUPP YR 05

REQUEST MAY/JUNE 1972 REVIEW CYCLE

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
NEW NOT PREVIOUSLY APPROVED									
039	53,581								53,581
040	45,695								45,695
041	200,000								200,000
NEW SUB-TOTAL	299,276								299,276
APPROVED NOT PREVIOUSLY FUNDED									
028	187,640								187,640
NOT PREV SUB-TOTAL	187,640								187,640
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT									
C000	885,879								885,879
D000	187,893								187,893
003	57,756								57,756
015	153,462								153,462
019	151,889								151,889
026	63,635								63,635
029	75,000								75,000
030	30,420								30,420
031	44,971								44,971
032	35,893				34,691				70,584
034	127,915								127,915
035	63,859								63,859
036	175,000								175,000

MARCH 10,1972

REGIONAL MEDICAL PROGRAMS SERVICE
LISTING OF ADDITIONAL FUNDS

REQUEST MAY/JUNE 1972 REVIEW CYCLE

REGION 06 N CAROLINA RMP SUPP YR 05

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
CONT. WITHIN SUB-TOTAL	2,053,572				34,691				2,088,263
REGION TOTALS	2,540,488				34,691				2,575,179

EGION 06 N CAROLINA RMP SUPP YR 05 (PERCENT OF TOTAL FUNDS REQUESTED) REQUEST MAY/JUN 1972 REVIEW CYCLE

OMPONENT NUMBER	TITLE	TOTAL RMPS FUNDS REQUESTED	OTHER SOURCES OF SUPPORT	TOTAL SUPPORT ALL SOURCES	RMPS % OF TOTAL
C000	CORE STAFF	885,879	0	885,879	100
D000	DEVELOPMENTAL COMPONENT	187,893	0	187,893	100
003	DIABETIC CONSULTATION AND EDUCATIONAL SERVICES	57,756	0	57,756	100
015	COMPREHENSIVE STROKE PROGRAM	153,462	0	153,462	100
019	PHYSICIANS ASSOCIATE TRAINING PROGRAM	151,889	0	151,889	100
026	N C EMPHYSEMA AND LUNG DISEASE PROGRAM	63,635	0	63,635	100
028	CARE OF PATIENTS WITH CHRONIC UREMIA	187,640	0	187,640	100
029	CONED PHY ALDH PERSONNEL IN E N C	75,000	0	75,000	100
030	COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	30,420	0	30,420	100
031	COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	44,971	0	44,971	100
032	CAREER LADDER NURSING EDUCATION	35,893	34,691	70,584	51
034	FAMILY NURSE PRACTITIONER	127,915	0	127,915	100
035	ADULT SCREENING PROGRAM	63,859	0	63,859	100
036	COMPREHENSIVE CANCER PROGRAM	175,000	0	175,000	100
039	NEIGHBORHOOD MGMT CTRS CONTROL HYPT AND DIAB	53,581	0	53,581	100
040	EDUCATIONAL TESTING SERVICE TEST AND EVALUATION	45,695	0	45,695	100
041	AREA HEALTH EDUCATION CENTERS	200,000	0	200,000	100
TOTAL OF 17 COMPONENTS	REGION 6	2,540,488	34,691	2,575,179	99

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MARCH 08,1972 REGIONAL MEDICAL PROGRAMS SERVICE DESK SOUTH CENTRAL AREA

LIST OF COMPONENTS REQUESTED FOR NEXT SUPPORT YEAR RMP-OSM-PEM001

REGION 06 NC CAROLINA RMP-SUPP-YR 05 REQUEST MAY/JUN 1972 REVIEW CYCLE

COMPONENT NUMBER	COMPONENT TITLE	NEXT SUPPORT YEAR	DIRECT COST NEXT PERIOD	EST DATE OF TERMINATION
C000	CORE STAFF	05	643,940	
D000	DEVELOPMENTAL COMPONENT	02	187,893	
003	DIABETIC CONSULTATION AND EDUCATIONAL SERVICES	05	45,250	06/73
015	COMPREHENSIVE STROKE PROGRAM	05	124,070	06/73
019	PHYSICIANS ASSOCIATE TRAINING PROGRAM	03	124,799	06/73
026	N C EMPHYSEMA AND LUNG DISEASE PROGRAM	02	52,389	06/74
028	CARE OF PATIENTS WITH CHRONIC UREMIA	01	145,400	06/74
029	CONED PHY ALDH PERSONNEL IN E N C	02	67,450	06/74
030	COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	02	26,498	06/74
031	COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	02	37,360	06/74
032	CAREER LADDER NURSING EDUCATION	02	35,893	06/74
034	FAMILY NURSE PRACTITIONER	02	103 708	06/74
035	ADULT SCREENING PROGRAM	02	55,626	06/74
036	COMPREHENSIVE CANCER PROGRAM	02	152,264	06/74
039	NEIGHBORHOOD MGMT CTRS CONTROL HYPT AND DIAB	01	39,325	06/74
040	EDUCATIONAL TESTING SERVICE TEST AND EVALUATION	01	38,143	06/73
041	AREA HEALTH EDUCATION CENTERS	01	200,000	
TOTAL REGION 06 COMPONENTS 17			2,080,008	

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MARCH 23, 1972

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET CATEGORIES BY COMPONENT

REGION 06 N CAROLINA

REQUEST MAY/JUNE 1972 REVIEW CYCLE

	COMPONENT NO C000	COMPONENT NO D000	COMPONENT NO 003	COMPONENT NO 015	COMPONENT NO 019	COMPONENT NO 026	COMPONENT NO 028	COMPONENT NO 029	COMPONENT NO 030
I PERSONAL SERVICES									
SALARIES, WAGES	447,780		35,830	58,884	45,150	43,243	100,364	22,748	14,494
EMPLOYEE BENEFITS	56,550		4,279	6,430	5,644	2,344	10,036	3,459	2,464
TOTAL	504,330		40,109	65,314	50,794	45,587	110,400	26,207	16,958
II PATIENT CARE									
IN-PATIENT									
OUT-PATIENT									
TOTAL									
III EQUIPMENT									
BUILT-IN									
MOVABLE	2,000			2,750			10,000	2,000	
TOTAL	2,000			2,750			10,000	2,000	
IV CONSTRUCTION									
NEW									
MAJ ALT & REN									
TOTAL									
V OTHER									
CONSULTANTS	4,000			3,216		1,000	5,000	24,000	
SUPPLIES	10,000		800	1,250	7,000	3,680	5,500	3,743	4,200
DMST TRAVEL	27,110		750	4,800	2,500	2,000	6,500	2,500	1,000
FRGN TRAVEL									
RENT SPACE			2,400	3,240					2,140
RENT OTHER	7,000				2,100			1,000	
MIN ALT & REN	1,500								
PUBLICATIONS	2,000			1,000	5,000	122		2,000	
CONTRACTUAL	73,000	187,893		38,200	40,000			3,000	
COMMUNICATION	12,000		1,191	3,000	2,000			3,000	2,100
COMPUTERS					5,000				
OTHER	1,000			1,300	2,405		8,000		100
TOTAL	137,610	187,893	5,141	56,016	66,005	6,802	25,000	39,243	9,540
VI TRAINEE COSTS									
STIPENDS					8,000				
OTHER									
TOTAL					8,000				
TOTAL DIRECT COST	643,940	187,893	45,250	124,070	124,799	52,389	145,400	67,450	26,498
INDIRECT COST	241,939		12,506	29,392	27,090	11,246	42,240	7,550	3,922
TOTAL DIR & IND	885,879	187,893	57,756	153,462	151,889	63,635	187,640	75,000	30,420

	COMPONENT NO 031	COMPONENT NO 032	COMPONENT NO 034	COMPONENT NO 035	COMPONENT NO 036	COMPONENT NO 039	COMPONENT NO 040	COMPONENT NO 041	REGION TOTALS
I PERSONAL SERVICES									
SALARIES, WAGES	24,451	32,566	73,000	32,818	75,011	28,800	16,300		1,051,439
EMPLOYEE BENEFITS	3,869	1,723	10,658	5,168	7,501	2,880			123,005
TOTAL	28,320	34,289	83,658	37,986	82,512	31,680	16,300		1,174,444
II PATIENT CARE									
IN-PATIENT									
OUT-PATIENT									
TOTAL									
III EQUIPMENT									
BUILT-IN									
MOVABLE			1,850		3,750	1,500			23,850
TOTAL			1,850		3,750	1,500			23,850
IV CONSTRUCTION									
NEW									
MAJ ALT & REN									
TOTAL									
V OTHER									
CONSULTANTS			8,300		10,000		6,800		62,316
SUPPLIES	1,500		4,200	6,800	8,414	2,000	1,175		60,262
DMST TRAVEL	2,500	1,604	5,000	2,500	7,050	300	2,335		68,449
FRGN TRAVEL									
RENT SPACE	2,140			2,980					12,900
RENT OTHER									10,100
MIN ALT & REN									1,500
PUBLICATIONS	100		200		2,074	200			12,696
CONTRACTUAL					22,983	2,000		200,000	567,076
COMMUNICATION	2,700		500	3,660	4,567	1,045			35,763
COMPUTERS					9,300	600	450		15,350
OTHER	100			1,700	1,614		11,083		27,302
TOTAL	9,040	1,604	18,200	17,640	66,002	6,145	21,843	200,000	873,714
VI TRAINEE COSTS									
STIPENDS									8,000
OTHER									
TOTAL									8,000
TOTAL DIRECT COST	37,360	35,893	103,708	55,626	152,264	39,325	38,143	200,000	2,080,008
INDIRECT COST	7,611		24,207	8,233	22,736	14,256	7,552		460,480
TOTAL DIR & IND	44,971	35,893	127,915	63,859	175,000	53,581	45,695	200,000	2,540,488

REGIONAL MEDICAL PROGRAM SERVICE

RUN DATE 01/11/72 PROG YR 04 CURRENT LEVEL FUNDING AS OF 10/31/71 PAGE 1

REG NO	REGION NAME	COMP NO	COMPONENT TITLE	DIRECT AWARD	INDIRECT AWARD	TOTAL AWARD
06	NO CAROL	C000	CORE ADM RES EVAL	558,200	220,800	779,000
06	NO CAROL	D000	DEVELOPMENTAL	198,800		198,800
06	NO CAROL	001	EDUC RES COMM MED CARE NEEDS	74,000	19,300	93,300
06	NO CAROL	002	CCU TRG DEV CONED MD N	44,400	7,800	52,200
06	NO CAROL	003	DIAB MGT TO PRACT CONS CLINIC	62,600	15,200	77,800
06	NO CAROL	004	DEVELOP CA REGISTRY REGIONWID	16,000	4,200	20,200
06	NO CAROL	005	MED LIBR XTN SER	23,800	6,800	30,600
06	NO CAROL	008	ED PHYS DENTISTS UNIV NC	57,000	12,300	69,300
06	NO CAROL	013	CLOSED CHEST CP RESUS UNIT	42,500	7,500	50,000
06	NO CAROL	014	HEART CONSUL ED MEM MISS ASHV	7,100	300	7,400
06	NO CAROL	015	COMPR STR PRG BOWMAN GRAY	109,000	24,500	133,500
06	NO CAROL	017	REG CNTR GEST TROPHOBL NEOP	30,000	12,800	42,800
06	NO CAROL	019	TRG MD ASSTS DUKE U RURL MDS	169,700	53,600	223,300
06	NO CAROL	023	PILOT STDY SCH CHLD PHNCRSCAN	22,200	3,300	25,500
06	NO CAROL	029	CONED MDS ALDH RECRT EAST NC	50,000	10,000	60,000
06	NO CAROL	030	RHEUM F PROG CHLDRN	28,400	4,200	32,600
06	NO CAROL	031	CARDC PACEMAKER EDUC INFO PRG	10,600	3,600	14,200
06	NO CAROL	034	FAMILY N PRACTITIONER	50,000	20,000	70,000
06	NO CAROL	035	ADULT H STR ANEMIA RELATED FU	72,600	12,300	84,900
06	NO CAROL	036	CA PRG CONED PROF LAY	75,000	25,000	100,000
06	NO CAROL	037	COOP CONED PRG STWD	20,000	1,600	21,600
06	NO CAROL	038	CA TLPH CONF MDS U REG CTRS	10,000	1,500	11,500
NO OF COMPONENTS		22	REGION TOTALS	1,731,900	466,600	2,198,500

RMP NO	COMP NO	FY	ACT DATE	TYP ACT	TYP SUP	RMP SUP YR	COMP SUP YR	COMPONENT TITLE	BUDGET PERIOD FROM	BUDGET PERIOD THRU
06	C000	71	11/71	4	2	04	04	CORE	07/71	06/72
06	D000	71	11/71	5	5	04	01	DEVELOPMENTAL	07/71	06/72
06	001	71	11/71	4	2	04	04	EDUCATION AND RESEARCH IN COMMUNITY MEDICAL CARE	07/71	06/72
06	002	71	11/71	4	2	04	04	CORONARY CARE TRAINING AND DEVELOPMENT	07/71	06/72
06	003	71	11/71	4	2	04	04	DIABETIC CONSULTATION AND EDUCATIONAL SERVICES	07/71	06/72
06	004	71	11/71	4	2	04	04	CANCER REGISTRY UTILIZATION PROGRAM	07/71	06/72
06	005	71	11/71	4	2	04	04	MEDICAL LIBRARY EXTENSION SERVICE	07/71	06/72
06	008	71	11/71	4	2	04	04	CONTINUING EDUCATION IN DENTISTRY	07/71	06/72
06	013	71	11/71	4	2	04	04	CLOSED CHEST CARDIOPULMONARY RESUSCITATION	07/71	06/72
06	014	71	11/71	4	2	04	04	HEART CANCER STROKE CONSULTATION AND EDUCATION	07/71	06/72
06	015	71	11/71	4	2	04	04	COMPREHENSIVE STROKE PROGRAM	07/71	06/72
06	017	71	11/71	4	2	04	03	REGIONAL CENTER FOR TROPHOBLASTIC DISEASES	07/71	06/72
06	019	71	11/71	4	2	04	02	PHYSICIANS ASSISTANT TRAINING PROGRAM	07/71	06/72
06	022	71	11/71	4	2	04	03	COORDINATED ONCOLOGY CHEMOTHERAPY PROGRAM	07/71	06/72
06	023	71	11/71	4	2	04	03	HEART SOUNDS SCREENING PROGRAM	07/71	06/72
06	026	71	11/71	4	1	04	01	N C EMPHYSEMA AND LUNG DISEASE PROGRAM	07/71	06/72
06	029	71	11/71	4	1	04	01	CONT ED FOR PHY ALLIED HLTH PERSONNEL IN ENC	07/71	06/72
06	030	71	11/71	4	1	04	01	COMPREHENSIVE RHEUMATIC FEVER PREVENTION PROGRAM	07/71	06/72
06	031	71	11/71	4	1	04	01	COMPREHENSIVE CARDIAC PACEMAKER EDUCATION PROGRAM	07/71	06/72
06	032	71	11/71	4	1	04	01	CAREER LADDER NURSING EDUCATION	07/71	06/72
06	034	71	11/71	4	1	04	01	FAMILY NURSE PRACTITIONER	07/71	06/72
06	035	71	11/71	4	1	04	01	ADULT SCREENING PROGRAM	07/71	06/72
06	036	71	11/71	4	1	04	01	COMPREHENSIVE CANCER PROGRAM	07/71	06/72
06	037	71	11/71	4	1	04	01	COOPERATIVE PROGRAM OF CONTINUING EDUCATION	07/71	06/72
06	038	71	11/71	4	1	04	01	REGIONAL TELEPHONE CANCER CONFERENCE	07/71	06/72

TOTAL COMPONENTS REGION 06 25

Region North Carolina
Review Cycle

PRINCIPAL PROBLEMS: The November 1970 Site Visit Team identified three chief weaknesses of the North Carolina program. These were subsequently reaffirmed by the April 1971 Review Committee and May 1971 Advisory Council. They were:

1. Gaps existing in the composition of the RAG - it was felt Blacks, Allied Health and Consumers were not properly represented.

2. Of the two governing bodies, the RAG and the Board of Directors, it was the 17 member Board that had final authority for program and operation decisions.

3. The Research and Evaluation Division of Core Staff which was centered in UNC was not instituting adequate evaluation practices. The site visitors believed a stronger evaluation section should be developed in the central core office.

Other observations of the reviewers were:

Nearly all health agencies were involved in NCRMP planning and/or operational activities with the exception of the Black Medical Association.

Little enthusiasm could be mustered for support of the large number of renewal projects. One exception was the Stroke Project. It was believed the Region must come to grips with phasing out new projects.

OUTSTANDING ACCOMPLISHMENTS: During the past year NC/RMP has concentrated on strengthening the weakness identified (above) by the National Review Bodies at the time of their triennium submission.

1. They have improved the composition of the RAG by adding a Nutritionist and an X-ray Technician to the existing three Allied Health representatives. Public representation has been increased from 4 to 12 and Black representation has been increased to 9. To accommodate these new members the total RAG has been increased from 36 to 51.

2. The Region has reorganized its advisory bodies, disbanding the Board of Directors, and giving final authority for all activities and policy matters to the RAG. A 13 member Executive Committee, consisting of members of 7 designated institutions and associations and 5 other representatives elected by the RAG, manages affairs in the interims between quarterly meetings of the total RAG.

3. The Research and Evaluation Division of Core at UNC has been disbanded. Replacing it is the Division of Planning and Evaluation within Core which will be directly responsible to the Director. This Division will be staffed by a Director (newly hired) a biostatistician (TBA) and an evaluator (TBA). This Division will also be supported by a $30,000 budget item to enable subcontracting for data services with appro-riate agencies.

Consideration has been given to involving the Black Medical Society "Old North State" which has approximately a membership of 200. However, the Black doctor currently on the RAG and other Black physicians informed the Director this is not really a viable organization and they feel its representation would not be that relevant. This is believed to be particularly true since the State Medical Society now has integrated representation.

Of twelve renewal project requests incorporated in the triennium submission the Region saw fit to support nine during the current year. The 05 Anniversary Application requests continuation of only two renewals, one the Stroke Project mentioned as an exception by the national reviewers (see above) and the second a Diabetic Education Project. Each request one additional year support. A third renewal the Cancer Registry is being incorporated at a much reduced level into another (non-renewal) project, Comprehensive Cancer Program.

In summary, of the nine renewal projects, six are being supported from other sources, two are being continued one more year and one is being incorporated into another project.

In one general statement, it is Staff's opinion that the Region should be commended on the accomplishments resulting from its effort to respond to weaknesses identified by the national review bodies a year ago.

ISSUES REQUIRING ATTENTION OF REVIEWERS: While Staff in its review of this application was highly complimentary of the Region's achievements over the past year in correcting major deficiencies, it identified a number of issues which should be brought to the attention of the anniversary review bodies.

1. The goals and objectives, while having been moderately revised since the triennium review, like many Regions remain extremely broad and non-specific. It should be remembered, however, that they were developed by a subcommittee appointed by the old Board of Directors, right at the time the program was undergoing the stresses of organizational change. It should also be noted that RMPS reviewers have never before been critical of NCRMPs goals and objectives. Recently a Long-Range Planning committee was appointed by the RAG Chairman. One of its functions is to re-examine

and refine the goals and objectives, relating them to specific time-frames and measurable indicies. Staff believes the Region should be praised for recognizing the need to develop more sophisticated goals and objectives as the Region matures, and would recommend that encouragement be extended and RMPS assistance be offered as part of the forthcoming advice letter.

2. While the Region is making significant strides in its attempt to seat more minority representatives on the RAG and to hire more minorities to core staff positions, there has not to date been any significant effort made to include minority or underserved health interests as a major consideration of the North Carolina Program. In the past year, less than $100,000, of program funds, have been spent in underserved health related activities. This might be explained by the fact that NCRMP has concentrated basically on quality of care in categorical disease areas which consequently relates primarily to those consumers who have some means of meeting medical expenses, with little relationship to the health needs of the underserved.

   While Staff recognizes NCRMP has commitments for future years to certain ongoing program activities which emphasize quality health care, the myriad of accessibility and availability problems faced by the underserved of N.C. combine with the priority RMPS places on these problem areas would indicate a need for NCRMP to devote more attention to availability and accessibility. Consideration must be given to the fact that the Region's program was accepted last year by Council, without criticism of the direction it was taking at that time.

3. Within Core is a Continuing Education Component which supports part-time Institutional Coordinators and their Staff at Duke, Bowman Gray, UNC and UNC/SPH, at a total of $97,158 (d.c.). At the December '72 RAG meeting these positions came under close scrutiny and a sub-committee was assigned to make an assessment of the value of supporting these positions. It is speculated by the Deputy Director that this support will be cut 2/3 to 3/4 and the institutions have been notified of the possible cutback. The Director feels a need to institute gradual phase-out in order to maintain these institution's cooperation. As a result of supporting these positions, the schools make available faculty consultants to NCRMP and its affiliates, free of charge. The subcommittee is also evaluating the entire RMP organization outlined in the application which was developed at the time the Board and RAG were in a state of transition. It has not as yet been officially adopted by the new RAG, although NCRMP is functioning basically along these lines.

   There is a disagreement among Staff as to whether the institutional coordinator problem should influence the funding recommendation. One side argues that the Region has not

taken it upon itself to eliminate these positions and reduced funding would help it make this decision (see Grants Management attachment). The other side argues the Region does recognize the problem and has taken positive steps in the form of a subcommittee to resolve it, and given the Region's record of responding to RMPS directives we could expect N.C. with proper advice from us would make the desired changes (without punitive funding action). Besides the aregument that this should be done on a phased basis is reasonable. Also the funds supporting these positions can be viewed by the Region as an incentive, in that as support is reduced , these funds become available for other activities. It should also be remembered that the national reviewers a year ago had no problem with this arrangement.

4. The fact that the four Institutional Coordinators being paid out of core funds also serve on the RAG and Executive Committee, and that one serves as Chairman raises a question of propriety. Staff does not see this as a legal question as the by-laws do not specifically provide for this type arrangement. While it is obvious the Region sees no problem with this arrangement, Staff agrees it is not one which insures against suspicion or criticism of conflict of interest, excessive medical school influence, and an ackward relationship between the Director and the Coordinator/RAG members who must play duel roles to each other. Staff would recommend the Region discontinue this arrangement, and perhaps provide against such future arrangements by means of a provision in the by-laws.

Goals, Objectives and Priorities: The goals and objectives presented in the Anniversary Application were developed by a subcommittee appointed by the old Board of Directors. They differ moderately from those of the triennium a year ago but remain like most regions, very broad and non-specific. The RAG, recognizing the need to update and refine them, has appointed a subcommittee which is in the process of developing new ones which will be measurable and relate to specific time-frames. The national reviewers, a year ago had found the goals and objectives to be satisfactory, however as the region matures, so should the entire program. Their simplicity would indicate they are well understood, here again the reviewers of a year ago saw no problem in this area. While short-term objectives and priorities have not been identified, plans are to include them in the new ones being developed. National priorities are to serve as the general guidelines. Related local needs are to be identified taking into account data and resources. While the current goals and objectives leave much to be desired, the Region should be commended for recognizing a weakness and taking remedial action prior to it being pointed out from an outside source.

Recommended Action: Staff would encourage and endorse NCRMP's action and offer RMPS Staff assistance if the Region would so desire.

Accomplishments and Implementation: Core can be commended on the number and types of activities it has engaged in and stimulated. Most activities have been unique to the particular problem and in most instances were not readily applicable to other problems or areas. Unique activities which could have national implications are the Stroke Program and the Test and Evaluation Strategy for Improving Quality of Nursing Care. Practically every project is designed to, or has some component which, promotes new knowledge and techniques. The effect on moderating costs can be assumed, in that the more skilled health providers are, the more efficiently they operate. Quality of care as it relates to categorical diseases is probably the most outstanding achievement area, however it relates mostly to those who can cover medical care expenses. Certainly the major health provider groups and institutions in the state recognize NCRMP as a source of professional expertise assistance and information.

Recommended Action: No Action Recommended

. Continued Support: Of 12 renewal project requests incorporated in the triennium submission, the Region saw fit to support 9 during the current year. The 05 Anniversary Application requests support of only two renewals, one the Stroke Project was mentioned as an exception by the national reviewers a year ago although they were generally critical - the large number of renewals. The second is a Diabetic Education project. Each request one additional year of support. The third renewal, Cancer Registry, is being incorporated at a much reduced level into another (non-renewal) project, Comprehensive Cancer Program. It should be noted that an overwhelming success of the Stroke Program in reducing hospitalization and mortality influenced the decision of the Region to continue it for one more year. NCRMP is now pursuing a policy of insuring other sources of support for the continuation of projects it funds. With few exceptions, outside sources have picked up continued support of projects. In those exceptions the projects were not worthy of continuation.

Recommended Action: The Region should be commended for its action in terminating renewed projects.

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4. Minority Interests: NCRMPs goals and objectives do not place any emphasis on improving health care to the underserved. Project activity tends to reflect no particular commitment to serving the disadvantaged. Of the total NCRMP budget less than $100,000 has been spent in this service, all in feasibility or developmental component activities. While some of the training programs might indirectly result in some employment benefits to the minorities, it is only a matter of coincidence. The Director has made an outstanding effort to include minorities on the RAG and is presently trying to recruit three Black professionals and three Black secretaries to Core Staff. NCRMP does work closely with CHP and in some instances Model Cities. It might relate more closely with Indian Health, Appalachian Program and Migrant Health.

Recommended Action: Encourage North Carolina to look more closely to the needs of the underserved - are these not infact some of the more important needs of the Region. Encourage the Region to balance quality of care with accessibility and availability, particularly as it relates to the underserved.

Coordinator: Dr. Patterson has served as Director since April 1970 (2 yrs.). Before he was a practicing surgeon in east North Carolina and did some cancer planning as a member of Core staff. He is highly dedicated and very conscientious. He works extremely hard on his job and is respected by all members of Core staff. He can be credited for the new RAG organization and other major accomplishments over the last year, all of which apparently were very difficult tasks (Particularly since Dr. Patterson is not an aggressive and bold individual, but rather a person who avoids confrontation and respects individual opinion). He relys heavily on Mr. Ben Weaver, his Deputy, to carry out many administrative and managerial details. Ben is highly competent, but does not always take advantage of other Core members knowledge and expertise to the extent that he might. Core members feel they are frequently excluded from activities to which they could make a contribution, and that their ideas do not always get proper consideration.

Recommended Action: Dr. Patterson feels a Management Assessment Visit would be of great benefit and will be making a written request for one to be conducted early in the next calendar year.

6. Core Staff: Administrative Core Staff consists of 12 professional Staff, 11 of whom are full time, and 9.5 secretaries. Not included in this is a new Director of Planning and Evaluation coming aboard on May 1 and two subordinates, a Biostatistician and an Evaluator which are being recruited. Also a Nutritionist and three secretaries are being recruited. Core staff at UNC which has served as Research and Evaluation Division has been dissolved and is being replaced by the new Planning and Evaluation Division which will be responsible directly to the Director.

Within Core is a continuing education component which supports part-time institutional coordinators at Duke, Bowman Grey, UNC, UNC/SPH- totaling $97,158 (d.c.). At the December 1971 RAG meeting, these positions came under close scrutiny and a sub-committee of the RAG was assigned to make an assessment of the value of continuing support for these positions. It is speculated by the Deputy Director that this support will be cut by 2/3 to 3/4. The institutions have been notified of possible cutbacks and are somewhat disturbed. As a result of supporting the coordinators, the schools make available other faculty consultants to NCRMP and its affiliates, free of charge. The evaluation of the contribution of these people is done subjectively. Some members of Core Staff are skeptical that dollar value to NCRMP is received, however, most can see the overall continuing education effort of the universities in North Carolina is enhanced. The Committee evaluating the Continuing Education component is also examining the current organization including all of Core and the Committee structure.

Recommended Action: Commend the RAG in its effort to examine the continuing education component and internal organization. Point out that organizational planning should be done in concert with establishing goals, objectives, and priorities.

7. **Regional Advisory Group:** Reviewers of the Triennium Application one year ago believed the RAG to be deficient in consumer, allied health, lay and Black representation. The RAG now has or will have in the near future twelve members of the public at large, five allied health representatives and nine Blacks. The recommendation that the Board of Directors and the RAG be combined into one governing body has been carried out. An Executive Committee meets on a monthly basis to act on business for the RAG which meets quarterly. RAG meetings generally have a 65-70% turn out. Out of the five elected members to the 13-member Executive Committee, one represents the public and is a professor at UNC-none are Blacks. The RAG has only met twice in its new capacity as a policy-making body, however, it is reported that it has demonstrated new strength at the last meeting by questioning the organization of Core staff. As a result it appointed a committee which is currently reconsidering NCRMP organization. While Staff has offered the current organizational chart, there is some doubt that it will be accepted. Although the committee has met once it has not made known what in fact it is considering.

Recommended Action: Comments relevant to the RAG and the related by-laws are part of the attached Grants Management Branch report.

8. **Grantee Organization:** Duke University serves strictly as a fiscal agent. Mr. Whitfield the Core staff member who works closest to the grantee reports Duke has never tried to use its position as grantee to influence decisions being made by NCRMP. He reports that the only problem arises out of the attempt on his part and personnel at Duke to maintain books and records which comply with both Duke and RMPS regulations. He claims this at times strains personal relationships. He claims that Duke is not enthusiastic about serving as grantee and tends to be quite independent. It has recently dissolved, for no apparent reason, its relationships with another federal agency from which it was receiving indirect costs.

Recommended Action: Grants Management Branch sees a problem in the relationship between Duke University, the Grantee and the RAG. This problem is outlined in detail in the attached Grants Management Branch Report attached to the Program Analysis Guide.

Participation: Most key health interests are represented on the RAG. Numerous other local health institutions are involved, in that they are active participants in ongoing projects. While NCRMP has recently worked closely with Migrant Health, and in fact is supporting one of its projects, there is little evidence that rapport has been established, or cooperative efforts have been made, with Indian Health Services or the Appalachia Program. History indicates that the program has been highly medical-school oriented and dominated. The recent RAG related changes, appeared to be having a significant change in the balance of power. This is exemplified by the RAG's new initiative in assessing the total program and in particular the institutional coordinator's role.

Recommended Action: Given the new emphasis North Carolina is placing on delivery systems and the considerable number of migrants, Indians and rural poor in North Carolina, it may be beneficial for the Region to work more closely with the Appalachia Program, and Indian Health Services. Consideration might be given to including these groups on the RAG and subcommittees of the RAG to which they might relate.

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10. Local Planning: North Carolina has not subregionalized and developed local planning groups as have many other regions. Rather, it has assisted and is continuing to assist both with Core personnel and financial support the development of health Planning Councils in the seventeen multi-county planning regions designated by the governor. With this assistance available, planning councils are now organized in the eight western planning regions. A handicap faced by these planning organizations is the extreme difficulty in recruiting program directors. The Region is assisting the planning councils in this area. Planning councils are developing in the other nine regions which are located in the east. The Region envisions its close working relationship with these organizations through the chief staff members (Fishel and Young) who have responsibility for the continuing coordination of activities. These two people have almost daily contact with the planning regions. NCRMP policy is now to involve local planning groups in the initial stages of program proposals.

Recommended Action: No Action Indicated

11. Assessment of Needs and Resources: So long as the Board of Directors existed needs were determined primarily by this group and to some degree were based on institutional interests. Most programs, however, include some analysis of data. There is continuing collection and updating of relative data particularly as it relates to heart, cancer and stroke, and attempts are being made to relate it to new program goals in an effort to develop more specific objectives. This effort should be greatly enhanced by the new Director of Planning and Evaluation scheduled to join NCRMP. in June. The centralization of the Planning and Evaluation Division at Teer House, as opposed to previously being split with UNC, should also strengthen planning efforts, as should the reorganization of this Division directly under Dr. Patterson. Hopefully, the new organization of the Planning and Evaluation Division and the new Staff will provide the needed back-up for the planning bodies in their effort to change program direction, including the establishment for the goals and objectives which are relevant to national priorities, but which have special significance to North Carolina. In addition it is hoped this division will provide the expertise for defining measurable objectives related to specific time-frames.

Recommended Action: No action indicated, with perhaps the exception that the Region should be complimented on its reorganizational efforts related to the Planning and Evaluation Division and the hope on the part of RMPS that this division will play a significant role in identifying the needs of the Region based on valid data, and that the decisionmaking bodies will use this data in the development of their program.

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12. Management: Core Staff is a relatively small group of individuals who demonstrate a high degree of team spirit. They respect each other and consequently take advantage of each others knowledge and capabilities in the consideration of their own program interests. They have weekly staff meetings which are designed to coordinate activities, however, much coordination is done on a one to one basis as need arises. Each member is responsible for monitoring projects and other activities. While most have monthly contact with their related activities, formal evaluation reports are required every six months. Final reports are required as are monthly fiscal reports.

Recommended Action: No action indicated at this time. It should be noted that this aspect of the program will be covered in more detail in the upcoming verification visit.

13. Evaluation: Without the benefit of a Review Process Verification Visit it is difficult to make any valid assessment of the evaluation process in North Carolina. In discussing the subject with staff, they indicate there is a need for incorporating more thorough evaluation techniques in projects as they are being developed and more stringent demands should be put on progress reporting which takes place twice a year. It is anticipated that the new Director of Evaluation will have a significantly stronger position under the new organization than the previous one. Site visits of Technical Review Committees does take place when indicated. In one instance negative results in national program emphasis has resulted in discontinuance of a project.

Recommended Action: None indicated at this time. Evaluation process as presented in the application is vague and should be clarified at the time of the April 27, 197 Verification Visit.

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14. Program Proposal: Goals and objectives are vague and priorities have not been set in any meaningful way. The RMP claims this will be incorporated as the new goals and objectives are developed. Two of these in the past have related quite well to the goals and objectives, concentrating on Categorical Diseases, Continuing Education, Manpower and Regionalization. The intended results of activities are capable of being quantified, however, this does not appear to be done with any consistency. Progress reports are required twice annually but thei relevance is unknown at this time. Staff claims attempts to rank projects against a standard set of criteria has been rejected by the RAG. Each RAG member ranks projects according to his individual criteria.

Recommended Action: Given the relatively little information we have with regard to this aspect of the North Carolina Program it is difficult to make a valid assessment. Clarification should be made at the time of the upcoming Verification Visit on April 27, 1972.

5. Dissemination of Knowledge: Since a large number of NCRMP projects are either educational in nature or have educational components, they, in fact, do disseminate knowledge to large numbers of individuals in a large number of facilities throughout the state - many involving the three major technical schools. Recently attempts are being made to involve more community schools. We can only assume better care to more people will result in some upgrading of the skills and knowledge of medical personnel. Most activities relate to more serious problems of the categorical diseases, still others in health manpower relate more to the lack of allied health personnel.

Recommended Action: Should commend the Region on its effort to de-emphasize categorical diseases. Encourage the Region's awareness of problems related to availability and accessibility of care in the use of para-medical personnel to make improvements in these problem areas

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16. Utilization of Manpower and Facilities: The Cancer, Stroke, and CPR projects all emphasize the need to utilize or improve certain medical facilities, so that they may serve an expanded role. As stated above, we can only assume productivity of physicians is increased through education, but it might be increased more rapidly by concentrating more on delivery systems. Three projects are developing new allied health personnel. While manpower has been a goal of the region for some time, NCRMP is placing more emphasis on it. The Family Nurse Practitioner and the Nurse Associate projects should have particular influence on the underserved.

Recommended Action: No action indicated.

17. Improvement of Care: Programs designed for the improvement of health care relatively lacking in NCRMP. None of the current projects relate to improved primary ambulatory care delivery systems and, in particular, non relate specifically to the poor, black, and red minorities. Six activities related to improvement of care are supported by developmental component funds. While the Region has the capability to make studies related to access and availability of care few, in fact, have been conducted. Most of those which have been undertaken resulted in outside support for operations. One of the new goals being considered is health services delivery systems. As stated before, this is an area which staff would encourage greater emphasis. It should be remembered when considering this aspect of the program, that NCRMP is somewhat committed to a categorical program related to quality of care by the fact that this is how the original Triennium Application was designed two years ago by the Board of Directors.

Recommended Action: Conveyed to the Region, RMPS' endorsement and encouragement of greater emphasis on availability and accessibility of care, primary to the underserved.

18. Short-term Payoff: We can only assume activities being undertaken by NCRMP will have positive effects on accessibility, quality of care, and cost moderation, since the Region has not reached a stage of sophistication by which it can evaluate progress in these areas. The program is still highly geared to quality of care particularly in categorical diseases. Support in most instances can be withdrawn in three years or less.

It should be noted that the November 1970 Site Visit Team did sight numerous project accomplishments of the Region, although they did not relate specifically to criteria of accessibility, quality of care and cost moderation. Similar accomplishments, are sighted in the current application, most of which demonstrate significant achievements in training, expanding activities into other institutions, development, publication, and distribution of educational materials, mortality rates hospital stay rates, screening and follow-up, and expanded use of paramedical personnel.

Recommended Action: Convey to the Region our hope that the new Planning and Evaluation Division will make an increased effort to access activities as they relate to availability of and access to services quality of care and moderation of costs.

9. Regionalization:

While most ongoing and newly planned activities serve multiple provider groups, sharing of facilities has been a by-products. Scarce resources and services are being made more readily available but on a somewhat unproportionate rate between the affluent and underserved. The Cancer and Stroke projects are prime examples of improving both the quantity and quality of resources and services. There is no doubt that the many activities undertaken and in which NCRMP is involved have served to strengthen linkages and coordinate planning efforts of the health organizations within the Region. NCRMP has served as a major catalyst in many instances.

Recommended Action:

No action indicated.

20. Other Funding:

NCRMP staff have worked on a number of activities which, once developed into potential proposals, have attracted OEO and HMO funds for operational support. They have attempted to help other proposals identify sources of support. Many of the Region's activities are co-supported with other funding sources and, in turn, tend to complement each others efforts.

Recommended Action:

The Region should be complemented on the role it has played in identifying and soliciting outside support of activities which will serve to improve the total health care system in North Carolina.

ADDENDUM TO NORTH CAROLINA STAFF BRIEFING DOCUMENT

As an oversight in my Staff Briefing Document on North Carolina, I neglected to include the fact that the observations made were collectively agreed upon by Staff at its review on 5/22/72. Staff attending included:

Gene Nelson	Planning and Evaluation Division
Lee Teets	Grants Management Branch
Ted Griffith	Regional Office Representative - Region IV
Lee Van Winkle	South Central Operations Branch
Bill Reist	South Central Operations Branch
Jeanne Parks	South Central Operations Branch
Gloria Hicks	South Central Operations Branch
Sharon Dunlap	South Central Operations Branch

Staff could not unanimously agree on a recommendation. Two recommendations were therefore made for SARP consideration.

1. The Region be approved for the 05 operational year at the requested level of $2,080,008, which is lower than the NAC approved level of $2,194,400.

2. The Region be approved at the requested level, but that funding authorization for the Institutional Coordinators/Continuing Education Component of Core be withheld until Staff has reviewed the RAG recommendations for this component, in addition to receiving a justification for the need of these representatives to Core Staff.

These comments would most appropriately appear on page 26 of your North Carolina Briefing Document.

William S. Reist
Public Health Advisor
South Central Operations Branch
Regional Medical Programs Service

WSR:cmg
Board
File

SCOB/DOD/RMPS

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MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

) : Acting Chief
South Central Operations Branch

DATE: March 31, 1972

ROM : Chief
Grants Management Branch

UBJECT: Review of Continuation Application for North Carolina Regional Medical Program

Grants Management Branch's concerns, as expressed in the continuation review of the application submitted by the North Carolina RMP, have been accommodated by an in-depth review of existing documents. The results of this review are reflected in the enclosed material which is provided for attachment to the documents prepared by your staff for review by SARP.

The organizational structure of the North Carolina RMP appears to be compatible with the advice given by the Operations Desk, as evidenced by the attached letter dated, March 13, 1971. Therefore, any constructive recommendations for change ought to be carefully phrased in the Advice Letter, to the RMP subsequent to SARP-Council action.

Your attention is invited to the recommendations contained in the last paragraph of the GMB review concerning the funding of the Core component for Institutional Coordinators and Directors of Continuing Education.

for Gerald T. Gardell

Enclosure

North Carolina RMP Organizational Structure

The North Carolina RMP is organized in a manner which places Duke University, the grantee, in jeodardy of audit exceptions for situations over which it has no control. The transfer of its responsibilities as grantee to the "Association" also approaches sub-granting. .

The By-laws of NCRMP recognize Duke University as the applicant organization and fiscal agent. The same By-laws almost immediately dispose of Duke with that one sentence of redognition and proceed to the Association and RAG. All duties and responsibilities for both the program and administrative management of NCRMP are assigned to the RAG. The Association appears to function more as the Board of Directors in an incorporated RMP, but it in fact has no such legal foundation.

The RAG can be controlled by a very small number of people. Provision is made in the By-laws for more than 60 members of the RAG and there is a good balance. However, a quorum is only 25 and 2/3 of those present and voting where a quorum is present shall be an act of the total RAG. This then means that 17, or fewer, can act for more than 60 people.

A similar situation is even more disturbing in the case of the RAG Executive Committee because of the inherent power of an executive committee. The NCRMP Executive Committee is composed of 13 members with 7 constituting a quorum. Again, 2/3 of those present and voting act for the entire committee which in turn speaks for the total RAG between meetings. Therefore, 4 or fewer members of the powerful Executive Committee can act for the total RAG.

Changes in the organizational structure, grantee involvement, and the By-laws are necessary. Apparently Duke University is willing for the Association to assume Dukes responsibilities as grantee. Since there is no indication of trauma resulting from a change, the Association should become legally incorporated and be made the grantee for NCRMP. The By-laws should be rewritten to clearly assign program responsibilities to the RAG and administrative responsibilities to the grantee.

The By-laws should also be changed to require a quorum of the RAG and Executive Committee to be one more than 50% of the total membership. Also, the wording should be changed to require that a majority vote of those present at a quorum be necessary for the vote to represent an act of the total body. This would cause the words "and voting" to be removed from that portion of the By-laws speaking to the number of votes required at RAG or Executive Committee meetings.

Included in the budget request for Core is $97,158 for Institutional Coordinators and Directors of Continuing Education. The program has supported this service thru the three medical centers and are of two types:

(a) a physician in each institution serves in a liaison role to the program on a part-time basis of 25% time and effort.

(b) the program has supported approximately 10% of the salaries of the Director of Continuing Education in each of the three medical centers. These physicians work closely with Core Staff Director of Continuing Education in planning and conducting NCRMP supported educational activities throughout the State.

Because of the decline in importance of continuing education, the RAG has designated one of its committees to study the situation and possibly reduce the funding requirements, if they determine that this activity should be reduced. These activities have been supported in the past.

In reviewing financial data obtained from the region, a total of $132,328 is being requested to support these activities ($97,158 D.C. and $35,170 I.C.). A copy of the Institutional Coordinator and Continuing Education Component budget is attached. It does not indicate in which capacity the individuals serve, clerical, Institutional Coordinator or Director of Continuing Education. Although one individual may serve in two capacities, the total time and effort should not exceed 35%. However, the budget requests for Dr. Emery Miller (Bowman Gray) and Dean Fred Mayes (University of North Carolina) exceed that figure. There are 6 professionals listed which average 36% effort. Since there are four Institutional Coordinators at 25% and 4 Continuing Education Coordinators from the three medical centers, (according to the application) at 10%, the maximum % of effort would average 17.5%, so the salaries claimed are somewhat out of line with that stated in the application of the individuals listed. The followind individuals receive compensation from the Institutional Coordinator and Continuing Education Component and are also members of the RAG and the Executive Committee of RAG.

1. Dr. E. Harvey Estes, Chairman, Dept. of Community Health Sciences, Duke Medical Center, also Chairman of RAG and Executive Committee

2. Dr. Robert Smith, Professor and Chairman, Dept. of Family Medicine, UNC., School of Medicine, also Vice Chairman of RAG and member of Executive Committee

3. Dr. Emery C. Miller, Associate Dean for Continuing Education, Bowman Gray School of Medicine

4. Dr. W. Fred Mayes, Dean, School of Public Health, UNC.

There are thirteen members on the Executive Committee of RAG and four are paid from Core funds, including the Chairman and Vice-Chairman of the RAG. Because of their Core-related activities and their responsibilities as members of Core, it is indeed hard not to assume that some of the activities for which the individuals are being compensated are for RAG-related activities, particularly in light of the rather large percentages of effort charged to the grant. Furthermore, there may be a conflict of loyalties resulting which would infringe upon their abilities to perform in their capacities as members of RAG and Core.

It is recommended that staff withhold funding authorization for the Institutional Coordinators/Continuing Education component of Core until they have reviewed the RAG recommendations for the Continuing Education component in addition to receiving a justification for the need of these representatives to the Core staff. We further recommend that no member of RAG (excluding the Executive Director of the RMP) receive any compensation from the program other than for travel expenses for RAG meetings. The final recommendation is that the Chairman of RAG (currently an employee of the grantee institution and a member of Core staff) should not be permitted to serve as a voting member of the RAG. Efforts should be made to replace the present Chairman at the next election of RAG officers with an individual not employed by the grantee (Duke University).

Institutional Coordinator and Continuing Education Component
FY 1973

Name	Approx. of Effort	Salary	Fringe Benefit	Duke	UNC	UNC/SPH	BG
Harvey Estes, Jr., M.D.	36	$13,320	$1,665	$14,985			
len Bivins	50	3,351	419	3,770			
lliam DeMaria, M.D.	27	5,000	625	5,625			
bert Smith, M.D.	15	4,575	668		$ 5,243		
ncy Vernon	20	1,400	204		1,604		
Glenn Pickard, M.D.	30	7,950	1,161		9,111		
. Glenn Wilson	15	4,725	690		5,415		
an Fred Mayes	50	13,542	1,977			$15,519	
dia Holley	10	1,818	265			2,083	
ery Miller, M.D.	60	17,000	1,700				$18,700
lly Rae McCartney	100	5,000	500				5,500
Total Salaries		$77,681	$9,874	$24,380	$21,373	$17,602	$24,200
Travel & Other				45	8,627	431	500
Totals				$24,425	$30,000	$18,033	$24,700

		*
Total Direct Costs	$97,158	$97,158
Indirect Costs	$35,170	$32,677
Total	$132,328	$129,835

* FY 1972 Cost

UNITED STATES GOVERNMENT

Memorandum

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION IV — ATLANTA

TO : Mr. William Reist
South Central Desk
Regional Medical Programs, Rockville

DATE: March 20, 1972

REFER TO:

FROM : Regional Health Director,
Region IV, Atlanta

SUBJECT: North Carolina Regional Medical Program Continuation Application

I have reviewed the North Carolina RMP Continuation Application and have requested reviews from other programs represented in the Atlanta Regional Office. I want to give you a summary of the comments that were made:

Grants Management stated that they do not have the guidelines against liable costs, etc., and that it would be hard to come up with specific suggestions since they are unfamiliar with Regional Medical Program Services' policies. This has been discussed with Mr. Gardell who has promised to send updated information regarding Grants Management policy for Regional Medical Programs.

Office of Comprehensive Health Planning stated that "this is a very impressive, agressive and bold application. It is well coordinated, clear and concise. The justification for additional funds seems realistic in terms of program activities and there is an interlocking membership between RMP and CHP.

Although the applicant states that this application has been reviewed by all appropriate health planning agencies and without any adverse comments, the application is void without these comments. It would have been of interest to this reviewer to have seen these comments in order to analyze how CHP views the activities of RMP.

It is the recommendation that this application be approved with the additional funds requested."

Health Maintenance Organization program states "In addition to a somewhat unique and abbreviated format, the writer was impressed with the attitude of the North Carolina RMP regarding new and current trends in health, with particular emphasis on alternate health care systems and Health Maintenance Organizations.

Although one might readily say that their activities have been somewhat limited in regard to HMO development to date, this could be expanded considerably through one of the following methods: (1) utilization of both a formal and informal reporting system through the Regional RMP

Mr. William Reist, RMP, 3/20/72

Representative concerning HMO potentials as well as developing activities in North Carolina, (2) that a conscientious effort be made to involve North Carolina RMP officials early in the planning sphere of any HMO activities, and (3) to further consider possible funding potentials for RMP and HMO development; this would also relate to programs that would be concerned with future HMO potential, such as Family Health Centers, Neighborhood Health Centers and indeed any type of prepaid or fee-for-service delivery system with specific population groups in mind.

Again, I would reiterate that the North Carolina RMP proposal is brief and concise yet covers the realistic elements of a very diversified program in the health field."

Community Health Service program states "At the present time there are four county migrant health projects receiving federal grant funds from HSMHA to provide services to migrant and seasonal agricultural workers in North Carolina. In addition to those four projects the State Board of Health receives some HSMHA funds to provide health services to the migrants located in areas of the State other than within the four project counties.

The limited categorical funds do not allow for providing adequate health care services to the migrants and the added problems of lack of accessibility and residence requirements to participate in state programs further magnify the problem. Education and income levels and language barriers, in some cases, tend to isolate the migrants from necessary health services.

The developmental component of the North Carolina Regional Medical Program contains a category in the amount of $35,000 to provide health care services in conjunction with the State Board of Health to migrant farm workers in North Carolina. When combined with the migrant health categorical funds of the North Carolina State Health Department project, this will allow an extension of health care services to migrants outside the four county project areas where the needs are probably the greatest.

In addition to the migrant health categorical funds, the funding of projects involving emergency health care services and providing health services to the rural underserved areas of North Carolina will have a significant impact on the migrants' health care needs.

The North Carolina Regional Medical Program has apparently recognized and is responding to the health needs of this particular segment of the population which is in a difficult position in obtaining health care. Migrants in other states are in the same status in regard to health care needs, and the problem recognition and efforts of other Regional Medical Programs would influence the services made available and have a positive impact on the migrants' health status."

Mr. William Reist, RMP, 3/20/72

Division of Emergency Health Service states "In general, the references made in this plan to emergency medical services are peripheral. They seem to overlook the total EMS system approach. I am unable to find reference to the State Comprehensive Emergency Medical Services Systems Plan and how EMS activities of RMP are coordinated within the scope of this plan."

In summary, I was impressed with the organization of the material, the conciseness, and I was very happy with the application. I have not received comments from Health Manpower, and Maternal and Child Health Service. When they are available, I will forward them on to you.

Emil E. Palmquist

Emil E. Palmquist, M.D.

Theoda H. Griffith

BY: Theoda H. Griffith
Public Health Advisor, RMP

THE ASSOCIATION FOR THE
NORTH CAROLINA REGIONAL MEDICAL PROGRAM
Executive Office
4019 North Roxboro Road, P. O. Box 8248, Durham, N. C. 27704
919 - 477-0461

F. M. Simmons Patterson, M. D.
Executive Director

March 29, 1972

Mr. William Reist
Operational Branch
Regional Medical Programs Service
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20852

Dear Bill:

In an effort to keep you and the Regional Medical Programs Service Staff abreast of new developments concerning the North Carolina Regional Medical Program, and the progress that is being made, I would like to emphasize the following:

(1) As you know, whereas in the past the North Carolina Regional Medical Program had both a Board of Directors and an Advisory Council, we now have only one governing body, the Regional Advisory Group. At the last Meeting of the Regional Advisory Group on March 15, 1972, the Membership of this body, on the recommendations of the Nominating Committee, was revised so that we now have an increased number of Allied Health representatives and Minority representatives. I am happy to state that at the present time that in relation to the total Membership of 51, 18% are Minority members. I am enclosing a copy of the Regional Advisory Group Membership on which the Minority members are specifically designated.

(2) On November 18, 1971, we received a document from the Regional Medical Programs Service stating the specific requirements that should be covered by the Articles of Association or Bylaws of a Regional Advisory Group. We have met several times with our attorney, Mr. Charles Dameron, of Greensboro, North Carolina, and have amended the Articles of Association with the unanimous approval of the Regional Advisory Group, so that at the present time we feel our Articles of Association satisfactorily encompass the requirements listed. For your edification, I am enclosing a copy of the Articles of Association in its recently amended form.

(3) At present there are three vacancies on our Professional Staff. I have made a sincere effort to recruit Minority members for these positions. Tomorrow, I am interviewing a Minority member for a position on our Planning and Evaluation Division, and feel that this individual will sign an agreement to join our Staff at this interview. For the two other positions we have contacted Minority individuals that I will interview in the next week or so. I feel confident that I will be successful in securing these two individuals as additions to our Staff.

If I am unsuccessful in this endeavor, I will further pursue my efforts in this direction.

(4) In regard to the matter of the Institutional Coordinators and Directors of Continuing Education that you have discussed with me several times, an Ad Hoc Committee was appointed by Dr. Harvey Estes, Chairman of the Regional Advisory Group, to study this matter in depth. The first Meeting of this Committee was held yesterday and much progress was made. Another Meeting will be held in several weeks, and hopefully, a wise and just decision can be made concerning this matter.

(5) A Long Range Planning Committee of the Regional Advisory Group has been appointed and its recommendations concerning the goals and objectives in keeping with the new emphases and directions of the Regional Medical Program have been adopted unanimously by the Regional Advisory Group.

(6) Subcommittees of the Regional Advisory Group are being appointed so that the Regional Advisory Group Members can be more intimately involved in the operation of the North Carolina Regional Medical Program.

As developments arise concerning our Program, I will continue to keep you informed.

With kind personal regards, I am

Very truly yours,

F. M. Simmons Patterson, M.D.
Executive Director

FMSP:mh
cc: Dr. Harold Margulies
Mr. Lee R. VanWinkle

Enclosures

REGIONAL ADVISORY GROUP

of the

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

CHAIRMAN: E. Harvey Estes, Jr., M.D. VICE-CHAIRMAN: Robert Smith, M.D.
SECRETARY: Joseph G. Gordon, M.D.

Medical Society of the State of North Carolina

Charles W. Styron, M.D., President
Medical Society of the State of North Carolina
615 St. Mary's Street
Raleigh, North Carolina 27605
Phone: 919-832-6307

John Glasson, M.D., President-Elect
Medical Society of the State of North Carolina
306 South Gregson Street
Durham, North Carolina 27701
Phone: 919-688-1059

Representatives-at-Large from the Medical Society of the State of North Carolina

Edgar T. Beddingfield, Jr., M.D.
Wilson Clinic
1704 South Tarboro Street
Wilson, North Carolina 27893
Phone: 919-237-2151
represents Eastern North Carolina

*John R. Chambliss, M.D.
Boice-Willis Clinic
100 Nash Medical Arts Mall
Rocky Mount, North Carolina 27801
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*Joseph G. Gordon, M.D.
Kate B. Reynolds Memorial Hospital
1101 East Seventh Street
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Phone: 919-724-2831
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Louis deS. Shaffner, M.D.
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Chief Executive Officer, Duke University School of Medicine

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Vice-President for Health Affairs
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Dr. Anylan's designee:
*E. Harvey Estes, Jr., M.D., Chairman
Department of Community Health Sciences
Box 2914, Duke Medical Center
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*Members of Executive Committee

Chief Executive Officer, Bowman Gray School of Medicine

[redacted]nson Meads, M.D.
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W. Fred Mayes, M.D., Dean
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Representatives of the North Carolina Hospital Association

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*Mr. Robert R. Martin
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Laurinburg, North Carolina 28352
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represents Eastern North Carolina

Mr. Earl Bullard
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Rowan Memorial Hospital
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Phone: 704-636-3311
represents Central North Carolina

Mr. Don C. Morgan
Administrator
C. J. Harris Community Hospital
Sylva, North Carolina 28779
Phone: 704-586-2151
represents Western North Carolina

Director, North Carolina State Board of Health

Jacob Koomen, M.D., Director
[redacted]orth Carolina State Board of Health
[redacted]25 North McDowell Street
Post Office Box 2091
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[redacted]919-829-3446

Dr. Koomen's designee:
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Assistant State Health Director
North Carolina State Board of Health
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Raleigh, North Carolina 27602

Chief Executive Officer, University of North Carolina School of Dentistry

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School of Dentistry
University of North Carolina
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Dr. Bawden's designee:
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Chief Executive Officer, North Carolina Medical Care Commission

Mr. Ira O. Wilkerson
North Carolina Medical Care Commission
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Director, North Carolina State Board of Social Services

Mr. Clifton M. Craig, Commissioner
State of North Carolina
Department of Social Services
Post Office Box 2599
Raleigh, North Carolina 27602
Phone: 919-829-3055

Mr. Craig's alternate:
Mr. Emmett Sellers, Director
Medical Services Division
State of North Carolina
Department of Social Services
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Phone: 919-829-4550

Chief Executive Officer, North Carolina State Nurses' Association

*Eloise R. Lewis, Ph.D. (designee)
Professor and Dean
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University of North Carolina at Greensboro
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Phone: 919-379-5177

Chief Executive Officer, Office of Comprehensive Health Planning

Mr. Elmer M. Johnson
Post Office Box 1351
Raleigh, North Carolina 27602
Phone: 919-829-4139

Representative of Comprehensive Health Planning "b" Agencies

Mr. George M. Stockbridge 1975
Executive Secretary
Health Planning Council for Central North Carolina
Home Security Building
505 West Chapel Hill Street
Post Office Box 61
Durham, North Carolina 27702
Phone: 919-682-3640

Representative of the Veterans Administration System of North Carolina

Stanley B. Morse
Hospital Director
Veterans Administration Hospital
508 Fulton Street
Durham, North Carolina 27705
Phone: 919-286-4934

Representatives of Public-at-Large

East:

•Mr. Charles James 1973
Darden Funeral Home
Wilson, North Carolina 27893
Phone: 919-237-2169

•Mr. O. T. Faison 1974
Post Office Box 728
New Bern, North Carolina 28560
Phone: 919-637-5632

Central:

•Mr. David G. Warren 1974
Institute of Government
Knapp Building
University of North Carolina
Chapel Hill, North Carolina 27514
Phone: 919-933-1304

•Mrs. William J. Kennedy, III 1975
102 East Masondale Avenue
Durham, North Carolina 27707
Phone: 919-682-7645

Western:

Carl D. Killian, Ph.D. 1974
Box 2672
Cullowhee, North Carolina 28723
Phone: 704-293-9611

Mrs. Evalyn Brendel, M.P.H. 1975
160 Country Club Road
Asheville, North Carolina 28804
Phone: 704-253-8424

•Mr. John Taylor 1973
Director
Choanoke Development Association
104 Third Street
Murfreesboro, North Carolina 27855
Phone: 919-398-4131

•Mrs. Marjorie B. Debnam 1975
1615 East Davie Street
Raleigh, North Carolina 27610
Phone: 919-834-4602

•Mr. Walter T. Johnson, Jr. 1975
Attorney-at-Law
Southeastern Building
102 North Elm Street
Greensboro, North Carolina 27401
Phone: 919-274-8463

Harvey L. Smith, Ph.D. 1975
Social Research Division
Miller Hall
University of North Carolina
Chapel Hill, North Carolina 27514
Phone: 919-933-2007

Mr. John B. Rogers, Jr. 1973
Post Office Box 337
Davidson, North Carolina 28036
Phone: 704-892-0564

Mr. Donnell VanNoppen 1973
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Morganton, North Carolina 28655
Phone: 704-437-5261

*Members of Executive Committee

Representatives of Academic Institutions Other Than Medical Schools

*Edwin W. Monroe, M.D. 1974
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School of Allied Health and Social Professions
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Phone: 919-758-6310

Mr. E. H. Wilson 1973
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*Mr. George T. Thorne 1973
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*Mr. Earl Murphy 1975
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Craven Technical Institute
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*Mr. James R. Felts, Jr. 1974
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Representatives of Voluntary Health Agencies

Mr. W. James Logan 1974
Executive Director
North Carolina Heart Association, Inc.
No. 1 Heart Circle
Chapel Hill, North Carolina 27514
Phone: 919-968-4453
represents N. C. Heart Association

William A. Robie, M.D. 1973
5437 Thayer Drive
Raleigh, North Carolina 27609
Phone: 919-829-5397
represents N. C. Chapter of American Cancer Society

Eloise P. Hathcock 1975
615 St. Mary's Street
Raleigh, North Carolina 27605
Phone: 919-832-6307
represents N. C. Diabetes Association

*T. Reginald Harris, M.D. 1974
808 North Dekalb Street
Shelby, North Carolina 28150
Phone: 704-482-1482
represents T.B. and Respiratory Assoc

Clark R. Cahow, Ph.D. 1975
Duke University Registrar
114 Allen Building
Duke University
Durham, North Carolina 27706
Phone: 919-684-3146
represents United Health Services

Representatives of Other Health Providers Including 3rd Party Carriers & Government Agencies

Mr. W. J. Smith 1975
Executive Secretary
North Carolina Pharmaceutical Association
Box 151
Chapel Hill, North Carolina 27514
Phone: 919-967-2237

Miss Sally Farrand 1975
Physical Therapy Section
N. C. State Board of Health
Post Office Box 2091
Raleigh, North Carolina 27602
Phone: 919-829-3131
represents N. C. Physical Therapy Ass

Representatives of Other Health Providers Including 3rd Party Carriers & Government Agencies (continued)

Mr. George Hider 1973
Pilot Life Insurance Company
Post Office Box 20727
Greensboro, North Carolina 27420
Phone: 919-299-4720
represents N. C. Health Insurance Council

Edwin S. Preston, Ph.D. 1973
2711 Anderson Drive
Raleigh, North Carolina 27608
Phone: 919-782-2478
represents N. C. Health Council

Mr. Ken G. Beeston 1974
N. C. Blue Cross and Blue Shield, Inc.
Durham-Chapel Hill Boulevard
Durham, North Carolina 27707
Phone: 919-688-5521
represents N. C. Blue Cross & Blue Shield, Inc.

Executive Director, North Carolina Regional Medical Program

*F. M. Simmons Patterson, M.D. (non-voting)
Executive Director
North Carolina Regional Medical Program
4019 North Roxboro Road
Durham, North Carolina 27704
Phone: 919-477-0461

*Members of Executive Committee
•Members of Minority Groups

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations & Development CRC

DATE: April 18, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the North Carolina Regional Medical Program Application.

Accepted HM 4/25/72
(Date)

Rejected _____
(Date)

Modifications

Region: North Carolina RMP
Review Cycle: June 1972
Type of Application: Anniversary within Triennium
Rating: 324

RECOMMENDATIONS FROM

[X] SARP [ ] Review Committee

[ ] Site Visit [ ] Council

RECOMMENDATIONS:

The Region be approved for the 05 operational year at the requested level of $2,080,008, pending additional information and satisfactory review of the $200,000 request for community-based educational programs.

The Region be advised of new weaknesses identified by SARP (see below) and that Staff follow-up with careful study, advice, and assistance.

CRITIQUE:

SARP was presented with two divergent recommendations by Staff who conducted a preliminary review of the North Carolina application. The recommendations were:

The Region be approved at the requested level of $2,080,008.

The Region be approved at the requested level, but that funding authorization for Institutional Coordinators/ Continuing Education Component of Core be withheld until Staff has reviewed the RAG recommendations for this component in addition to receiving a justification for the need of these representatives on Core Staff.

The members of SARP, with minor exceptions, agreed NCRMP must be viewed with a high degree of credibility and reliability, and therefore, can be entrusted to strengthen its weaker areas (see below) with encouragement and advice from RMPS. It was not felt restriction or reduced funding, which might be interpreted as punitive action, would serve any meaningful purpose. This rationale was based on the fact that the Region has done a commendable job in responding to, and resolving all of the problems identified by the national review bodies a year ago.

The composition of the RAG has improved by increasing allied health, public and black representation.

The advisory and decision-making bodies have been reorganized, disbanding the Board of Directors, giving final authority for all activities and policy matters to the RAG.

The Research and Evaluation Division has been centralized in Program Staff and is directly responsible to the Directors.

With few exceptions, renewal projects are being terminated at the end of the current year.

Staffing plans include the hiring of minorities, three professional and three secretarial.

While the reviewers were complementary of the Region's progress, they did identify areas of needed strength, and/or correction. It was believed these weaknesses could be corrected with proper assistance from RMPS Staff.

The goals and objectives while having been moderately revised, since the triennium review, like many Regions remain broad and non-specific. The Region recognizes this weakness and is taking corrective measures.

While the program is de-emphasizing categorical and continuing education activities, there is a need for it to accelerate change toward direct impact on improved care, particularly to the underserved.

The role of and need for the Institutional Coordinator/ Continuing Education Component of Program Staff is highly questionable, particularly in view of the apparent changing program direction. The Region shares this skepticism and has designated a committee which is studying the matter.

The fact that the four Institutional Coordinators are paid as part-time program staff while all serve as members of the RAG and Executive Committee is inappropriate, both from the standpoint of conflict of interest and dual relationships to the Director.

The relationship of the grantee to the RAG as presented in the By-laws is inappropriate. The By-laws should be rewritten to clearly assign program responsibilities to the RAG and administrative responsibilities to the grantee.

RMPS/SCOB
Bill Reist
4/18/72

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	558,193		643,940	
Sub-Contracts	-0-		(73,000)	
OPER. ACTIV.	1,152,129		1,248,175	1,248,175
DEVEL. COMP.	168,605		187,893	Yes (X) or No (
EARMARKS:				
KIDNEY #28			(145,400)	145,400
AHEC #41			(200,000)	200,000 **
RMPS DIRECT	1,878,927 *	2,194,400	2,080,008	2,080,008
REQUESTED	3,875,178			
COUNCIL APPROVED LEVEL	2,194,400			
NON-RMPS and INCOME	100,000		34,691	

REGION North Carolina

June 1972, REVIEW CYCLE

* The 04 year is being extended to 9/1 and the region will receive $365,733 for the two month extension resulting in a direct cost award of $2,244,660 for 14 months.

** Pending additional information and satisfactory review of the $200,000 request for community-based educational programs.

Region NORTHEAST OHIO RMP
Review Cycle June 1972
Type of Application Anniv.
Prior to Triennial
Rating 132.5

Recommendations From

☐ SARP ☒ Review Committee

☐ Site Visit ☐ Council

Recommendations:

1. The approval of a one year period of support (September 1, 1972 through August 31, 1973) of the Program at a funding level of $600,000 direct cost.

2. That the NEORMP would, during the 02 year of support, develop and submit an application more consonant with the priorities of the Region justifying the continuation of this program or face the alternative of a merger with the other Ohio Program or termination of funding.

3. That the present operational projects be phased out and that the funds be utilized to support planning and feasibility studies indicated by the program's data base.

4. That attention be given to the recruitment of a Deputy Coordinator and Program Directors in evaluation and communication.

5. That the NEORMP give considerable attention to the delineation of the relationship and responsibility between the Board of Trustees, Executive Committee, and the RAG.

6. That all technical assistance recommended by SARP be provided to the Program.

Critique:

Committee members were very concerned over the fact that NEORMP had decided to remain separate from the merger of the Ohios and it was the feeling of some of the members that all funds should immediately be withdrawn from the program.

The Committee agreed with SARP that there was little apparent relationship between regional goals and the operational activities presently supported by the Region and also, that Program staff needs additional development.

The Committee expressed concerns in basically the same areas as did staff and SARP reviewers. Also, Committee members considered the fact that NEORMP had been without a full-time Coordinator for 17 of the just 19 months of operational status and were in agreement with the types of assistance recommended by SARP.

Committee felt that the NEORMP had been anything but satisfactory up to the present time and that a year of planning was needed.

Committee indicated that their action was not intended to be vindictive, punitive, or anything of that nature, but felt that a strong directive was in order.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD ___ OPER. YEAR	___ YEAR COUNCIL RECOMMENDED LEVEL	___ YEAR REQUEST	RECOMMENDED FUNDING ~~DIRECT~~ REV. COM.
CORE	* 481,424		637,796	
Sub-Contracts	55,000			
OPER. ACTIV.	* 208,763		193,501	
DEVEL. COMP.				Yes ( ) or No (
EARMARKS: KIDNEY				
RMPS DIRECT	* 690,187	803,696	831,297	600,000
REQUESTED	1,232,075			
COUNCIL APPROVED LEVEL	786,187			
NON-RMPS and INCOME				

* Does not include 24 month extension for 01 year of $2,376,158

REGION Northeast Ohio

May/June 1972, REVIEW CYC

01 A1

Core	677,826
Projects	359,284
Direct Cost	1,037,110

01 A2

Core	865,918
Projects	473,130
Direct Cost	1,339,048

SCOB/RMPS
May 24, 1972

TABLE OF CONTENTS

NORTHEASTERN OHIO REGIONAL MEDICAL PROGRAM

ANNIVERSARY APPLICATION

STAFF BRIEFING DOCUMENT

EGION NEORMP RM 00064

OPERATIONS BRANCH [ ] Eastern [X] South Centr'l [ ] Mid-Con [ ] Western

YPE APPLICATION

[ ] TRIENNIAL
[ ] 1st ANNIV YEAR
[ ] 2nd ANNIV YEAR
[X] OTHER Ann. Prior to Tri.

NA LAST RATING
____ 197____ DATE
[ ] SARP
[ ] REV. COM.
[ ] OTHER

BRANCH Tel. No. 3-1740 Room 10-2

BRANCH CHIEF Lee E. Van Winkle

BRANCH STAFF Vernie D.Ashby

RO REP. Maurice C. Ryan

Last Mgt. Assm't Visit _____ 19

Chairman _____

AST S.V. 2/5-6 1970 ; Chairman Philip T. White, M.D.

aff Visits, Last 12 mc . (Dates, Chairman's Name and Type of Visit)

Ashby 3/30-31/72 Staff Assistance

Major Events Which Occurred in the Region Affecting the RMP Since Its Last Review
n May 1971 ;

The employment of Dr. Donald Glover as Coordinator on January 1, 1972.

NORTHEASTERN OHIO

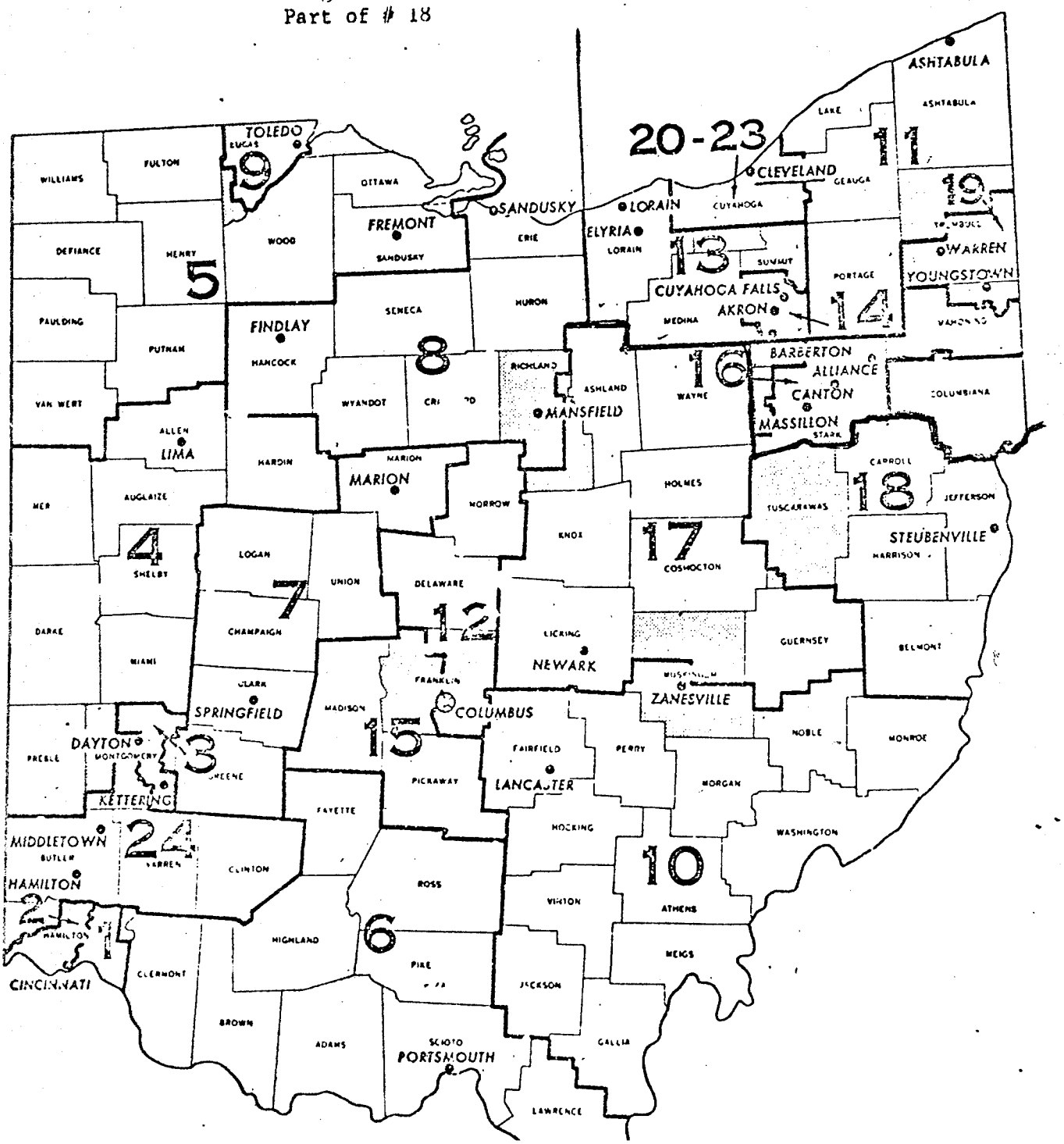
Encompasses 12 counties in northeast Ohio centered around Cleveland.

Population (1970 Census)

Total: 4,115,000; 86% urban (over 3.5 million)
Land area: 5,784 square miles; density 710 per sq. mile
Major metropolitan areas: Akron, Cleveland, Lorain and Youngstown-Warren
Cleveland - 38% Negro

Cleveland SMSA: Per Capita income - 3,705

9 Congressional Districts
Part of # 18



Northeastern Ohio RMP

Facilities and Resources

	1969/70 Enrollment	Graduates
Medical School: Case Western Reserve Univ. Cleveland	362	92
Dental : Case Western Res. Univ., School of Dentistry	287	60

Prof. Nursing Schools: 21 - 6 at colleges and Universities

Practical Nursing Schools - 6

Allied Health Schools:

Cytotechnology - 7
Medical Technology - 16
Radiologic Technol.- 18
Physical Therapy - 1 (Case West. Reserve)

Hospitals - Non Federal		No. of Beds
* General	65	16,545
Osteopathic	10	(reported in planning application)

Veterans Administration:- 1 -780 beds

* Included for Cleveland SMSA : 32 hosp. 9229 beds (about ½ total reported for all 12 counties.)

Nursing and Personal Care Homes

Cleveland SMSA:	#	Beds
Nursing Care Homes	74	4946
Personal Care Homes with Nursing care	19	1345

Manpower

Physicians - Cleveland SMSA (1970)

Total non-Federal (practicing and not practicing)- 4,148
Total Active - 3626

Gen. Practice 375
Med. Spec. 621
Surg. Spec. 724
Other
Inactive 150

Nurses (Prof.)- Cleveland SMSA (1966)

Active - 6305
Inactive - 2838

Component and Financial Summary - Anniversary Application

COMPONENT first 12 months	CURRENT YR'S AWARD 01 OPER. YEAR	02 YEAR COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	* 481,424		637,796	
Sub-Contracts	55,000			
OPER. ACTIV.	* 208,763		193,501	
DEVEL. COMP.				Yes ( ) or No ( )
EARMARKS:				
KIDNEY				
RMPS DIRECT	* 690,187	803,696	831,297	
REQUESTED	1,232,075			
COUNCIL APPROVED LEVEL	786,187			
NON-RMPS and INCOME				

* Does not include 24 Month extension for 01 yr. of $2,376,158

REGION Northeast Ohio

May/June 1972, REVIEW CYCLE

01 A1		01 A2	
Core	677,826	Core	865,918
Projects	359,284	Projects	473,130
Direct Cost	1,037,110	Direct Cost	1,339,048

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
000 CORE	$637,796				$637,796	$21,890	$669,686
01 HOSPITAL LIBRARY CONSULTING SERVICE	$32,785				$32,785	$6,057	$38,842
02 CCU NURSE TRAINING	$82,144				$82,144	$6,347	$88,491
03 STREP CULTURE PROGRAM	$52,496				$52,496	$6,824	$59,320
07 STROKE REHABILITATION DEMONSTRATION	$26,076				$26,076		$26,076
TOTAL	$831,297				$831,297	$51,118	$882,415

MARCH 23,1972

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET CATEGORIES BY COMPONENT

RMPS-OSM-JTOGM2
REQUEST MAY/JUNE 1972 REVIEW CYCLE

REGION 64 NE OHIO

	COMPONENT NO C000	COMPONENT NO 001	COMPONENT NO 002	COMPONENT NO 003	COMPONENT NO 007	REGION TOTALS
I PERSONAL SERVICES						504,702
SALARIES, WAGES	385,522	26,920	47,226	25,000	20,034	66,076
EMPLOYEE BENEFITS	52,876	3,365	5,668	3,125	1,042	570,778
TOTAL	438,398	30,285	52,894	28,125	21,076	
II PATIENT CARE						
IN-PATIENT						
OUT-PATIENT						
TOTAL						
III EQUIPMENT						
BUILT-IN						16,899
MOVABLE	6,399		10,000		500	16,899
TOTAL	6,399		10,000		500	
IV CONSTRUCTION						
NEW						
MAJ ALT & REN						
TOTAL						
V OTHER						18,828
CONSULTANTS	16,628				2,200	43,518
SUPPLIES	12,597	250	5,750	24,371	550	25,945
DMST TRAVEL	19,845	850	3,500		1,750	
FRGN TRAVEL						30,700
RENT SPACE	30,000	700				6,300
RENT OTHER	6,300					
MIN ALT & REN						28,772
PUBLICATIONS	20,272	500	8,000			55,000
CONTRACTUAL	55,000					22,057
COMMUNICATION	19,857	200	2,000			12,500
COMPUTERS	12,500					
OTHER						243,620
TOTAL	192,999	2,500	19,250	24,371	4,500	
VI TRAINEE COSTS						
STIPENDS						
OTHER						
TOTAL						
TOTAL DIRECT COST	637,796	32,785	82,144	52,496	26,076	831,297
INDIRECT COST	31,890	6,057	6,347	6,824		51,118
TOTAL DIR & IND	669,686	38,842	88,491	59,320	26,076	882,415

MARCH 08,1972 REGIONAL MEDICAL PROGRAMS SERVICE DESK SOUTH CENTRAL AREA

LIST OF COMPONENTS REQUESTED FOR NEXT SUPPORT YEAR

REGION 64 NE OHIO CL RMP-SUPP-YR 02 REQUEST MAY/JUN 1972 REVIEW CYCLE RMP-OSM-PEM001

COMPONENT NUMBER	COMPONENT TITLE	NEXT SUPPORT YEAR	DIRECT COST NEXT PERIOD	EST DATE OF TERMINATION
C000	CORE	02	637,796	
001	HOSPITAL LIBRARY CONSULTING SERVICE	02	32,785	06/73
002	CCU NURSE TRAINING	02	82,144	06/73
003	STREP CULTURE PROGRAM	02	52,496	06/73
007	STROKE REHABILITATION DEMONSTRATION	02	26,076	06/73
	TOTAL REGION 64 COMPONENTS 5.		831,297	

MARCH 10,1972

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET BY TYPE OF SUPPORT

REGION 64 NE OHIO RMP SUPP YR 02
DESK SOUTH CENTRAL

REQUEST MAY/JUNE 1972 REVIEW CYCLE
RMPS-OSM-JTOGRB

COMPONENT NO.	COMPONENT TITLE	COMPONENT SUPPORT YEAR	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR	TOTAL DIRECT ALL 3 YRS
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT								
0000	CORE	02	637,796	31,890	669,686			637,796
001	HOSPITAL LIBRARY CONSULTING SERVICE	02	32,785	6,057	38,842			32,785
002	CCU NURSE TRAINING	02	82,144	6,347	88,491			82,144
003	STREP CULTURE PROGRAM	02	52,496	6,824	59,320			52,496
007	STROKE REHABILITATION DEMONSTRATION	02	26,076		26,076			26,076
CONT. WITHIN SUB-TOTAL			831,297	51,118	882,415			831,297
REGION TOTALS			831,297	51,118	882,415			831,297

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT									
000	669,686								669,686
001	38,842								38,842
002	88,491								88,491
003	59,320			27,000	30,000				116,320
007	26,076								26,076
CONT. WITHIN SUB-TOTAL	882,415			27,000	30,000				939,415
REGION TOTALS	882,415			27,000	30,000				939,415

MARCH 10,1972

REGION 64 NE OHIO CL

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET BY TYPE OF SUPPORT

RMPS-OSM-JTOCM9

REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NO.	PERSONAL SVC	PATIENT CARE	EQUIP.	CONST.	OTHER	TRAINING & FELLOWS.	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	DIRECT COST PREVIOUS YEAR AWARD	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT												
C000	438,396		6,399		192,999		637,796	31,890	669,686	865,918		
001	30,285				2,500		32,785	6,057	38,842	48,224		
002	52,894		10,000		19,250		82,144	6,347	88,491	139,844		
003							52,496	6,824	59,320	200,155		
007							26,076		26,076	84,907		
CONT. WITHIN SUB-TOTAL												
	521,577		16,399		214,749		831,297	51,118	882,415	1,339,048		
REQUEST TOTALS												
	521,577		16,399		214,749		831,297	51,118	882,415	1,339,048		
REGION TOTALS												
	521,577		16,399		214,749		831,297	51,118	882,415	1,339,048		

COMPONENT NO.	TITLE	COMPONENT YEAR
C000	CORE	02
001	HOSPITAL LIBRARY CONSULTING SERVICE	02
002	CCU NURSE TRAINING	02
003	STREP CULTURE PROGRAM	02
007	STROKE REHABILITATION DEMONSTRATION	02

******

REGION [redacted] OHIO CL — LISTING OF ADDITI[redacted] FUNDS — REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT									
0000	669,686								669,686
001	38,842								38,842
002	88,491								88,491
003	59,320			27,000	30,000				116,320
007	26,076								26,076
CONT. WITHIN SUB-TOTAL	882,415			27,000	30,000				939,415
REGION TOTALS	882,415			27,000	30,000				939,415

MARCH 17,1972

BREAKOUT OF REQUEST
02 PROGRAM PERIOD

REGION - NE OHIO
RM 00064 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CORE	$637,796				$637,796	$31,890	$669,686
001 HOSPITAL LIBRARY CONSULTING SERVICE	$32,785				$32,785	$6,057	$38,842
002 CCU NURSE TRAINING	$82,144				$82,144	$6,347	$88,491
003 STREP CULTURE PROGRAM	$52,496				$52,496	$6,824	$59,320
007 STROKE REHABILITATION DEMONSTRATION	$26,076				$26,076		$26,076
TOTAL	$831,297				$831,297	$51,118	$882,415

BREAKOUT OF REQUEST

1ST BUDGET YEAR

RMPS-OSM-JTOOR2

	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	1ST YEAR DIRECT COSTS	1ST YEAR INDIRECT COSTS	TOTAL
GRAND-TOTAL	$14,062,690	$1,893,850	$1,467,376	$4,211,693	$21,635,609	$4,108,768	$25,744,377

2ND BUDGET YEAR

	CONT. WITHIN APPR. PERIOD OF SUPPORT	CONT. BEYOND APPR. PERIOD OF SUPPORT	APPR. NOT PREVIOUSLY FUNDED	NEW, NOT PREVIOUSLY APPROVED	2ND YEAR DIRECT COSTS		
GRAND-TOTAL	$11,383,076	$704,148	$1,038,745	$4,002,273	$17,128,242		

3RD BUDGET YEAR

	CONT. WITHIN APPR. PERIOD OF SUPPORT	CONT. BEYOND APPR. PERIOD OF SUPPORT	APPR. NOT PREVIOUSLY FUNDED	NEW, NOT PREVIOUSLY APPROVED	3RD YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
GRAND-TOTAL		$437,719	$28,966	$1,160,844	$1,627,529		$40,391,380

NEORMP

Region
Rev.Cycle

PRINCIPAL ACCOMPLISHMENTS BY RMP since _____ 197__

The Region has excelled in the development of cooperative relationships throughout the area and has involved large numbers of providers in the committee and overall organizational structure. It has a good data base and has the cooperation of all of the resources necessary to establish a complete data system. Strong ties with CHP, state health planning agencies and other institutions and agencies have been developed.

PRINCIPAL PROBLEMS

1. The absence of critical staff members.

2. Relationship between the Board of Trustees and the RAG and the question of where decision making authority rests.

3. Currently supported activities for the most part do not reflect program goals or priorities.

ISSUES REQUIRING ATTENTION OF REVIEWERS

Same as problems.

RMP: Northeast Ohio Prepared By: Vernie D. Ashby Date: 3/7/72

[redacted]s, Objectives and Priorities:

The statement of goals and priorities submitted with the first operational grant continues without change.
Each problem is classified on a scale of urgency (Urgent - 4, Important - 3, Significant - 2 and Pertinent - 1) and this scale is used in the priority ranking by the Board of Trustees of the projects that go through the review cycle.

1. Immediate health service needs of the poor of the cities of NE Ohio (priority 4 - urgent)
2. NEORMP organizational goals (priority 4 - urgent)
3. Prevention and early detection of disease (priority 3 - important)
4. Increase in the potential for the delivery of health services (priority 3 - important)
5. Equalization of the distribution of health services (priority 3 - important)
6. Improvement of the quality of medical services (priority 1 - pertinent)

Currently supported activities for the most part do not reflect program goals [redacted] emphasis.

Recommended Action:

[redacted]

Accomplishments and Implementation:

The NEO/RMP has done a good job in conceptual planning. It has a good data base and has the cooperation of all resources necessary to establish a complete data system. A proposed computerized network should be a valuable tool in improving the distribution of medical services in the Region. All 56 hospitals, having 400,000 discharges per year, are cooperating in submitting summaries of those respective discharged patients.
Core supported feasibility planning studies which show promise are: 1. The Laser TV Transmission with Case Western Reserve University, a prototype one-way laser system for TV transmission will be expanded into a two-way system for health services communications. This study will examine the value and reliability of the system as well as implications for wider application.
2. The organization for University cooperation in health which was formed to encourage and coordinate joint planning for health manpower education through Greater Cleveland Institutions (Cuyahoga Community College, Cleveland State University and Case Western Reserve University with the Metropolitan Health Planning Corporation and NEO/RMP representi the consumer and provider interest in the community. This study will explore the feasibility of establishing a formal mechanism through which the resources of the three institutions could be used in the preparations of personnel in existing health occupations and new categories of health manpower as these develop. If such a mechanism is feasible, this could be the foundation for the establishment of a jointly sponsored School of Allied Health.

[redacted]:

[redacted]EO/RMP Core staff has always been very active and have excelled in providing catalytic functions for the program. Substantial staff effort is spent in convening and facilitating activities. There is a very close working relationship among agencies, associations and institutions within the Region.

RMP: Northeast Ohio **Prepared By:** Vernie D. Ashby **Date:** 3/7/72

3. Continued Support:

The Hospital Library Consulting Service project #1 to insure continuity of services following the phase-out of NEORMP support now has a fee for service arrangement. At present fifty institutions are now providing support for services instituted as a result of the project. Income is expected to increase thus insuring continuity of services to member institutions. Project #2 continuing education of nurses in Coronary Care will probably be university-based following termination of RMP support. Means to finance this activity are being explored. There is no indication that the other two operational projects will be continued after termination of NEORMP support.

Recommended Action:

4. Minority Interests:

There are eleven full-time professional and technical positions on Core staff. Six of these positions are filled with females and five with males. However, none of these are filled with blacks. The Coordinator of the NEORMP is actively recruiting a black physician to fill the position of Deputy Coordinator. Minorities occupy three of the seven clerical positions on Core staff.

Two of the eighteen professional and technical positions on project staff are filled by minorities and one of the five clerical positions. Seven of the members of the 55 member RAG are minorities. The Coordinator of the NEORMP will strive for a balance with regard to employment of minority employees and minority representation on the RAG and committees.

The planning study to develop a comprehensive health care program for the medically indigent of Lorain County is a plan to bring high quality care to these people in their own neighborhood. This is an area with a large minority population.

Recommended Action:

RMP: NEOhio Prepared By: Vernie D. Ashby Date: 3/7/72

5. Coordinator:

NEO/RMP was without a Coordinator or Deputy Coordinator for approximately eighteen months. Dr. Donald M. Glover was appointed coordinator on January 1, 1972. Dr. Glover was not on board in time to have input into the present application. Although Dr. Glover is 76 years old, he seems to be in excellent health and also seems to be quite alert.

Recommended Action:

6. Core Staff:

The Core staff includes eleven full-time professional personnel. The majority of the Core staff is physically located in the central offices in Cleveland with regional offices in Youngstown and Akron housing small contingents of Core. The following critical staff positions have never been filled :

1. Director, Evaluation
2. Director, Communications
3. Deputy Coordinator

Recommended Action:

7. Regional Advisory Group:

The RAG has been meeting quarterly for the past year with a membership changed significantly from previous years. There is now a broader representation according to vocation of individual members. There has been a marked improvement in attendance at RAG meetings during the past year. After a study by an Ad Hoc Committee of RAG, RAG itself concluded that its functions were purely advisory. This would indicate a serious weakness in the entire organizational structure of the NEORMP. There is a need to involve the RAG more actively in both the planning and decisionmaking process.

Recommended Action:

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8. Grantee Organization:

The grantee is a non-profit corporation which receives fiscal services from the Case Western Reserve University. The members of the corporation are the Board of Trustees. Decisionmaking responsibility for program policy and direction rest with an Executive Committee, whose members are drawn from the membership of the Board of Trustees. This arrangement has raised serious concerns as to whether the decisionmaking responsibility in this Region rested with the Board of Trustees or with the Regional Advisory Group.

Recommended Action:

. Participation:

NEORMP has succeeded in the development of cooperative arrangements and close working relationships among agencies, associations, and institutions within the Region., i.e., Blue Cross, CHP 314(a) and (b), the Health Department, the Welfare Federation, the Medical School faculties, the Academy of Medicine, volunteer organizations, and the Community Colleges.

Recommended Action:

10. Local Planning:

The area planning committees meet on a quarterly basis. These committees are responsible for assessing area needs and for advising the Coordinator, Board of Trustees, and the RAG on NEORMP proposals. Core assistance to proposers led to four approved feasibility studies including developmental planning for an AHEC for the Youngstown-Warren area involving major Universities, medical centers, physicians and health organizations. NEORMP has a field office adjacent to the Summit-Portage County CHP office. Staff and office equipment are shared. CHP circulates pertinent applications to RMP for comment and CHP reviews and comments upon NEORMP proposals. Also a NEORMP staff person is located in the Mahoning Valley Health Planning Association office and shares many daily planning and coordinating activities with CHP.

Recommended Action:

11. Assessment of Needs and Resources:

A method of total program evaluation has been designed and is under development. Liaison activities in Akron resulted in a discharge planning study. Assistance to proposers led to four approved feasibility studies including developmental planning for an Area Health Education Center for the Youngstown-Warren area involving major Universities, medical centers, physicians, and health organizations. NEORMP in conjunction with Blue Cross of Northeast Ohio and four CHP "B" agencies are co-founders of Center for Health Data of Northeast Ohio. This center has supplied the necessary data for a series of studies concerning hospital utilization and discharges and manpower data analysis. Joint data collection has been carried out in the areas of health manpower, health manpower training programs, emergency services, and other surveys.

Recommended Action:

12. Management:

The real meat of the NEORMP has been in the realm of its Core functions. Core activities have been varied and imaginative. Three critical positions remain vacant, these and the positions of Deputy Coordinator, Evaluation Director and Communications Director. NEORMP has a written procedure for the review of project applications with Core staff input beginning with staff assistance in the development of projects, regular and systematic monitoring and evaluation with quarterly expenditure and progress reports.

Recommended Action:

13. Evaluation:

The position of Evaluation Director on Core staff is vacant and considered to be a critically needed position. However, specific Core staff are assigned to monitor and provide supportive services to individual projects. Major Core staff responsibilities are evaluation and financial administration. Two reports are required quarterly from each project. These are expenditure reports and progress reports. An Assistant Director for Evaluation was hired in April 1971. A system for appraising and strengthening funded projects with periodic reports, committee review and consultation is under way. A method of total program evaluation has been designed and is under development.

Recommended Action:

14. Program Proposal:

The program priorities against which projects are reviewed are:

1. Immediate health service needs of the Urban poor.
I. Prevention of Disease: Prevention of Complications of Chronic Disease: Early Detection of Chronic Disease.
II. Increasing the Potential for the Delivery of Health Services.
V. Long Range Equilization of the Distribution of Health Services.
V. Improving the Quality of Medical Service

All proposals receive an evaluation rating which determines funding. Present operational projects show little relationship to goals and priorities. However, certain Core activities and Core-supported feasibility and planning studies show promise. For example: 1) The development of indices of community health through the Center for Health Data. 2) Development of the model for Youngstown-Warren AHEC. 3) Expand discharge planning throughout the Region and, 4) development of an educational data system.

Recommended Action:

15. Dissemination of Knowledge: The NEORMP has developed cooperative arrangements and close relationships among agencies, i.e., Blue Cross, various hospital administrators, CHP 314(a) and 314(b), the Health Department, the Welfare Federation, the Medical School faculties, the Academy of Medicine, and the Community Colleges. Data collection needs have been identified and publications on health-related data have been compiled and distributed.

Recommended Action:

16. Utilization of Manpower and Facilities: A structure has been developed which can stimulate grass roots interest and need major health factions in the region. Close relationships prevail among agencies, i.e., Blue Cross, hospitals, CHP "A" & "B" agencies, the Health Department, the Welfare Federation, the Medical School faculties, the Academy of Medicine, and the Community Colleges.

Recommended Action:

17. Improvement of Care: A planning study is in progress to medically indigent Lorain County. Initially, it will serve 5,000 of 28,000 poor in the county. A discharge planning study for continuity of care will test the feasibility of a coordinated discharge planning system for the improvement of continuity of care. A study titled "Preventive and Rehabilitative Needs of the Under Sixty-five Homebound" is directed toward a typical inner-city with a population of approximately 40,000 to determine the magnitude of the needs of homebound persons under 65 years of age.

Recommended Action:

18. Short-term Payoff: The Hospital Library Consulting Service provides a network of informational services to fifty institutions which are now providing support to the project. This project will be expanded further and should be self-supporting upon termination of NEORMP support in June 1973. The Continuing Education of Nurses in Coronary Care project has developed the necessary components to structure an effective educational program. Means of support are being explored for this project which if terminate on or before June 31, 1973. Since the inception of the Stroke Rehabilitation project over sixty patients have benefited from treatment received in this program. Improvement has been noted in terms of shortening the length of hospital stay, the course of rehabilitation, and the course of the disease.

Recommended Action:

19. Regionalization: For the most part, perational activities are aimed at nurses and other hospital health professionals. Fifty hospitals are participating in the Hospital Library Consulting Service project and the network of informational services will be expanded further.

Recommended Action:

20. Other Funding: The Strep Culture Program which is NEORMP operational project #3 has $27,000 State funds and $30,000 Local funds allocated for this budget period. Blue Cross of Northeast Ohio has jointly sponsored a computerized tumor registry, supplied basic data for Radiation Therapy Guidelines and helped develop average cost of kidney transplants and other procedures.

Recommended Action:

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations & Development

DATE: April 18, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Action on April 10-11, Staff Anniversary Review Panel Recommendation Concerning the Northeast Ohio Regional Medical Program Application.

Accepted ✓ 4/19/72
(Date)

Rejected _____ _____
(Date)

Modifications

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD ___ OPER. YEAR	___ YEAR COUNCIL RECOMMENDED LEVEL	___ YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	* 481,424		637,796	
Sub-Contracts	55,000			
OPER. ACTIV.	* 208,763		193,501	
DEVEL. COMP.				Yes ( ) or No (X)
EARMARKS: KIDNEY				
RMPS DIRECT	* 690,187	803,696	831,297	786,187
REQUESTED	1,232,075			
COUNCIL APPROVED LEVEL	786,187			
NON-RMPS and INCOME				

* Does not include 24 Month extension for 01 yr. of $2,376,158

REGION Northeast Ohio

May/June **1972, REVIEW CYCLE**

01 A1		01 A2	
Core	677,826	Core	865,918
Projects	359,284	Projects	473,130
Direct Cost	1,037,110	Direct Cost	1,339,048

Region NEORMP
Review Cycle June 1972
Type of Application: Anniv.
Prior to Triennial
Rating 245

Recommendations From

[X] SARP
[ ] Review Committee
[ ] Site Visit
[ ] Council

Recommendations:

1. The funding level and period recommended by the National Advisory Council at its February 8-9, 1972 meeting be approved. Specifically that the Program be continued for 1 year at the present level of funding. (786,187 D.C.)

2. That RMPS recommend to the Region that they take a good look at Program staff to see if there are unneeded positions and that they give consideration to phasing down or out the present operational projects, utilizing any funds freed-up to mount new programs and initate activities indicted by their data base.

3. That RMPS take a good look at the organizational structure of the Grantee and make specific recommendations.

4. That technical assistance be provided to the Region by RMPS. This assistance to include strong RMP Coordinators in addition to RMPS staff.

5. That the new coordinator, Dr. Donald Glover and the RAG Chairman be brought into Rockville for RMPS indoctrination.

6. That program progress be assessed by RMPS at the end of 6 months.

Critique:

The Panel concured with staffs recommendations including the continuation of the Regions funding for 1 year at the current level.

Decision making responsibility for NEORMP policy and direction rest with an Executive Committee, whose members are drawn from the membership of the Board of Trustees. Reviewers were very concerned about the relationship between the Board of Trustees and the RAG and the question of where the decision making authority rests.

The reviewers of the application were in agreement that very little progress had been made by the Region since it attained operational status July 1, 1970.

The panel agreed with staff that there was little apparent relationship between Regional goals and the operational activities which are presently supported by the Region and further that there was an absence of critical Program staff members in the areas of evaluation and communications.

The panel was concerned about the lack of minority representation on the Board of Trustees and the Executive Committee and the inadequate representation on Program staff, RAG and committee structure of the NEORMP.

Panel in their deliberations considered the facts that NEORMP had been without a full-time coordinator for 17 of the first 19 months of operational status and that Dr. Donald Glover was appointed full-time coordinator on January 1, 1972 and was not on board in time to have input into the present application. It was the opinion of panel that NEORMP was actually back to a planning grant basis and that Dr. Glover, the new coordinator, should be given all of the assistance possible to give him a chance to turn this program around and head it in the right direction.

Panel felt that some of the following forms of assistance could be helpful to the Region:

1. Staff assistance visits.

2. Strong RMP Coordinator going out to the Region as a part of the technical assistance process.

3. Have the coordinator and RAG Chairman participate in site visits to other regions.

4. Refer coordinator to Regions that have solved programs.

5. Have the coordinator and RAG Chairman visit Rockville for RMPS indoctrination.

Region OHIO
Review Cycle June 1972
Type of Application Anniv.
Prior to Triennium
Rating 197.7

Recommendations From

☐ SARP ☒ Review Committee

☐ Site Visit ☐ Council

Recommended Level of Funding:

The Region requests one year of support, 9/72 - 8/73. However, the Review Committee recommended two years of support to; (1) provide the Region with the opportunity to take the necessary steps of putting the two programs together and (2) to build a strong and effective Program Staff.

The Committee recommended a total of $1,400,000 for the (01) year as compared to the Region's request of $2,082,820. In arriving at this amount, members of the Review Committee:

1. Recommended $900,000 for Program Staff. This amount is approximately 10% over the current Ohio State and Northwestern Ohio RMPs one year expenditures for the Program Staff component.

2. Recommended $500,000 for operational activities. Included in this amount was the proviso that this include $201,535 for Project #3, Ohio Renal Disease, if the project was approved and that this amount was to be deducted if it was not approved. (The 3 part Ohio Renal Disease project was reviewed on May 8, 1972 by a staff AD HOC panel. The recommendations of this group are the subject of separate documents). Also included was $162,393 for the 10 month continuation of Project #1, Ottawa Valley Council for Continuing Education, and #2, Computer Assisted Instruction, which have one additional year of Council approved support through the merging RMPs.

3. Recommended no support for Project #8, Health Careers of Ohio, as the activity was believed to be outside the guidelines of RMPS.

The Committee recommended a total of $1,515,000 for the (02) year. This was built on a 10% increase for Program Staff, $990,000 versus (01) year $900,000, and a 5% increase for operational activities, $525,000 versus (01) year $500,000.

Critique:

This application was not reviewed by SARP. A site visit was not performed. Members of the Review Committee had a great deal of difficulty in considering this application.

First, they commended the very poignant comments of the two members of Council who participated in a January 10, 1972 Factfinding visit to the three Ohio RMPs. They were then in the dilemma of attempting to consider total program rather than individual projects when in reality there was, as yet, no total program to consider.

Two of the present three Ohio RMPs, Ohio State and Northwestern Ohio, have complied with Council's recommendation to merge, effective September 1, 1972, to become the Ohio RMP with the Ohio State University Research Foundation as Grantee agency.

The Review Committee considered the following as concerns:

1. The Acting Coordinator, Dr. William Pace, will resign, effective June 30, 1972. (He has elected to assume a full-time position with the Medical School).

2. The Region has no formalized review process.

3. The goals and objectives are very general, non-specific statements.

4. The Regional Advisory Group is temporary and is in the process of expansion.

5. Major staff changes will not occur until the Region becomes operational.

6. Nine of the twelve proposals in the application are from the existing Northwestern Ohio RMP. (Members of the Committee had a considerable amount of concern that previous activities in the Northwestern Ohio Region were aimed towards the support of the newly developed Medical School at Toledo with emphasis on that rather than to a greater degree on the RMP component).

Conversely, the Committee believed the Region had taken some positive steps to deal with the problems. These are:

1. A Search Committee has been active (and successful) in locating several qualified candidates for the Coordinator position. A final decision is expected by June 30, 1972.

2. The local review process is being prepared and will be completed before the Region becomes operational, 9/1/72. The review process will be a part of a developing policy and procedure statement. Also, the Region plans to have all projects proposals, feasibility/planning studies and many of of the program activities in this application reviewed by an external review group prior to June 1, 1972. Time constraints

made this impossible prior to the submission of the application. The application describes a detailed program management planning process.

3. The Region has established a committee to reconsider and monitor the goals and objectives.

4. After September 1, 1972, membership of the RAG may be expanded to include broader representatives as outlined in the By-laws.

5. Because of the pending appointment of a new Coordinator, the Region has made little effort to recruit personnel. In the merging Regions there are currently a total of 22 professional positions - this is to be increased to 32 professionals in the new organization.

6. The Region has agreed on a grantee and fiscal agent, the Ohio State University Research Foundation, which has demonstrated competency in the fiscal area.

7. The Region currently has a relatively strong Acting RAG Chairman, Dr. Brian Bradford, (who, it is understood, will remain in this position) and an Interim Regional Advisory Group that apparently has participated fully and actively in the merger effort.

8. The reviewers commented that the RAG has established an innovative task force arrangement to continually monitor the progress of the new program.

Conclusions:

- That the Region has made progress in merging.

- That they have attempted, as requested by Council, to merge with the Northeast Ohio and Ohio Valley RMPs. This has not been effective.

- That the Region be encouraged to devote themselves to planning and development activities rather than to immediately launch new project activities.

- That the Region be encouraged to attract additional minorities to its staff, RAG and Committees.

- That the new Region has some unusually strong support through the Director of the CHP "a" agency as well as the Director of health.

- That the new organization appears sound and indicates intent to establish field offices. Also, the planned assignment of field personnel to work in CHP "b" areas should add a demension heretofore unknown to this area.

DOD/SCOB
5/23/72

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT ** YR'S AWARD ___ OPER. YEAR	___ YEAR COUNCIL RECOMMENDED LEVEL	01 YEAR REQUEST	RECOMMENDED FUNDING ~~SAMP~~ REV. COM. 01	02
CORE			1,237,668	900,000	990,00
Sub-Contracts					
OPER. ACTIV.			643,617	500,000	525,00
DEVEL. COMP.			-0-	Yes ( ) or No (	
EARMARKS:					
KIDNEY #3			201,535		
CBE #15, 16,17			See Below *		
RMPS DIRECT			2,082,820	1,400,000	1,515,00
REQUESTED					
COUNCIL APPROVED LEVEL					
NON-RMPS and INCOME			-0-		

* Also pending are CBE requests as follows:

#15	01-	78,019	Total Costs
#16	01-	870,169	Direct Costs
#17	01-	49,900	Direct Costs

REGION OHIO

June 1972, REVIEW CYCI

Current Program Request - 2,082,820
Supplemental CBE Request - 998,088
Region's Total Request - 3,080,908

	OHIO STATE	N.W. OHIO	TOTALS
Total Direct Costs	702,467	692,800	1,395,267
Program Support (CORE)	452,851	358,900	811,751
Projects	249,616	333,900	583,516

** Summary of actual expenditures for the one year period ending March 31, 1972

Region

Review Cycle May/Jun 197 2

Type of Application: Anniversary Continuation (1y prior to submission of a triennial

Rating: Review Committee 18 (C

Recommendations From

☐ SARP

☐ Site Visit

☒ Review Committee

☐ Council

RECOMMENDATION: The Review Committee concurred with staff reviewers and SARP that the application be approved for one-year in the reduced amount $839,205 (d.c.) This recommendation also includes advice to the Region as follows: 1) recruitment of a strong Coordinator, including consideration of a qualified non-physician; 2) strengthen the Program by reorganization of RAG and Program Staff, as well as continued subregionalization; and 3) improve relationships and responsiveness to CHP "b" agencies.

This action does not include Emergency Medical Services (EMS) project #25 pending a special review. As reported by staff, it was also noted that a supplemental application for planning several local health manpower systems was expected June 1 for special review prior to the June '72 Council.

RATIONALE FOR FUNDING RECOMMENDATION: Recommended funding is at the 03 year level prior to the April '71 board reductions; and should be adequate to increase Program Staff, necessary reorganization activities, and to fund some projects (particularly continuation of those within the previously approved support periods and activities developed by the Tulsa NE Subregion and approved by the CHP agencies).

CRITIQUE: The recommendation was reached after long discussion and debate about the status of this Region and an appropriate level of funding. Staff's narrative comments including ORMP's strengths and weaknesses, the subject of SARP's discussion, were noted.

The Review Committee expressed concern about some of the disparity in project ratings, and they questioned whether CHP comments were considered in the RAG decisionmaking process. The reviewers recognized and discussed the need for a different administrative mechanism to provide the needed leadership for a meaningful reorganizational thrust in Program Staffing and continued education of the RAG and its committees. Turnover of staff added to the difficulty in identifying current Program Staff vacancies and new positions. Concern was expressed about the number of projects submitted for support, during a time when major efforts should be in reorganizing to turn the Region around in the right direction. Even though minimal breakthroughs were recognized, some members of the Committee questioned whether ORMP had really gotten the message and favored sharp funding reduction.

On the positive side, staff reported that the Coordinator has announced his decision to resign as soon as the active Search Committee recruits a qualified successor; and the Committee is thinking about the kind of leadership and organization that is needed including competence which does not require a M.D.

Recommendations From Review Committee

Another hopeful sign recognized by staff is that the Director of the University Medical Center and the people in Oklahoma more and more are defining the University Health Science Center as an institution to serve the State, and the ORMP represents the necessary link for community service. Other noted progress included the implementation of subregionalization in the Tulsa Area, the Macer Committee Study, and efforts by some Program Staff to strengthen ORMP.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 03 OPER. YEAR	04 YEAR COUNCIL RECOMMENDED LEVEL	04 YEAR REQUEST	RECOMMENDED FUNDING /_/ SARP /XX/ REV. COM.
CORE	$354,000		$677,300	
Sub-Contracts	-0-		47,100	
OPER. ACTIV.	384,500		629,782	
DEVEL. COMP.	-0-		-0-	Yes ( ) or No (X
EARMARKS:				
KIDNEY		-0-	-0-	-0-
EMS #25	See Below **			
RMPS PROJECT	738,500 *		1,354,182**	839,205**
REQUESTED	224,064			
COUNCIL APPROVED LEVEL	962,564			
NON-RMPS and INCOME	-0-			

REGION Oklahoma

May/June 1972, REVIEW CYCLE

* This Region's current period is being changed to 6/71-8/72 (15 months) and funds are to be increased to $923,125 d.c.

** The EMS proposal was a part of the basic application and is pending special review. Funds ($140,690 for one year only) for that project are not included in this figure.

Current Program request	$1,354,182
Supplemental EMS request	140,690
Region's Total request	$1,494,872

OKLAHOMA REGIONAL MEDICAL PROGRAM

Anniversary Application
For Consideration by June 1972 Advisory Council

TABLE OF CONTENTS

RMPS
STAFF BRIEFING DOCUMENT

REGION Oklahoma

OPERATIONS BRANCH ☐ Eastern ☐ South-Centr'l ☒ Mid-Cor ☐ Wester

TYPE APPLICATION:
☐ TRIENNIAL
☐ 1st ANNIV YEAR
☐ 2nd ANNIV YEAR
☐ OTHER anniversary 4th yr.

Not rated LAST RATING
____ 197__ DATE
☐ SARP
☐ REV. COM.
☐ OTHER

BRANCH
Tel. No. 44-31590 Room 10-15
BRANCH CHIEF Michael Posta
BRANCH STAFF Luther Says
RO REP. Dale Robertson

Next Mgt. Assm't Visit June 197
Chairman

LAST S.V. July 1971 ; Chairman Leonard Sherlis, M.D. (Review Committee Member)

Staff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit).

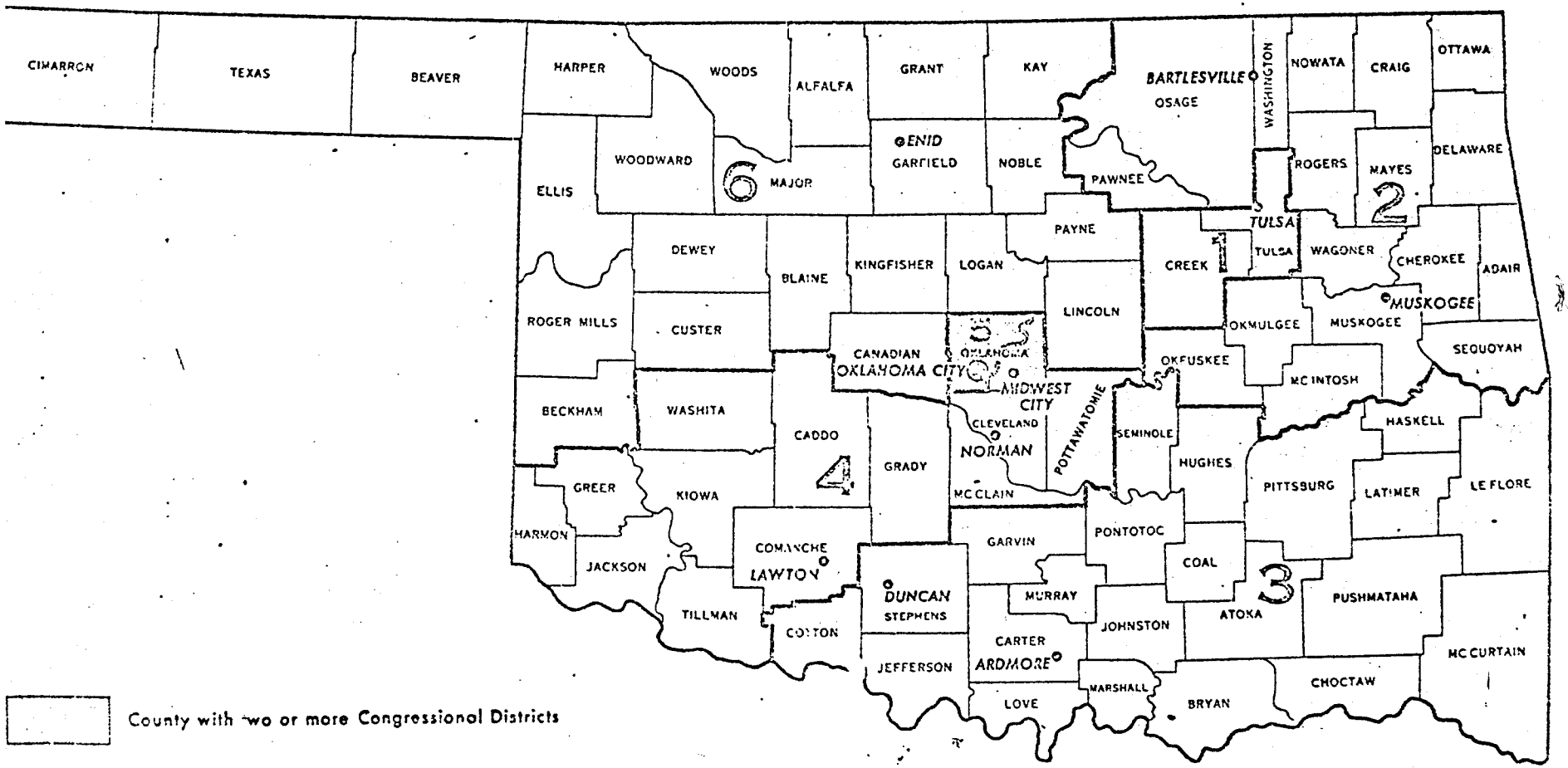
1) Feb. 1972 - L. J. Says(1st visit) Monitor Progress and consultation prior to submission of their present application.
2) RMP Core Staff visited RMPS, three staff for 2 days-9/71; two staff for 2 days 3/72. The Coordinator and Executive Vice-President for Medical Affairs and Dir. of UMC met with RMPS staff (including the Director-10/71. 3) The R.O.R. visited ORMP several times includi all RAG meetings.

Major Events Which Occurred in the Region Affecting the RMP Since Its Last Review in May 1971 :

1) The site visitors identified many ORMP problems which must be seriously addressed if thi Region is to move forward. The visitors' main concern was lack of capable Core leadership (report and advice letter are included in this document).
2) Following the site visit, the ORMP appointed a special committee ("Macer Committee") including the Coordinator from Colorado/Wyoming RMP to assess the Region.
3) During the meeting of the ORMP Coordinator, Director of the Univ. Med. Center with the Director of RMPS and other staff, there was a clear understanding of the site visit visit findings. It was reported that the Coordinator intended to resign.
4) During a December '71 retreat of the RAG and Core staff, program directions were considered in light of the site visitors and Macer Committee findings.
5) At its January '72 meeting, the RAG approved some affirmative changes in the RAG and Committee structure, subregionalization and strengthening the Core staff ... in keeping with new goals and objectives.

Map of Congressional Districts, Counties, and Selected Cities

(6 Districts)



County with two or more Congressional Districts

U.S. Department of Commerce
Bureau of the C

Districts established March 4, 1907

RDB 3/17/71

Oklahoma RMP

Geography and Demography -- Region encompasses the State.

Counties: 77 Congressional Districts: 6

Population (1970 Census) - 2,559,300

Land Area: 68,887 square miles Density: 37 per square mile
Urban: 68%

Metropolitan areas: (4) 1,356,600

Fort Smith, Ark-Okla.	156.8	Oklahoma City	623.6
Lawton	104.5	Tulsa	471.7

Race: White 89%
Negro 7%
Other 4% (majority Indian)

Mortality - deaths per 100,000 population, 1967

	Oklahoma	U.S.
Heart Disease	368.8	364.5
Malignant neopl.	157.6	157.2
Vascular lesions (aff. CNS - stroke)	127.4	102.2
Diabetes	16.9	17.7
Broncho-pneumonic (other)	16.6	14.8

Resources and Facilities

Medical Schools - Univ. of Okla., School of Medicine, Okla. City
1969/70 - Enrollment 442
1969/70 - Graduates 94

Allied Health School, Univ.
Univ. of Okla., School of Health Related Professions, Okla. City

Professional Nursing Schools

13 - 7 of them college or university based

Practical Nurse Training

16 Schools

Accredited Schools

Cytotechnology - 1 (Univ. of Okla. M.C.)
Medical Technology - 13
Radiologic Technology - 9
Physical Therapy - 1 (Univ. of Okla. M.C.)
Medical Record Librarian - 1
Inhalation Therapy Technician - 2

RDB 3/17/71

Oklahoma (continued)

Hospitals - Community General and V.A. General.

	#	Beds
Short term	127	10,438
Long term (special)	3	153
	(130)	(10,591)
V.A. (general)	2	739

Manpower

Physicians - Non-Federal M.D.s and D.O.s (1967)

Active	2622
Inactive	382

Ratio of active (per 100,000 pop.) providing patient care: 106

Graduate Nurses, 1966

Actively empl. in nursing	4650
Not empl. in nursing	1842

Ratio of empl. (per 100,000 pop.): 188

OKLAHOMA REGIONAL MEDICAL PROGRAM

HISTORY

This Region was approved and funded for 2 years and 8 months of planning, 8/1/66 - 4/30/69, $835,902, including $121,032 indirect costs. Kelly West, M.D., now Professor of Medicine and Continuing Education, University of Oklahoma School of Medicine, served as Coordinator during the planning phase. He currently serves on core staff (20%) as Coordinator for Related Diseases.

Following a favorable site visit in November 1968, the ORMP was approved for three years of operations and funded at (d.c.) $1,074,145 -01, $1,162,157 -02 and $738,500 -03. The 02 year application was reviewed by staff. Most of their concerns were answered satisfactorily by ORMP. A RMPS staff team visited the Region in June, 1970. Within six months the Region responded directly to most of their questions and recommendations. Concerns not addressed by ORMP, were deferred until the next application was received and reviewed.

Upon review of the ORMP Triennium Application for the 03, 04 and 05 years by the Review Committee and May 1971 National Advisory Committee, approval was recommended for one year only in a significantly reduced amount including disapproval of the Developmental Component. A site visit was recommended to determine actual progress; to study activities' impact on health care delivery; and to offer guidance to the Region in developing a more meaningful Triennium Application for submission the following year.

The July 1971 site visitors were greatly concerned about the leadership. There was some question about the Coordinator's capability and commitment. The visitors were also skeptical about the strengths of the incoming RAG chairman, January 1972. The outgoing chairman appeared to be immaginative and relatively liberal. Other identified areas in need of strengthening: (1) development of more optimistic core attitudes; (2) attempt to adopt a program philosophy more consistent with the RMPS mission and Oklahoma health care needs; (3) evaluate and strengthen the professional core staff; (4) involve more "real" consumers on the RAG; (5) involve RAG in actual project monitoring; (6) reconsider goals and objectives relative to current trends (including time frames) and identify priorities; (7) implement subregionalization; (8) establish better working relationships with appropriate groups including Federal supported programs, i.e., OEO, Model Cities and CHP "a & b"; and (9) strengthen evaluation.

6

Component and Financial Summary - Anniversary Application

COMPONENT	PREVIOUS YR'S AWARD 03 OPER. YEAR *	CURRENT COUNCIL RECOMMENDED LEVEL	04 YEAR REQUEST	RECOMMENDED FUNDING ☐ SARP ☐ REV. COM.
CORE and	354,000		724,400	
OPER. ACTIV.	384,500		770,472	
DEVEL. COMP.	-0-		-0-	
EARMARKS: KIDNEY	-0-		-0-	
RMPS DIRECT	738,500		1,494,872	
RMPS INDIRECT	224,064		255,770	
TOTAL RMPS	962,564		1,750,642	
NON-RMPS and INCOME	-0-			
TOTAL BUDGET	962,564			
REQUESTED	2,020,565			
COUNCIL APPROVED LEVEL	913,500			

REGION Oklahoma

June 1972, REVIEW CYCLE

* This Regions current period is being changed to 6/71-8/72 (15 months) and funds are to be increased to $923,125 d.c.

FEBRUA[redacted] 1972

BREAKOU[redacted] QUEST
04 PROG[redacted] ERIOD

REGION - OKLAHOMA
RM 00023 06/72

P[redacted]-JTCSP

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
000 CORE		$724,400			$724,400	$187,105	$911,505
02 CORONARY CARE PROGRAM FO[redacted] P OKLA		$27,515			$27,515	$14,296	$41,811
10 REGIONAL UROLOGY PROJECT		$5,341			$5,341	$609	$5,950
14 CONTINUING EDUCATION CEN[redacted] TER BARTLESVILLE		$46,413			$46,413		$46,413
15 CONTINUING EDUCATION CEN[redacted] TER ADA		$37,830			$37,830		$37,830
16 ADA CONTINUING CARE STRO[redacted] KE			$64,744		$64,744		$64,744
17 STOMAL THERAPY AND CATHE[redacted] TER CARE		$33,500			$33,500	$3,375	$36,875
19 PRECEPTOR PROG FOR RURAL[redacted] HOSP LIBRARY TRAINING				$31,300	$31,300	$13,446	$44,746
20 COMMUNITY IN SERVICE EDU[redacted] CA FOR HEALTH PERSONNEL				$35,750	$35,750	$15,216	$50,966
21 TULSA MODEL CITIES CONSU[redacted] LTANT PROJECT				$52,000	$52,000		$52,000
22 REGIONAL COOPERATIVE MED[redacted] IA EXCHANGE				$54,610	$54,610	$10,048	$64,658
23 MODEL ALLIED HEALTH MANP[redacted] OWER COORD FOR RURAL OKLA				$23,911	$23,911		$23,911
24 N E OKLA REGIONAL PROG F[redacted] OR NEWBORN SPECIAL CARE				$58,630	$58,630		$58,630
25 COMMUNITY TRAINING FOR O[redacted] KLA AMBULANCE PERSONNEL				$140,690	$140,690		$140,690
26 OKLA PEDIATRIC NURSE ASS[redacted] OC TRAINING PROGRAM				$48,347	$48,347	$7,252	$55,599
27 INDIAN MATERNAL AND CHIL[redacted] D HEALTH				$47,805	$47,805	$4,423	$52,228
28 CONTINUING EDUCA CENTER[redacted] MERCY HOSPITAL				$60,086	$60,086		$60,086
TOTAL		$876,999	$64,744	$553,129	$1,494,872	$255,770	$1,750,642

REGION Oklahoma
REVIEW CYCLE June 1972

SIGNIFICANT ACCOMPLISHMENTS BY RAG since June 1, 1971

1. This application is a great improvement over the previous one.
2. Some change in goals and objectives and with the new Planner working with the Evaluator and others; more specific goals and objectives in time frames, as well as priorities are to be developed in the 04 year.
3. Change in organization including new functional committees - departure from categorical approach.
4. Efforts underway to strengthen the data base.
5. Better cooperative linkups underway including planners and consumers, i.e., CHP agencies.
6. Subregionalization underway.
7. RAG report indicates they recognize the need for RAG training, strengthening Core and better communications.
8. Some improvement in evaluation.

PRINCIPAL PROBLEMS

1. Strengthen Core beginning with top management.
2. Development and involvement of RAG and the new committees.
3. Goals and objectives need to be more explicit and measurable.
4. Priorities needed.
5. Minority representation is not adequate.
6. RAG geographic representation From Oklahoma City is still over-weighted - same true of physicians.
7. Action plan (11 new projects) seems like putting the cart before the horse.

RECOMMENDATION BY PRE-SARP STAFF GROUP

Approval in the reduced amount of $839,205 d.c. which does not include consideration of the EMS project #25 (ranked number one by RAG and Tulsa-NE Subregion and rated high by CHP "a & b" agencies).

ISSUES REQUIRING ACTION BY THE REVIEWERS

1. Address both accomplishments and problems noted above.
2. Suggest follow-up staff action, including type of assistance.
3. Rate the Region.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

: THE RECORD

DATE: April 3, 1972

FROM : Operations Officer
Mid-Continent Operations Branch

SUBJECT: Comments Agreed Upon at the Pre-SARP Staff Meeting 3/27/72 Regarding the Oklahoma RMP Anniversary Application - 04

Participants:

Michael J. Posta, Chief, MCOB
*Luther J. Says, Operations Officer, MCOB
*Carol Larson, DPTD
Mary Asdell, DPTD
*Joan Ensor, OPPE
*Catherine Scurlock, OPPE
*Annie Stubbs, GMB
*Harold O'Flaherty, MCOB, was unable to be present.

* Prepared written comments.

1. Goals, Objectives, and Priorities (page 44-46)

The new goals and objectives have been expanded but are still too general. According to recent telephone conversations with Dr. Cooper, the Planner, in concert with the new Community and Consumer Health and Involvement Committee; he is in the process of redeveloping goals and objectives (long and short term) which will be more specific and equated to time frames. Priorities will also be established (current priorities are not listed, but are the same as listed in last years application). ORMP is working with CHP "a" Task Force on health statistics to establish a data bank for Oklahoma. Relative to goals and objectives there is now better cooperation with consumer groups (CHP "a" and "b") and a move toward regionalization.

2. Accomplishments and Implementation

In addition to the site visit recommendations, ORMP appointed a Committee (Macer) to study its organization including core staff after which attempts have been made to reorganize and strengthen its capability. As indicated in the Coordinator's cover letter and RAG report, transition includes broader representation from consumer and minority groups, as well as new functional committee structure in lieu of traditional categorical approach. The new Tulsa North East Subregion, its staff and Advisory Group is evidence of their move to decentralization. Feasibility studies should be helpful in developing new outreach health care approaches.

3. Continued Support (page 89-90)

Projects are monitored by monthly expenditure reports, quarterly progress reports, semi-annual monitoring and evaluation by staff, RAG and Committee site visits. Efforts have been made to terminate RMP support after reasonable periods. Of the 11 projects implemented since the Region became operational, support of 3 was terminated after two years (1 was unsuccessful and 2 continue) 4 terminate 5/31/72 (03 year) after three years support (3 will be self-sustaining and one has applied for support from NIH/NLM). One approved and supported for three years will be extended three months, continued support for one more year is requested for the CCU project funded for three years. (The CCU project will continue and the urology project is seeking support from NIH/NCI). Continued support is requested for three projects which began in the 03 operational year (each approved for three years).

4. Minority Interests

Although some progress had been made there is an obvious need for much more "real" minority and consumer participation at all levels of organization. Goals and objectives do not specifically mention minorities, but speak to advancing the delivery of health services so each individual may have access to the system. The Coordinator's letter and RAG report (page 38) address more involvement of consumers. RAG membership has been expanded to include more consumer input, including CHP "a" and "b" representatives. RAG (60) includes 11 (18%) minority representatives (1 Mexican-American, 3 Blacks, and 7 American Indians). Ten females (17%) serve on the RAG. Executive Committee (12) - only 1 minority (black, no females). All Committees (192) - only 3 minority members (black) and 42 (22%) are females.

Core professional staff (FTE) 13.15 - 8.65 male, 4.5 female - only 1 black. Core clerical staff (FTE) 8 - all female, 1 black.

Project professional staff (FTE) 16.5 - 6.4 male, 10.1 female, no minorities. Project clerical staff (FTE) 4.3- all female, no minorities.

5. Coordinator

The Coordinator is extremely lacking in leadership ability necessary to move this Region forward. The furture of the Region, despite the capable efforts of a few of the more competent and committed core staff, rests in employment of a new Coordinator as soon as possible. A study by the Operations Officer indicates: (1) Of 16 professionals on board at the time of the July 1971 site visit, 8 have terminated. Of 9 employed since that visit, 2 have terminated. (2) Of 9 clerical staff employed at the time of the site visit, 4 have since terminated and 2 have been hired. It's RMPS' understanding that the Coordinator is to be replaced. However, as of 3/31/72 there has been no formal announcement of his leaving or effective date.

6. Core Staff

The lack of able core leadership and consistent staff turnover are major problems. Despite these handicaps, core has made good progress particularly since the arrival of Dr. Cooper, Planner, in November 1971. The RMPS Operations Officer has observed his charisma with most of the staff, i.e. Director Tulsa-NE subregion, Evaluator, and Chief of Grants Management.

The "Macer" Committee report contains some very worthwhile recommendations for reorganizing core. RMPS staff also agrees with the concerns about the Communications Media Staff functions which might be more effective and less expensive on a contractual basis. The RAG report (page 42) is also right on target.

7. RAG

Composition of RAG and Committee as they relate to consumer and minority representation is described under Minority Interests of this report. Of the RAG (60) 62% are providers (22 physicians), 25% are consumers, and 13% represent Voluntary Health Agencies and others. Forty-three percent (26) of the RAG are from Oklahoma City, 13% (8) from Tulsa, and 44% (26) are from 19 other communities. There is a 12-member Executive Committee (8 physicians, 1 other provider and 3 consumers) - (5 from Oklahoma City, 2 from Tulsa, and 5 from other communities). The RAG met 3 times and the Executive Committee met 6 times. The Manpower Committee met once and the Continuing Education Committee did not meet. The categorical committees have been replaced by six new, more functional committees. However, these committees were not approved until January 1972 and all members have not been recruited and no meetings are reported.

As indicated in the RAG report, there is a need for better orientation, as well as improved communications with the staff.

According to conversations with Core staff, RAG will be more involved in the future, i.e., site visits, committee work, and earlier involvement in development of activities and review.

8. Grantee Institution

The Grantee seems to provide adequate administrative support to ORMP and permits RAG flexibility regarding decision and policy making. NOTE: The University Medical Center is applicant of 9 of the 16 proposed projects in the present application.

9. Participation and 10. Local Planning

Proposed projects involve 107 sites and indicate outreach programs. There has been some improvement in cooperative relationships,

including the CHP a and b agencies and the application includes their comments.

Analysis of data from ORMP, not included in the application, indicates significant disparity between rankings by RAG, Core and the Tulsa-NE Subregion. There are some divergencies in CHP a and b approvals and disapprovals.

11. Assessment of Needs and Resources

The ORMP Planner serves on a "task force on health statistics" to establish a data bank for Oklahoma. ORMP has some reciprocal data sharing arrangements. ORMP data gathering includes health status in NE Okla., rural health studies, and continuing education and manpower needs. Proposed feasibility and planning studies include child health, emphysema, rural health delivery, problems of the urban poor, and hemotology/oncology consultative services to two Indian Hospitals.

Proposed project activities relate to stated goals and objectives.

12. Management

Fiscal management seems good. Chief of Grants Management is attempting to strengthen fiscal control and recently visited Texas RMP.

There is evidence that monitoring of activities by core and RAG is underway.

An RMPS Management Assessment visit is tentatively scheduled for June '72

13. Evaluation

In addition to the information (form 14, page 89-90) and the staff visit to ORMP, the Region's Planner and Evaluator visited at length with RMPS' Planning Evaluation staff since submission of the application. In general the two seem to work well together. There is reason to be optimistic in terms of ORMP developing a viable planning process.

The Planner seem to understand the need to carry out an assessment of needs, relate them to resources, establish objectives and priorities, and building appropriate methodologies (including time-phased objectives and terminal points for evaluation).

The Evaluator is less impressive than the Planner, but nevertheless appears to possess the skills and experience to effectively carry out his task. RMPS Review Criteria have been modified and are used in ORMP's evaluation. Concerns: 1) does not seem to be a procedure for monitoring and evaluation core staff activities; and 2) there does not seem to be a system to determine impact of activities, on delivery, i.e., target group, health delivery (quality, access, etc.).

14. Action Plan (one year application)

Congruent with the new three cycle review, the current period has been extended to 15 months, ending Aug. 31, 1972 (new start date Sept. 1, '72), with additional funds prorated on the current level. This was not known to ORMP when this application was submitted. MCOB staff is concerned about the ambitious 04-proposal - more than twice the amount of the current level. While ORMP has made some progress, beginning about Nov. '71, the number of new activities proposed seems unreasonable. As the Region develops a program during the remainder of the current year and the 04 and prepares for Triennial-submission, potential projects may have more importance than those currently proposed. Hence, the pre-sarp staff reviewers are concerned about their submission of 11 new projects. It would appear that much of the effort should be accomplished through core activities until a meaningful three year spending plan is developed. The proposed core budget could be scaled down by one third or more.

15. Dissemination of Knowledge

Alluded to elsewhere in the report, i.e., approx. 107 project performance sites, core studies, and cooperative relationships.

16. Utilization of Manpower and Facilities

ORMP is doing a better job of this through better tie in with other agencies, including an attempt to establish a State data bank.

17. Improvement of Care

Of those activities supported and those to be continued, there are no measurements of their impact on delivery. The CCU project, requesting one additional year, will attempt to do this type of evaluation. It can be reasonably assumed that care improves through support of these activities, but tangible evidence is needed.

Project #19 Preceptor Program for Rural Hosp. Lib. Training and Consultation is compatible with #6-Library Information. Support of the later is being phased out and an application has been made to NIH/NLM (parts not qualifying for NLM support will be supported through Core).

Activities receiving highest RAG rankings (8 out of 16) are #25 Emergency Health Care Training, #2 CCU, #15 Continuing Education Center at Ada, and #14 at Bartlesville, #26 Pediatric Nurse Training, #17 Stomal Therapy and Catherter Care, #16 Continuing Stroke Care-Ada, #28 Continuing Education Center, Mercy Hosp. (Core staff rated 5 of these 8 highest). In the 8 ranked highest by Core, #24 Newborn Care in NE, #23 Rural Allied Health Manpower, and #20 Community In-Service Education for Health Personnel, took priority over #14, 17 and 28.

Core studies may unfold areas for stimulating and assisting in the development of new projects in future years.

18. Short Term Pay Off

The budget sheets reflect no shared project support. ORMP's history of phase out support (see no. 3 Continuing Support) and continuation of the activities is good.

19. Regionalization

They are well on the way-having established the Tulsa NE Subregion with an Advisory Group (page 65), headquarters at Tulsa with a professional and secretary. Four more are planned in the 04 year at Ada (SE), Enid (NC), Bartlesville (NE) and McAlester (SE). Perhaps there would be more wisdom in staffing one in the SE at Ada or McAlester and one in the north central area at Enid, and using two other field representatives from the central office to service other areas.

20. Other Funding

Already discussed... see no. 3 "Continuing Support" and no. 18 "Short Term Pay Off".

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations and Development

DATE: April 13, 1972

FROM : Director, Regional Medical Programs Service

SUBJECT: Action on April 10-11, 1972
Staff Anniversary Review Panel
Recommendation Concerning Oklahoma Regional Medical Program
Application RM 00023 dated 2/1/72.

Accepted: _____ 4/25/72
Date

Rejected: _____ _____
Date

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 03 OPER. YEAR	04 YEAR COUNCIL RECOMMENDED LEVEL	04 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	$354,000		$677,300	
Sub-Contracts	-0-		47,100	
OPER. ACTIV.	384,500		629,782	
DEVEL. COMP.	-0-		-0-	Yes ( ) or No (x)
EARMARKS:				
KIDNEY		-0-	-0-	-0-
EMS	140,690	-0-	140,690	**
RMPS DIRECT	* 738,500		1,494,872	** 839,205
REQUESTED	224,064			
COUNCIL APPROVED LEVEL	962,564			
NON-RMPS and INCOME	-0-			

REGION Oklahoma

May/June 1972, REVIEW CYCLE

* This Region's current period is being changed to 6/71-8/72 (15 months) and funds are to be increased to $923,125 d.c..

** Action on EMS proposal (project #25) pending special review. Funds ($140,690) for that project not included in this figure.

REGION Oklahoma
REVIEW CYCLE June 197 2
Type of Application AR
prior to triennial
Rating 229

RECOMMENDATIONS FROM

[XX] SARP
[ ] Site Visit
[ ] Review Committee
[ ] Council

RECOMMENDATION: SARP approved staff's comments and recommends approval in the reduced amount of $839,205 (d.c.). This does not include action on the Emergency Medical Services (EMS) project #25, pending special review. See Briefing Document page 8.

RATIONALE: The recommended level of $839,205 is the amount recommended for the 03 year prior to the April '71 funding reductions. Staff analysis of the request also reveals this amount is adequate.

CRITIQUE: As reported to the Staff Anniversary Review Panel (SARP) by the Mid-Continent Operations Branch (MCOB) staff, subsequent to the submission of the subject application, all Regional Advisory Group (RAG) Committees have been recruited and have met once. The reviewers were concerned about significant differences of project ratings by RAG and Program Staff. With regard to disparity in Comprehensive Health Planning (CHP) a and b agencies response, MCOB reported that Oklahoma Regional Medical Program (ORMP) met with CHP representatives March 15, 1972 in an effort to evolve a better understanding in this area. In response to questions by the reviewers, MCOB staff advised that the status of the current Coordinator remain unchanged.

Review Cycle June 1972

Type of Application Triennium

Rating 321.1

Recommendations From

/ /	SARP	/X/	Review Committee
/ /	Site Visit	/ /	Council

Critique: Committee recommended that Oregon RMP's Triennial application be approved and that additional funds be provided in support of the Region.

Funding Levels

Operational Year.	Developmental Component	Growth Funds	Program Staff	Project Activity	Total Award
05 year (9-1-72 to 8-31-73)	-0-	-0-	$519,718	$401,812 1/	$921,530
06 year (9-1-73 to 8-31-74)	$75,000	$250,000	$427,336	$285,773 2/	$1,038,109
07 year (9-1-74 to 8-31-75)	$75,000	$250,000	$437,719	$246,201 3/	$1,008,920

1/ Includes $86,812 for project 26 (Kidney)
2/ Includes $62,954 for project 26 (Kidney)
3/ Includes $47,963 for project 26 (Kidney)

Committee agreed with the site visitors' recommendation to fund the ORMP at the above levels. It was noted that ORMP was moving further away from a primary emphasis on heart disease and continuing education programs and has redirected its program toward new health care delivery systems. The ORMP coordinator and program staff are extremely qualified and the site visitors had no question that ORMP had a clear understanding of their goals and how to obtain them.

Committee questioned growth fund activities but were satisfied that there was a difference between the developmental component (D.C.) funds and growth funds. ORMP sees the growth funds being utilized for specific major program activities (projects) and D.C. funds as flexible funds to be used with program staff direction. ORMP asked assurance that should ongoing planning, feasibility, and staff directed activities be fully developed, that their levels for 06 and 07 years be adequate to support new projects as they develop.

Areas of progress and positive accomplishments include the following:

1. Due to the vigorous efforts of the coordinator and his staff, ORMP has been turned around from a physician oriented program to one of broad acceptance by many groups.

2. ORMP program staff plays an active role in stimulating needed activities whereas before the role was a project clearinghouse operation.

3. Project guidelines have been strengthened to include budget take-over and evaluation mechanisms early in proposal development.

4. Progress of activities can be continually monitored by a budget control system which plots monthly expenditures versus units of accomplishments.

5. Most of the continuing education programs and heart disease activities have ended and new priorities focus on health delivery systems to meet local and national goals and objectives.

6. The Region is encouraged to continue their positive efforts in developing and maintaining Peer Review Systems.

Areas of concern requiring attention during the coming year include:

1. RAB should be broadened to include more consumer representatives. These should be real consumers without direct or indirect ties with other organized health agencies or interests. More allied health professions and minorities should be included on RAB and other decisionmaking committees.

2. A deputy coordinator should be hired to assist with the overall program administration. With the new ORMP ventures, the new director of the Needs Assessment Unit might serve in a dual role as deputy coordinator.

3. Additional program staff with adequate salary scales are needed to implement ORMP's new goals and objectives. Current salary scales are inadequate to attract new personnel and to keep the current, highly qualified staff. ORMP should investigate the possibility of higher job reclassifications with the Grantee and resolve the salary problem.

4. A health information data bank should be developed to prepare ORMP for new health delivery programs three years hence.

5. Project evaluation studies are needed to show improved health care which has resulted from RMP sponsored activities. Studies should pinpoint minority access to better health care services.

6. ORMP should carefully review some of the growth fund activities with other areas of the country, and document successful ones which could be adapted in Oregon.

Summary of Recommendations

Approval of the triennial application is recommended by Review Committee which includes growth funds and developmental component funds for the sixth and seventh operational years. Committee recommends that the above concerns be communicated to the Region in the advice letter.

WOB/RMPS
5/22/72

COMPONENT AND FINANCIAL SUMMARY - TRIENNIAL

Region: Oregon RMP
Review Cycle: June 1972

Component	Previous Yr's Award From Apr. 1971 to June 1/ 1972 Operational Year	Requested 05	Requested 06	Requested 07	Committee Recommended Funding Lev From Sept. 1972 to August 1975 05	Committee Recommended Funding Lev From Sept. 1972 to August 1975 06	Committee Recommended Funding Lev From Sept. 1972 to August 1975 07
Program Staff	$ 275,407	$ 519,718	$ 427,336	$ 437,719	$ 519,718	$ 427,336	$ 437,7
Oper. Activities	470,979	409,940	311,494	289,810	401,812	285,773	246,2
Developmental Comp.	-0-	-0-	75,000	100,000	-0-	75,000	75,0
Growth Funds	-0-	-0-	775,000	800,000	-0-	250,000	250,0
Subtotal	746,386	929,658	1,588,830	1,627,529	921,530	1,038,109	1,008,9
Special Funding							
Kidney EMS, Proj. #027	-0-	(94,940) * see below	(88,675)	(91,572)	(86,812)	2/ (62,954)	2/ (47,9
RMPS Direct Cost	746,386	929,658	1,588,830	1,627,529	921,530	1,038,109	1,008,
RMPS Indir.	183,402	151,654					
Total RMPS	$929,788	$1,081,312					
NON-RMPS & Other Income	26,143	91,009					
Budget Total	$955,931	$1,172,321					
Requested	$1,017,323(Revised)						
Council Approved Level	$1,064,291						

1/ Two months extention (July-August 72) approved for $161,

2/ Recommended by Technical site visit team on May 4, 1972

* Pending is the following:
EMS Project 027 532,950

Current Program Request 929,658

Total Requested $1, 462,608

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY OF A TRIENNIAL GRANT APPLICATION
(A Privileged Communication)

OREGON REGIONAL MEDICAL PROGRAM
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201

RM 00012 6/72
May 1972 Review Committee

Program Coordinator: J. S. Reinschmidt, M.D.

The Oregon Regional Medical Program is in its fourth operational year. The direct cost for the present grant period (April 1, 1971 to June 30, 1972) is $746,386 and indirect cost is $183,402 which represents a 48.32% rate for on campus and authorized off campus rates.

The Region is ranked 28 in overall funding with a per capita rate of $.44.

The ORMP has submitted a triennial application for the period July 1, 1972, to June 30, 1975, which requests direct costs of $929,658 for the first year, $1,588,830 and $1,627,529 for the second and third years. The triennial application proposes:

I. Continuation of core staff beyond approved period of support.
II. Continuation of one project beyond approved period of support.
III. Continuation of one project within approved period of support.
IV. One approved project, not previously initiated.
V. Five new projects, not previously approved.

A breakout chart identifying the components for each of the three years is included as part of this summary on pages 2-4. It should be noted that ORMP is requesting increased funding in the second and third years of the triennial program for the development of the following activities:

		Second Year	Third Year
I.	Developmental Component	$ 75,000	$100,000
II.	Patient Transportation System	75,000	50,000
III.	Peer Review System Development	50,000	50,000
IV.	Television Communication System	125,000	175,000
V.	Demonstration of a Primary Entrance Clinic	150,000	150,000
VI.	Demonstration Family Practice Clinic	150,000	150,000
VII.	Feasibility Study and Development of Area Health Education Centers	100,000	150,000
VIII.	Patient Origin Study	125,000	75,000

FEBRUARY 22,1972

BREAKOUT OF REQUEST
05 PROGRAM PERIOD

REGION - OREGON
RM 00012 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	1ST YEAR DIRECT COSTS	1ST YEAR INDIRECT COSTS	TOTAL
C000 CORE SUPPORT		$519,718			$519,718	$113,574	$633,292
006 CORONARY CARE TRAINING PROJECT		$27,169			$27,169	$5,771	$32,940
016 TRAINING PROGRAM FOR PERSONNEL OF OREGON HOSPITALS	$24,373				$24,373		$24,373
018 OPER SERV FOR REMOTE CORONARY CARE MONITORING			$99,851		$99,851		$99,851
022 EMERG MED TECH TRAINING COURSE FOR RURAL AREAS				$53,452	$53,452	$9,212	$62,664
023 MOBILE CANCER DETECTION CLINIC				$63,438	$63,438		$63,438
024 COMMUNITY CANCER SERVICE AND TRAINING				$24,632	$24,632		$24,632
025 COMMUNITY STROKE REHABILITATION PROGRAM				$22,085	$22,085	$6,593	$28,678
026 CADAVER KIDNEY PROCUREMENT PROGRAM				$94,940	$94,940	$16,504	$111,444
ESTIMATED GROWTH FUNDS							
TOTAL	$24,373	$546,887	$99,851	$258,547	$929,658	$151,654	$1,081,312

FEBRUARY 22,1972

BREAKOUT OF REQUEST
06 PROGRAM PERIOD

REGION - OREGON
RM 00012 06/72

RMPS-OSH-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	2ND YEAR DIRECT COSTS
C000 CORE SUPPORT		$427,336			$427,336
006 CORONARY CARE TRAINING PROJECT					
016 TRAINING PROGRAM FOR PERSONNEL OF OREGON HOSPITALS		$9,164			$9,164
018 OPER SERV FOR REMOTE CORONARY CARE MONITORING			$53,508		$53,508
022 EMERG MED TECH TRAINING COURSE FOR RURAL AREAS				$45,277	$45,277
023 MOBILE CANCER DETECTION CLINIC				$59,893	$59,893
024 COMMUNITY CANCER SERVICE AND TRAINING				$33,326	$33,326
025 COMMUNITY STROKE REHABILITATION PROGRAM				$21,651	$21,651
026 CADAVER KIDNEY PROCUREMENT PROGRAM				$88,675	$88,675
ESTIMATED GROWTH FUNDS				$850,000	$850,000
TOTAL		$436,500	$53,508	$1,098,822	$1,588,830

FEBRUARY 22,1972

BREAKOUT OF REQUEST
07 PROGRAM PERIOD

REGION - OREGON
RM 00012 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	3RD YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
000 CORE SUPPORT		$437,719			$437,719		$1,384,773
006 CORONARY CARE TRAINING PROJECT							$27,169
016 TRAINING PROGRAM FOR PERSONNEL OF OREGON HOSPITALS							$33,537
018 PREP SERV FOR REMOTE CORONARY CARE MONITORING			$28,966		$28,966		$182,325
022 EMERG MED TECH TRAINING COURSE FOR RURAL AREAS				$46,675	$46,675		$145,404
023 MOBILE CANCER DETECTION CLINIC				$66,325	$66,325		$189,656
024 COMMUNITY CANCER SERVICE AND TRAINING				$34,121	$34,121		$92,079
025 COMMUNITY STROKE REHABILITATION PROGRAM				$22,151	$22,151		$65,887
026 CADAVER KIDNEY PROCUREMENT PROGRAM				$91,572	$91,572		$275,187
ESTIMATED GROWTH FUNDS				$900,000	$900,000		$1,750,000
TOTAL		$437,719	$28,966	$1,160,844	$1,627,529		$4,146,017

Funding History

A complete funding history to date is included on page 6.

I. Description of the Oregon Region: Oregon is a roughly rectangular coastal state situated in Northwestern United States and bounded by Washington, Idaho, California, and Nevada. With an east-west length of almost 400 miles and a north-south width of nearly 300 miles, Oregon's 97,000 square miles of area makes it the tenth largest state in land area.

Oregon is divided into three topographical areas by two longitudinal mountain ranges, the Cascade Mountains, and the coastal range. East of the Cascades is a high, semi-arid plateau comprising approximately two-thirds of the state's area. On the Pacific side of the western ridge is a narrow coastal strip. Between the two ranges lies the more heavily populated Willamette Valley, which averages 50 miles in width.

Eastern and Cascade portions of the state have great seasonal shifts in temperature. The Willamette Valley and coastal areas are much more moderate in climate except for heavy winter rains and considerable low-lying fog. Oregon's weather, together with the distances involved, imposes a great deal of isolation on remote areas during much of the year.

Oregon has 2,145,000 people. Approximately 45 percent of the population resides in the Portland Metropolitan area, situated in the Northwest section of the state. Including Portland, 69 percent of Oregonians live in the Willamette Valley. Several immense Eastern counties are populated with as few as 5,000 to 25,000 persons. These counties are several hundred miles distant from Portland and other larger valley towns.

Racial and ethnic minorities constitute less than three percent of the total population. (Negroes a little more than one percent; Indians and Orientals each about 0.5 percent; and Spanish-Americans approximately 0.2 percent.) Blacks and Orientals tend to reside in urban areas, while Indians and Spanish-Americans are predominantly rural in distribution.

Lumbering, metal industry and agriculture remain Oregon's major industries. The state presently has an unemployment rate of 5.6 percent. The Portland area contains the only medical school; of the state's 2,700 physicians, 2,300 reside in Metropolitan Portland and the Willamette Valley. A similar distribution pattern applies to other health personnel. There are 83 general hospitals in Oregon with 8,738 beds. Of these hospitals, 39 have less than 50 beds.

OREGON REGIONAL MEDICAL PROGRAM
FUNDING HISTORY OPERATIONAL GRANTS
(Direct Costs Only)

No.	Project	Awarded 01 4/1/68-3/31/69	Awarded 02 4/1/69-3/31/70	Awarded 03 4/1/70-3/31/71	Awarded 04 4/1/71-6/30/72	Awarded Total	Requested 05 7/1/72-6/30/73
CO 00	Core 1/		$198,521	$244,073	$275,407	$718,001	$519,718
1	Heart, Cancer, Stroke Circuit	$179,242	150,035	174,204	165,578	669,059	
2	Early Diag. & Therapy	152,436	144,012	27,825		324,273	
3	Surgical Treatment of Vascular Lesions	9,375	10,281			19,656	
4	Comprehensive Stroke Care with Regional Ed.	44,800	51,396	56,859	61,001	214,056	
5	Project Evaluation	22,578	27,621	31,567		81,766	
6	CC Trng - Salem Mem Hosp	54,084	46,225	52,164	45,210	197,683	27,169
7	CC Trng Sacred Heart Hosp	59,772	69,345	73,848	52,891	255,856	
9	Central Oreg Heart, Cancer and Stroke Pilot		26,367	24,233	23,070	73,670	
10	Coronary Care Teaching Aids		12,774	4/ 5,572	713	19,059	
11	Guiding Adult Patients with Asphasia		27,120	27,019	21,980	76,119	
12	So. Oregon Diabetic last-Evaluation		18,064	22,091		40,155	
13	Mobile Emerg. Cardiac Project		39,499	6,249		45,748	
14	Trng. Prog. Care of Diabetic Patient		32,886	39,285	28,815	100,986	
15	Phys. In Res. Course Tech. Cardiology			28,920	32,599	61,519	
16	A Training Program for Personnel of Oregon Hosp.			23,419	39,122	62,541	24,373
17	Diabetic Patient Project				(9,762) 2/		
18	Coronary Care Monitoring						99,851
20	Comm. Coords/Cont. Med. Education				(9,945) 3/		
22	Emerg. Med. Tech. Tra. for rural areas						53,452
23	Mobile Cancer Det. Clinic						63,438
24	Comm. Cancer Ser. & Trs. Program						24,632
25	Comm. Stroke Reh. Program						22,085
26	Cadaver Organ Procurement & Tissue Typing Pro.						94,940
	TOTAL	522,287	854,146	837,328	746,386	2,960,147	929,655

NOTES: 1. Core Budget (first year); merged with operational in the second operational year.
2. Project #17 funded from Core Budget 8/5/71
3. Project #20 funded from Core Budget 8/5/71
4. Project #10 funded 5,572 + 3,200 from core = 8,772 3/25/71

II. History of ORMP Development

ORMP was funded for planning in April 1967 and became operational exactly one year later, following an enthusiastic endorsement from a site visit in February 1968.

In early 1968, ORMP was concentrating on recruiting needed staff, assessing the medical needs of the Region, setting proper priorities for action plans and setting up adequate evaluation mechanisms. At that time, the National Review Committee had its doubts about the Region's readiness to move into the operational stage, however, the site visitors seemed satisfied that a working list of objectives and a scheme for setting priorities had been developed and that core was capable of moving the program into this phase. The Region was encouraged to arrange for assistance from the College of Education of the University of Oregon for better evaluation of the program and some of its projects. In October 1968, Edward L. Goldblatt, M.D., replaced Myron R. Grover, Jr., M.D., who had served as the original program coordinator.

The ORMP was site visited again in April 1969 and the team was greatly impressed with all aspects of the program, including core staff, Regional Advisory Group, and evaluation efforts. The program appeared to be heavily provider and continuing education-oriented, and there was evidence that staff was beginning to involve many groups throughout the Region. The report stated that the application was an unusually well-written-clear-"Model" application. The team concluded that ORMP was as good as the words written about it. The ORMP staff had a sound understanding of the purpose of RMP and the abilities of Dr. Edward L. Goldblatt and Dr. Delbert M. Kole, Coordinator for Project Development, were favorably noted. Relationships between ORMP and Oregon Medical School were more than adequate.

The Region's request for continuation of core and ten projects for the third year was well-received by RMPS staff. It appeared that the Region had come a long way in establishing itself as a broadly-based, ongoing program as opposed to a series of isolated projects. The RAG chairman, Dr. Herman Dickel, was proud that all projects submitted by Oregon had been approved for funding at the National level. RAG had seemed to develop an awareness of local autonomy and had developed a mechanism for evaluating both incoming proposals and ongoing projects. Some projects were terminated early as a result of this evaluation. To further this internal evaluation effort, a contract was let to the Northwest Regional Education Laboratory to evaluate the policies and procedures of the core staff.

Two changes in leadership took place in the third year. Dr. Goldblatt was replaced by Dr. David Johnson, who served as Associate Professor of Public Health and Preventive Medicine at the University of Oregon. Dr. Johnson resigned in November 1970 to become Regional Health Director for Region X, and was replaced by Dr. J. S. Reinschmidt, who had been with the Student Health Service for the past seven years.

During the four years since its first operational award, the ORMP has submitted project applications regularly. Eleven projects plus core activities constitute the current program. The new coordinator has had a year of RMP involvement.

Some of the more notable events which have transpired since the inception of the Program in 1967 are that the influence upon heart disease has been unswerving and unmistakable. From the start, the Board launched a concerted attack upon acute myocardial infarction, and ORMP efforts have undoubtedly shortened the interval required to implement improved techniques in the treatment of patients with this condition. Two coronary care unit projects have schooled scores of nurses for a new life-saving role as electrocardiographic monitors and initiators of urgent cardiac therapy. Another project offered analogous courses to physicians, with special emphasis upon the insertion of emergency pacemakers. Exploration of radio-telemetric monitoring of coronary patients while in transport to the hospital has continued.

Continuing education grants have been ORMP forte from the very beginning. The Circuit Course Program, the first project funded, continues in its fourth year to provide courses to physicians, nurses, and allied health professionals throughout the Region, Idaho, and Montana. Other training projects have been instrumental in providing a network of volunteer directors of medical education on a statewide basis. With one or two exceptions, the continuing education projects will come to an end on July 1, 1972, and a new look of a constellation of projects will commence on that date.

III. Performance

In planning for the next three years, the Oregon RMP has reassessed core and project activity in the light of changing national priorities. ORMP RAG has adopted three major goals and recognizes an increased Federal emphasis upon them: (1) improving access to health care, especially for disadvantaged urban and isolated rural populations; (2) enhancing the quality of primary and other health services in Oregon; and (3) containing unit costs of health care by promoting greater efficiency within the delivery system. The proposed projects, core endeavors, and other ORMP activities have been designed as a move toward meeting their objectives.

Core staff's most important consultative and planning contributions during the past year:

- The newly organized Gresham Clinic for the indigent.
- The Josephine-Jackson Counties Health Maintenance organization planning application.
- Physician assistant/nurse practitioner training program.
- Family practice primary entrance clinics, and outreach worker training program.
- Concentrated employment program.
- Metropolitan Portland Comprehensive Health Planning Association.
- Multnomah County Public Health Division.
- Model Cities, Tri-Metropolitan Bus System.
- Multnomah-Clackamas Counties Association for retarded children.
- City-County Council of Aging.

Five feasibility and planning studies are now in progress and one additional study is proposed. These include: patient origin study and health care utilization data system; a patient transportation system; a demonstration family practice clinic; a primary entry health care clinic; and a peer review system in collaboration with the State Medical Society.

A. Goals

The ORMP has elected to work toward the following:

1. To improve the accessibility of primary health services in impoverished urban and isolated rural areas of Oregon through the stimulation and support of activities which: (a) augment the supply of health care personnel and resources, or otherwise enhance the capacity of the health core systems; (b) encourage a more equitable geographic distribution of health care personnel and resources; (c) facilitate the more effective emergency and routine transportation of patients or of health care personnel; (d) utilize new types of health personnel or

traditional health team members in innovative ways; (e) improve the continuity and comprehensiveness of health care delivery; and (f) facilitate the implementation of the Emergency Health Personnel Act which is designed to place public health service physicians in areas with otherwise unsolvable primary health service problems.

2. To improve the quality of primary and other health services in Oregon with particular but not exclusive emphasis upon the prevention, early detection, and rehabilitation of heart disease, cancer, stroke, kidney disease and other conditions deemed of major importance by regional agencies by means of: (a) encouraging the formation of peer review and ombudsman committees; (b) promulgating the most efficacious techniques of disease control in primary medical practice, and (c) facilitating the establishing of subregional education centers.

3. To contain or reduce unit costs of health care delivery, and to promote greater efficiency with the health care delivery system by (a) promoting cooperative managerial arrangements which permit quantity purchasing, nonduplication of services, sharing of resources, and expanded use of ambulatory care units or outpatient facilities; (b) encouraging the development of utilization review committees within appropriate medical agencies; (c) stimulating consideration of automated and/or computerized record keeping systems, data storage and retrieval methods, and multiphasic screening techniques; and (d) encouraging the use of those health care resources which provide the least costly method of service per unit without compromising the quality of those services.

B. Methodological Objectives

The Region has enumerated six methodological objectives for achieving the three major goals. These include the conduct of specific projects with staff support and expertise in developing them in concert with ORMP goals, to provide educational experiences for providers of health services and the general public, to provide data and information on health care resources, to cooperate with CHP agencies, and to continually assess the management and organization of ORMP staff, Board, and Committee systems.

IV. Process

A number of organizational reconstructions has taken place with the Committee structure and program staffing. The former Grants Application Review Committee has been renamed the Program and Application Review Committee to signify an expansion of preview beyond pre-Board scrutiny of individual project applications. The committee's new charges include: (1) assessing compatibility of all proposals with ORMP programmatic goals;

(2) advising all proponents of unsolicited project ideas on relevance to the triennial plan prior to the furnishing of definitive developmental assistance by staff; and (3) recommending to the Board priority rankings for all approval project activities. Conversion of the Regional Cooperation Committee into the Health Resources Development Subcommittee brought about a cadre of knowledgeable Board members, assisted by a rotating panel of experts, to address each health care delivery proposal.

Still another change in subcommittee procedure is the rescinding of a former rule that all project applications be reviewed by the Continuing Education Subcommittee, in view of the program shift, this no longer is a requirement. At the present time, each project proposal is reviewed by the Program and Application Review Committee, by the Evaluation Committee (to ensure adequacy of design), by the new Comprehensive Health Planning Subcommittee, and by either the Health Resources Development Subcommittee or a single technical subcommittee appropriate to the predominant thrust of the application. All proposals are given a final verdict by the Regional Advisory Board.

Eleven committees or groups form the framework of the Region. All are standing committees with the exception of the Ad Hoc Triennial Application Review.

	Members	Number of Meetings Last Year
. Executive Committee	9	11
. Program Application and Review Committee	10	3
. Evaluation Committee	7	5
. Health Resources Development Subcommittee	8	2
. Comprehensive Health Planning Subcommittee (activated November 4, 1971)	11	1
. Kidney Subcommittee	13	2
. Ad Hoc Triennial Application Review	10	3

	Members	Number of Meetings Last Year
. Heart Subcommittee	8	2
. Cancer Subcommittee	9	2
. Stroke Subcommittee	8	1
. Continuing Education Subcommittee	9	1

Organization changes in core staff reflect a markedly augmented level of activities for core personnel. Core is now divided into four distinct units: (1) Program Administration; (2) Needs Assessment and Continuing Education Programming; (3) Specific Disease, and (4) Health Resources Development. Each unit professes its own set of operational objectives although personnel fully interchange between units for purposes of economy and integration. Some staff members assigned to the Needs Assessment Unit are derived from individuals presently working within the circuit course project.

The Program Director is immediately accountable to the Oregon Regional Medical Program Chairman, Executive Committee, and Regional Advisory Board of effective overall functioning of program staff and project personnel in meeting the goals and objectives set by the RAB. In addition to assisting the Program Director, the Program Administration Unit provides consultation and assistance in development of project activities. This includes fiscal management of projects and activities, designing evaluation techniques, and designing informational-communication techniques. The Needs Assessment and Continuing Education Programming Unit, as a major problem-solving and needs assessing component, will promote the quality of health services in Oregon. The number one objective will be to establish a network of problem-solving groups composed of physicians and led by a trained coordinator. Also, 13 local nursing groups will be established along the same lines. The Specific Disease Unit will have the primary responsibility for activities focused on improved health service through prevention, early detection, and rehabilitation of the major diseases. Primary monitoring and liaison interface between ORMP and projects will be a specialized objective of this Unit. Health Resources Development Unit will focus on improved accessibility of primary health services for impoverished urban and isolated rural areas. Identification of meritorious project activities which can be transferred to other communities and agencies and to offer consultation will be two major thrusts of this Unit.

The core positions will be increased to ten with six of these full-time; two, 95%; one, 75%; and one, 50% time. The positions of Health Care Needs Assessment Unit and Project Liaison Officer are vacant. This staff will continue the facilitator, convenor role in the Region; implement the Needs Assessment Program; develop programs for the medically indigent; assist in terminating projects; and explore area-wide health education activities. Total funds requested for salary and wages of ten positions plus eight supportive personnel is $231,266.

V. Program Proposal

The ORMP requests $1,081,312 (direct and indirect) for the first increment of a three year period, July 1, 1972, to June 30, 1973. This amount includes core activities, feasibility studies, two continuation projects, and six new programs. Developmental Component funds are not requested for the first year. It should be noted that increased funds are requested in the second and third years of the triennial and these will be extensions of formal projects and potential subcontracts; a variety of other ideas for activities has been explored by program staff. These activities have not been fully developed, however, they are included in the estimated funding section of the grant and will be addressed separately.

Core Support (COO)

Requested Fifth Year
$519,718

The staff will be increased from six to ten professionals and from five to eight supportive personnel. Six feasibility and planning studies will be conducted during the year. The following broad estimates of time/effort allocation have been made for core staff based on requested funds:

- Program Direction and Administration--26%
- Project Development, Review, and Management--43%
- Professional Consultation, Committee Relations--22%
- Planning Studies and Inventories--5%
- Feasibility Studies--4%

Sixth Year	Seventh Year
$427,336	$437,719

Project #006--Coronary Care Training Program

Requested
Fifth Year
$27,169

This project was initially funded beginning July 1, 1968, with April 1 as the anniversary date. On April 1, 1971, it began fulfillment of a 15-month renewal application so that, in total, the project will have completed 48 months of operation on June 30, 1972. To offset the cost of the program, a tuition charge has been implemented. The activity is entirely compatible with the general goals of the ORMP and is germane to the State's comprehensive health plan.

Future program activities will be financed by increased tuition, indirect subsidy by Salem Hospital and the development of an endowment fund derived from private individuals and corporations of sufficient size to provide adequate income for the project.

Continuation support is requested for one year only to train an additional forty nurses in coronary care.

Project #016--A Training Program for Personnel of Oregon Hospitals

Requested
Third Year
$24,373

The purpose of the project is to improve the care of patients in health care institutions in the ORMP by providing one to three day courses aimed at the entire spectrum of personnel who deal with patients in various ways. Courses in emergency cardio-pulmonary resuscitation, infection control, middle management, body mechanics and safety, and legal problems (a total of 42 courses) have been presented to 1,220 students (nurses, nurses aides, orderlies, various technicians, emergency personnel firemen, law enforcement personnel, and others). The important goal is "to effect cost containment and efficiency in hospital management."

This project was approved and subsequently funded beginning October 1, 1970. By June 30, 1972, the project will have completed 21 months of operation. It contains a mechanism for take-over so that the affiliate institution is assuming one-third of the cost of the project. At the end of the second year, two-thirds will be assumed by the association and, finally, after three years, the association will support the project totally.

Fourth Year
$9,164

NEW PROJECTS

Project #018--Operational Service for Remote Coronary Care Monitoring

Requested First Year $99,851

The objective of this new activity is to improve accessibility of care to patients with myocardial infarction in less populated areas of Oregon. The sponsoring institution, Emanuel Hospital, requests three years support to link five and communities to other consulting coronary care units. Electrocardiographic monitoring will be transmitted on a 24 hour basis over telephone lines. Critical EKG diagnoses and therapeutic suggestions may be made by highly experienced CCR nurses and physicians located at Emanuel Hospital. This project was previously approved by the Oregon RAB, and by the National Advisory Council, but not instituted due to budgetary reductions.

Second Year $53,508

Third Year $28,966

Project #026--Cadaver Organ Procurement Program and Tissue Typing Laboratory

Requested First Year $94,940

This is a three-year proposal to permit the University of Oregon Medical School to double the cadaveric transplant program to 40 kidneys per year and to increase tissue typing capabilities to support the expanded transplant program. It will serve the interests of the entire state and will cooperate fully with the Veteran's Administration Hospital. The public education component of the project will be subcontracted to the Kidney Association of Oregon. This project addresses a special Federal emphasis being placed on kidney disease, as well as fulfilling general ORMP goals and objectives.

Second Year $88,675

Third Year $91,572

Project #022--Emergency Medical Technical Training Course for Rural Areas

Requested First Year $53,452

The Oregon Division of Health requests three years support to expand their ongoing emergency programs to include the training of ambulance drivers and to conduct the prescribed 72 hour course to volunteers. Less than 20% of the 2,000 ambulance personnel have received the recommended course. Training for 500 attendants annually is proposed, utilizing video-taped physicians' presentations developed by the University of Kentucky Medical School.

Second Year $45,277

Third Year $46,675

Project #023--Mobile Cancer Detection Unit

Requested
First Year
$63,438

This three year program will offer advantages of early cancer detection to female residents of Portland and of rural, low income areas of Oregon. A major obstacle in reducing mortality from genital and breast cancer is the failure of seemingly healthy individuals to undergo periodic examinations. Approximately 4,000 examinations will be conducted during the first year, all in the Portland metropolitan area. The van will be manned by physicians, nurses, and volunteers organized through the Oregon Cancer Society, and all services will be provided free.

Although the mobile unit will be used for cancer detection, it is recognized that there are a number of organizations and agencies who can utilize the mobile unit to carry out objectives if their programs, i.e., classroom for education programs for nursing home personnel, a facility for individual genetic counseling, or general well-body care clinics.

Second Year	Third Year
$59,893	$66,325

Project #024--Community Cancer Service and Training Program

Requested
First Year
$24,632

The indigent population of southeast Oregon will be the target of this program. Services to 3,000 residents include genital and breast screening for malignant tumors. Diagnostic and therapeutic services are pledged by the Portland Adventist Hospital and medical staff at no cost to the indigent patient.

The applicant, Portland Adventist Hospital, plans to test the feasibility of employing nurses specially trained in this project to conduct preliminary screening examinations under the supervision of physicians.

Second Year	Third Year
$33,326	$34,121

Project #025--Community Stroke Rehabilitation Program

Requested
First Year
$22,085

This project is sponsored by Good Samaritan Hospital and its affiliate, the Rehabilitation Institute of Oregon. A multidisciplinary team approach will be employed to coordinate rehabilitation services for stroke patients. Local teams will be developed in six areas the first year and an additional

eight committees will be chosen during the first and second years. This proposal appears to be germane to the quality and accessibility of both primary and secondary care of stroke patients in Oregon.

Second Year	Third Year
$21,651	$22,151

GROWTH FUNDS

Increased funding of ORMP is requested in the second and third year of the triennial program. Most of these activities are still being investigated and are scheduled for further staff development.

Developmental Component--ORMP has not requested developmental funds the first year of its triennial plan because the Region needs more core support staff to implement such a program. Additional staff will be employed the first year and the Region should assume the responsibility of a developmental program the second and third years of the triennial plan.

Estimated fund requirements:

Second Year	Third Year
$75,000	$100,000

Patient Transportation System--This activity is presently being pursued by a planning study and will be developed further during the second and third years of the triennial.

Estimated fund requirements:

Second Year	Third Year
$75,000	$50,000

Peer Review System Development--A peer review program is being devised in collaboration with the Oregon Medical Association for the establishment of a state-wide system. During the second and third years, the system will be tested and refined before the operational phase of the system is implemented.

Second Year	Third Year
$50,000	$50,000

Television Communication System--This proposal would link large metropolitan medical centers with remote rural health care facilities. Continual education, consultation for physicians, health personnel and others will be fully utilized. "Slow-scan" television techniques could be used at a much reduced cost.

Second Year	Third Year
$125,000	$175,000

Demonstration of a Primary Entrance Clinic--The objective is to improve the access to adequate health care for persons living in impoverished urban and remote rural areas of this State, the ORMP plans to assist in developing primary entrance health care clinics. There are several areas where these clinics may be initiated and, after careful study, development and coordination, at least one clinic will be established in an appropriate location.

Second Year	Third Year
$150,000	$150,000

Demonstration Family Practice Clinic--A demonstration Family Practice Clinic is planned that would provide a model for a geographically or sociologically isolated community in Oregon. It is designed to provide a professional environment capable of attracting, sustaining, and maintaining a family practice physician, and affiliated with a family practice residency program in order to provide consultation, training, continuing education, peer group contact, and innovative use of allied health personnel and preventive technologies.

One of the more difficult health care delivery problems of the Region has been the recruitment and the retention of family practice physicians in some rural and impoverished urban areas of the state. One or more demonstration clinics will be established to see how these problems might be overcome by use of paramedical personnel, improved consultation resources, relevant and convenient continuing education, etc.

Second Year	Third Year
$150,000	$150,000

Feasibility Study and Development of Area Health Education Centers--ORMP has followed with considerable interest the development of the concept of Area Health Education Centers. There are several areas where this concept could be applied beneficially in the State. Funds will be used to develop Area Health Education Centers that could have considerable impact on the improvement of health care delivery in the Region.

Second Year	Third Year
$100,000	$150,000

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : For the Record

DATE: March 22, 1972

FROM : Edward T. Blomquist, M.D.

SUBJECT: Post Mini-SARP Meeting, March 20, 1972 - Oregon Regional Medical Program

Cadaver Kidney Procurement, Tissue Typing Program, Public Education and Information Programs

Purpose of the Program - To double the number of cadaver kidney transplants from 20 to 40 each year.

Under the direction of the Chief, Division of Nephrology, University of Oregon, employs a full time coordinator and secretary to:

1. develop a 24-hour, seven days a week tissue typing service,
2. develop organ procurement teams in 6 large cities,
3. develop a 24-hour communication and transplantation program between transplantation center and cooperating hospitals,
4. develop public support for a kidney donor card program adequate to meet the Region's long term need for cadaver kidneys.

Action - Approval in principle for a 3-year period with budget reductions to be negotiated by outside consultant and staff at early site visit.

Advice to Region - The reviewers were very favorably impressed with the proposed program. They were particularly pleased with 1) the degree of regionalization to be effected, 2) with the planned efficient use of resources available at the Veterans' Hospital, and at the University Hospital, and 3) with the planned integration of dialysis and transplantation services. Several aspects of the budget were considered excessive. It was recommended that the site visitors review the total budget with special instructions to: 1) reduce the costs for each year's operation by amounts that can be reasonable expected from third party vendors and from service charges, 2) to examine the need for major equipment and as many organ procurement teams as planned and to recommend any needed adjustments in the budget, 3) to evaluate the means by which the standard fees for hospitals and surgeons were established and to recommend any needed charges.

Edward T. Blomquist, M.D.

Region Puerto Rico
Review Cycle June 1972
Type of Application:
Anniversary prior to
Triennium

Rating - 325.5

Recommendations From

☐ SARP ☒ Review Committee

☐ Site Visit ☐ Council

The Review Committee recommended that the Puerto Rico RMP be supported at a direct cost level of $1,100,000 for the requested -03 operational year. While agreeing with the SARP that generous support should be provided, Committee questioned the Region's capability to effectively utilize too great an increase in support at this time in its development. It was pointed out that the Region would be submitting a triennial application next year and that the initiation of new activities that do not appear to be terribly exciting could limit the Region's funding flexibility at a time when it will be outlining a new three-year plan.

Committee viewed the goals and objectives as being clearly stated and in the direction of RMPS planning with the main thrust in education and health manpower, health services delivery system, and collection of data and statistics. The goals emphasize increasing the availability of care and enhancing the quality and the moderation of health care cost. Ongoing activities were considered to be designed to have an almost immediate impact on the provision of health services even if the impact is not directly measurable. It was recognized that some of the accomplishments are quite dramatic and involve active participation from official agencies, governmental and non-profit organizations with the contribution of substantial funding support. The intensive efforts toward regionalization, decentralization of treatment centers, the continuing education of health providers in isolated areas, and the comprehensiveness of the educational aspects of ongoing activities in that they include the community, the patients, and their families were favorably recognized. The administrative capabilities of the newly appointed Coordinator and the Region's activities directed toward the development of leadership roles for paramedical type personnel were also discussed.

Committee concerns included the absence of minority interests such as allied health and nursing personnel on the Program Staff and the Regional Advisory Group. Regional Advisory Group criticisms included inadequate representation geographically, from the Caucasians living in the community, and from consumer groups although the Coordinator's effort in the latter was recognized. The reviewers sensed that the hope for comprehensive accessible health services in Puerto Rico are going to be dependent on governmental sponsorship and expressed concern that very little contribution from the private physician and private hospital sector toward a really enlightened kind of health care system was visible.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 02 OPER. YEAR	03 YEAR COUNCIL RECOMMENDED LEVEL	03 YEAR REQUEST 1/	RECOMMENDED FUNDING XXXXXXXX REV. COM.
CORE	$ 248,370		$ 447,597	
Sub-Contracts	- 0 -		(22,000)	
OPER. ACTIV.	594,813		1,049,034	
DEVEL. COMP.	-		- 0 -	Yes ( ) or No (
EARMARKS: KIDNEY	- 0 -	- 0 -	- 0 -	
RMPS DIRECT	$ 843,183	$1,609,386	$1,496,631	$1,100,000
REQUESTED	1,136,564			
COUNCIL APPROVED LEVEL	989,762			
NON-RMPS and INCOME	-		980,676	
INDIRECT	95,130		178,969	

REGION Puerto Rico

May/June 1972, REVIEW CYCL

1/ Excludes $28,504 d.c. request fo Project #16--Nuclear Medicine per PR-RMP telephone conversatio 3/16/72.

RMPS

STAFF BRIEFING DOCUMENT

REGION Puerto Rico

OPERATIONS BRANCH /X/ Eastern / / South Centr'l / / Mid / / Wes

TYPE APPLICATION	(B) No Numerical LAST RATING
/ / TRIENNIAL	____ 197____ DATE
/ / 1st ANNIV YEAR	/ / SARP
/ / 2nd ANNIV YEAR	/ / REV. COM.
/X/ OTHER	/X/ OTHER

BRANCH Tel. No. X3-1810 Room 10-

BRANCH CHIEF Mr. Frank Nash

BRANCH STAFF Mr. George Hinkle

RO REP. Mr. Robert Shaw

Last Mgt. Assm't Visit None

Chairman

LAST S.V. May 1970 ; Chairman Dr. Henry Lemon - Review Committee; No Council Member

Staff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)

December 16-17, 1971, Dr. William S. Fields, St. Anthony Center, Houston, Texas

(1) Review and evaluate progress on Project #10 -- Stroke as per NAC direction

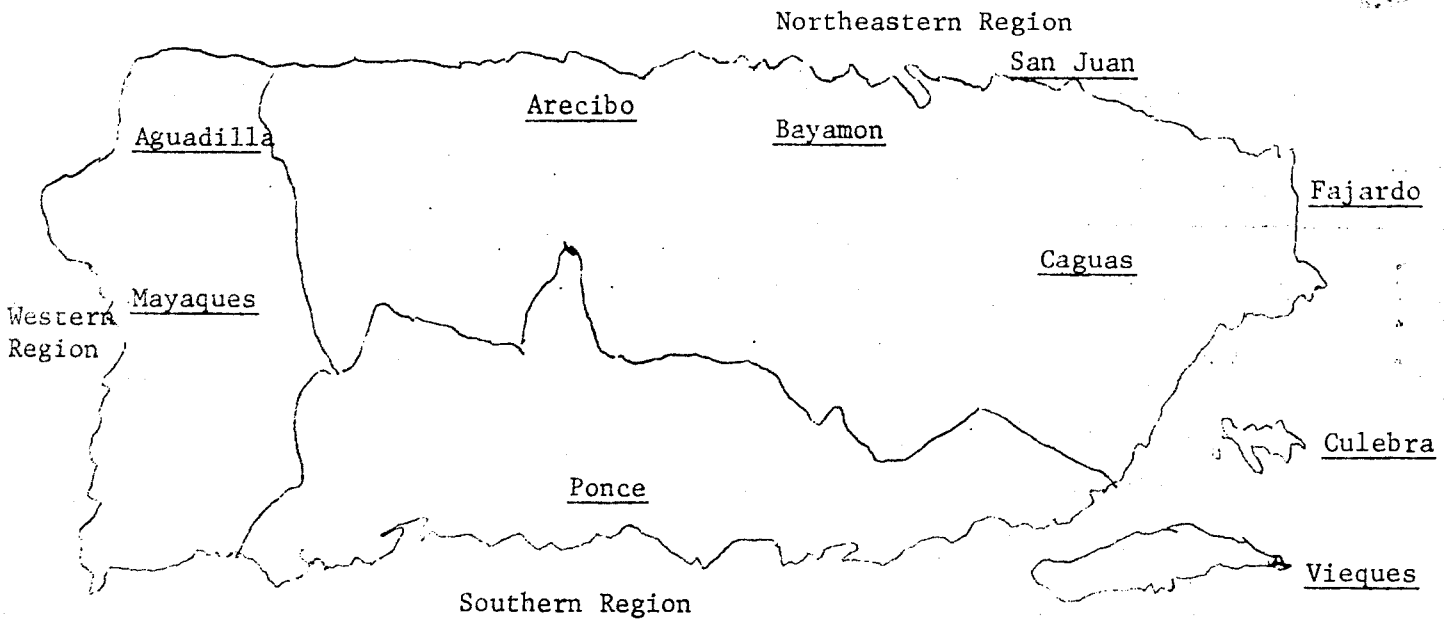
(2) Staff Assistance to new Coordinator and relative to continuation application prepar

Major Events Which Occurred in the Region Affecting the RMP Since Its Last Review in May 1970 ;

Veterans Administration is negotiating the establishment of Area Health Education Centers in different regions in Puerto Rico. The sub-regionalization of their services will enable a more efficient islandwide educational center arrangement (PR-RMP is involved in current efforts within the San Juan area).

Of special note is the June 21, 1969 enactment of Public Law 56 which permits payment of services of private patients in government hospitals and payment for indigent patients in private hospitals.

Commonwealth of Puerto Rico



PROFILE (Health Related Information)

Population: 1970 census - 2,712,000; Approximately 58% urban; Median Age: 18.5 (US 29.5)
Land Area: 3,435 square miles (Approximately 100 miles long and 35 miles wide)
Density: **750 per square mile**
Health Statistics: Mortality rate per 100,000 for heart disease-136, cancer-90, CNS vascular lesions-52, and diabetes-11. First three are low in comparison to U.S., diabetes comparison is not available

Facilities Statistics:

University of Puerto Rico School of Medicine - 4 year school, enrollment of 301
University of Puerto Rico School of Public Health - accredited, enrollment approx. 384
Ten schools of nursing, 5 at University campuses and one junior college, others at hospitals
Two schools of medical technology (Department of Health, Institute of Health Labs and the University of Puerto Rico School of Medicine) one school of cytotechnology
Nursing and Personal Care Homes: eleven skilled nursing homes and 7 long term care units are reported

The American Hospital Association reports the following types of hospitals with a total bed capacity of 9,999: 33 private (12 not for profit and 21 for profit) and 16 local government hospitals for a total of 49 short term hospitals; three psychiatric and five tuberculosis non-Federal hospitals; plus two Federal hospitals - 59 total all types.

Profile (Continued - Puerto Rico):

However, the Commonwealth of Puerto Rico has seventy-five municipalities that have the main responsibility for provision of health care to the needy. Statistical data provided by the PR-RMP indicates that these municipalities have seventy-three municipal and five district hospitals to provide public health services.

Manpower: 2,111 active physicians (80 inactive) and 4200 professional nurses

In Puerto Rico there are two systems whereby the population utilizes health care services; the private and the public or governmental systems. It is estimated that 32% of the population utilize private medical and hospital services and 68% utilize the public services. Between 30% and 40% of the population is covered by some type of health insurance. An unknown proportion of the population uses private services at times and public services at other times, depending basically on its economic conditions at the time and on the nature of the illness involved.

Slightly less than 50% of the general hospital beds in the island are located in private hospitals, both private non-profit and private proprietary hospitals. Most private proprietary hospitals are owned and operated by physicians. The private hospitals for the most part are located in the main cities - San Juan, Ponce, Mayaguez and Humacao. Private hospitals serve, not only the population in the municipality where they are located, but also receive patients from neighboring municipalities.

The public medical and hospital services are administered by the Puerto Rico Department of Health, the municipal governments and other state agencies such as Workmen's Compensation. As stated previously, basically, the municipalities have the main responsibility for the provision of health care to the needy. There are seventy-five municipalities ranging in size from 7,000 to 500,000. The Commonwealth Governments, however, complement the muncipal care system. Through arrangements and agreements with local governments, public health services (preventative and curative) have been organized into a single system operated jointly by the Department of Health and Municipal Governments; the Department assuming full responsibility for technical and professional service in practically all municipalities, except San Juan.

In a majority of the municipalities there are health centers either completed or under construction. Each health center includes a hospital unit (usually one bed per 1,000 inhabitants), general out-patient facilities and a public welfare unit.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 02 OPER. YEAR	03 YEAR COUNCIL RECOMMENDED LEVEL	03 YEAR REQUEST 1/	RECOMMENDED FUNDING SARP REV. COM.
CORE	248,370		447,597	
Sub-Contracts	-0-		(22,000)	
OPER. ACTIV.	594,813		1,049,034	
DEVEL. COMP.	-		-0-	Yes ( ) or No ( )
EARMARKS:				
KIDNEY	-0-	-0-	-0-	
RMPS DIRECT	$843,183	$1,609,386	$1,496,631	
REQUESTED	$1,136,564			
COUNCIL APPROVED LEVEL	989,762			
NON-RMPS and INCOME	-		980,676	
INDIRECT	95,130		178,969	

REGION Puerto Rico

May/June **197 2, REVIEW CYCLE**

1/ Excludes $28,504 d.c. request for Project #16 - Nuclear Medicine per PR-RMP telephone conversation 3/16/72.

Region Puerto Rico
Review Cycle May/June 1972

OUTSTANDING ACCOMPLISHMENTS BY RMP since May 1970

(1) Involvement of governmental and private non-profit organizations with the operational projects. This involvement demonstrates the impact of RMP in the community and guarantees phasing out for ongoing projects.
(2) Expansion of the geographical scope of ongoing projects and the replication of successful features on an island-wide basis.
(3) Active participation from the Department of Health, Department of Labor, Labor Unions, and Community and Civic Organizations as well as health related organizations.
(4) The outstanding success in obtaining other funding participation in activities from the Commonwealth, and local and Federal sources.
(5) The Region's continued active involvement and emphasis devoted to looking for other sources of support with a view toward phasing-out RMP support.
(6) The comprehensiveness of the educational aspects of ongoing activities that include education for the health providers, the community, and the patients and their families.
(7) Leadership role of the RMP as depicted by the consultations provided to Saint Croix and Saint Thomas and the Virgin Islands in establishing clinics in their areas.
(8) The degree of outreach of project activities into rural, mountaineous and ghetto areas as well as urban areas.
(9) Involvement in establishment of satellite clinics thus providing greater availability of health service.

RINCIPAL PROBLEMS

(1) The leadership role of the Regional Advisory Group is a recognized problem. The new Coordinator has stated his recognition of this situation and is implementing administrative changes to correct the situation.
(2) Renewal of many of the current ongoing projects is anticipated beyond the initial three year support period before "full" support from other sources can be obtained.
(3) Regional Advisory Group representation is predominately from the Northeast (San Juan) area. Only two from the South Region and only one from the West Region.
(4) Core does not have adequate representation from the nursing profession (this was also a concern of past reviewers).
(5) The appeal procedures (pages 46-47 of the application) appear to subrogate the final approval authority of the Regional Advisory Group.

ISSUES REQUIRING ATTENTION OF REVIEWERS

(1) Guidance to be provided the Region with respect to anticipated renewal requirements of ongoing activities.

OUTSTANDING ACCOMPLISHMENTS BY RMP (HISTORICALLY)

(1) Development of major interest and enthusiasm of lay and medical leadership in Guaynabo, Ponce, and to a lesser extent in Guayama.
(2) Establishment of Regional offices in Ponce and Mayaquez.
(3) Impressive progress in its sub-regionalization development.
(4) The establishment of a "master plan" for guidance of the Program.
(5) Review and selectivity of the Regional Advisory Group in that only eight of sixteen projects initially reviewed were included in the application requesting operation status. Six of these eight were approved by the National Advisory Council and subsequently funded.

PRINCIPAL PROBLEMS (HISTORICALLY)

(1) The NAC requested follow-up on the Guaynabo Community Stroke Project Community Family Prevention Program on Stroke (Project #10) with respect to previously reported organizational difficulties.
(2) Regional Advisory Group criticisms:
    a. Insufficient members from the lay power structure, and model cities programs
    b. Only top echelon personnel with no representation from allied health professions
    c. Absence of representation from Western and Eastern Health Regions
    d. The Regional Advisory Group has not assumed the leadership role
(3) The private medical sector in San Juan is quite inactive.
(4) Nursing profession is being slighted as an ally in health planning and traineeships.
(5) Core does not have adequate representation from the nursing and social services professions to enhance their outreach into the community.
(6) Project #15 - Education Program for the General Practitioner in the Western Region overlooks the private practitioner in the community.
(7) Goals should include cooperative efforts between private and government medicine.

APRIL 4,1972

BREAKOUT OF REQUEST
03 PROGRAM PERIOD

REGION - PRTO RICO
RM 00065.06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CENTRAL OFFICE	$447,597				$447,597	$63,824	$511,421
001 PEDIATRIC CARDIOVASCULAR DISEASES	$150,000				$150,000	$15,757	$165,757
002 HEMATOLOGY CANCER CHEMOTHERAPY AND BLOOD BANKING	$72,301				$72,301	$10,353	$82,654
003 PEDIATRIC PULMONARY DISEASES CENTER	$122,066				$122,066	$15,492	$137,558
004 EDUCATION PROGRAM IN DIABETES MELLITUS	$41,168				$41,168	$4,368	$45,536
007 ED TRAINING PROG FOR MD RN IN ICU FOR CARDIAL PT	$78,442				$78,442	$12,290	$90,732
009 COMMUNITY APPROACH TO COMBAT CANCER IN PONCE	$81,936				$81,936	$8,560	$90,496
010 GUAYNABO STROKE PREVENTION PROGRAM	$148,916				$148,916	$21,660	$170,576
011 COMPUTERIZED DOSE DISTRIBUTION			$160,932		$160,932	$5,119	$166,051
012 INFORMATION DETECTION AND TREATMENT CANCER CENTER			$100,000		$100,000	$11,850	$111,850
015 EDUCATION PROGRAM FOR GP IN THE WESTERN REGION	$15,172				$15,172	$1,116	$16,288
017 PUBLIC EDUCATION ON CANCER				$78,101	$78,101	$8,580	$86,681
TOTAL	$1,157,598		$260,932	$78,101	$1,496,631	$178,969	$1,675,600

RMP: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE: 4-5

1. GOALS, OBJECTIVES, AND PRIORITIES (8)

The Puerto Rico Regional Medical Program goals, objectives and priorities are clearly and explicitly stated. The PRRMP stated objectives in Education and Manpower, Health Services Delivery Systems, and Collection of Data and Statistical Projections are considered to be consonant with the RMP mission of increasing availability of care, enhancing its quality and moderating its costs -- thus making the organization of services and delivery of care more efficient.

PRRMP MASTER PLAN for obtaining the Program's objectives (Annual Report 1970-71) provided an analysis of program priorities with respect to geographical health regions. The current application indicates that a quantitative system is now being devised whereby relative weight is assigned to the technical quality of the proposed project, its relationship to the goals and objectives of the Region, the reliability of the sponsoring organization and the competency of the project director. This system will yield a numerical score that will allow objective classification on the basis of relative merit.

Consumer representation on the RAG represented this group in the establishment of goals, objectives and priorities, and the present proposed amendments to the RAG by-laws provided for increased consumer representation from all socio-economic groups.

Recommended Action:

2. ACCOMPLISHMENTS AND IMPLEMENTATION (15)

The Regional Advisory Group reports that there is no doubt that there has been contributions to the present health delivery systems and to the different governmental agencies involved with the health care of the Island.

All on-going activities are reported as being highly successful with respect to established project objectives. The geographic scope of the activities are either being expanded to an Island-wide endeavor or plans provide for this expansion.

The Program has been successful in establishment of treatment centers, teaching programs for health providers, patients, and families of patients. The training of health personnel in new skills and the training of new health assistants along with the establishment of new treatment centers have greatly enhanced the availability and accessibility of care. Project activities have been and are being conducted not only in the more affluent areas but also in Model City areas, ghettos, and rural and mountaineous regions of the Island.

Notable Program Staff planning studies include the establishment and utilization of a Program action plan which outlines procedures for the development and implementation of education activities by the operational projects, and the Program staff maintained library and Health Services Personnel Inventory that is made available to all health professions and governmental institutions.

RECOMMENDED ACTION:

RMP: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE: 4-5-7

3. CONTINUED SUPPORT (10)

The PR-RMP has a definitely established policy toward developing other sources of support.

RMP support for only one activity has been discontinued to date and it is being continued with full support being provided by the Department of Health.

It is reported that as RMP funds are phased-out (such as the recent 12% reduction) other sources of funds have become available to continue the activity. All on-going activities make reference to possible future sources of support as being either firm or highly probable.

Recommended Action:

4. MINORITY INTERESTS (7)

The goals and objectives are directed to all the people of Puerto Rico.

Through intensive efforts toward regionalization, decentralization of treatment Centers, continuation education of health providers in isolated areas and educational programs directed at both the patient and the patients family, all interests are considered to be served.

It is noted that the Regional Advisory Group includes female representation.

RECOMMENDED ACTION:

PUERTO RICO PREPARED BY: GEORGE HINKLE DATE: 4-5-72

COORDINATOR (10)

Dr. Jorge Fernandez is the newly appointed Coordinator (PRRMP letter of December 3, 1971) although Dr. Cristino Colon, the previous Coordinator still serves as a consultant to the Program.

Dr. Fernandez is described as a brilliant, young faculty member of the School of Dentistry with experience and interest in the field of education, particularly continuing education in the health professions. He has served on various committees of the Regional Medical Program and during the last year as Special Consultant in Education and Evaluation. He now serves on the Health Manpower Task Force at the National Institutes of Health.

Dr. Fernandez has initiated a reorganization of the Program Staff to more closely ally it to the new RMP mission. He has also directed efforts toward the amendment of existing RAG by-laws in an effort to increase the consumer representation at all socio-economic levels.

The inadequate involvement of the RAG and past review criticisms directed toward project interrelationships are also recognized areas of concern in which Dr. Fernandez is directing his efforts. He appears to have gained the confidence of the Project directors and Program Staff personnel.

Currently, the PRRMP does not have a deputy director.

Recommended Action:

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6. PROGRAM STAFF (3)

Program staff is almost starting anew in that most of the staff resigned subsequent to the recent reductions in Program funding.

The Coordinator has reorganized the Central Office in line with the objectives of the program to optimize efficiency. Staff is now organized into three sections: HEALTH EDUCATION AND MANPOWER, ADMINISTRATION AND HEALTH SERVICES SYSTEMS, and PLANNING AND EVALUATION. Secretarial, clerical and other non-professional and non-technical are in a Central Office to provide supportative services to each of the three sections.

Program Staff will utilize RAG Task Forces as resources in the development of the plans of action (Regional Planning, Health Education and Manpower, Proposals Review).

There is an absence of allied health personnel - no nurse discipline; Last application requested 44 positions - current application is for 32, with 21 on-board, all full time, (5-professional are vacant, 5-clerical/secretarial.)

RECOMMENDED ACTION:

RMP: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE:4-5-72

7. REGIONAL ADVISORY GROUP (5)

The RAG report states that the group realizes and has accepted its new role and responsibilities as a result of the decentralization of procedures within RMP.

The new Coordinator reports that he believes the RAG has not discharged its duties, to date, but that he will encourage the RAG to exercise its prerogatives. He has already assigned a Program Staff member with liaison responsibilities for greater involvement of Staff and the RAG in daily operations.

Representative of health interest groups and special task forces (and project directors) provide an excellent representation of the most outstanding health professionals in the Region.

Currently 28 members - 4 vacancies, four women; 20 are located in the Northeast area, 2 in the South, and one in the West.

Current proposed amendments to the RAG by-laws place numerical limits to the types of representation on the RAG and states that "the public and consumers category shall include at least ten health services consumers proportionally representative of all socio-economic levels in Puerto Rico.

RAG has regular quarterly meeting; meeting will be held in sub-regions to encourage attendance.

Recommended Action:

GRANTEE ORGANIZATION (2)

The University of Puerto Rico is the Grantee and Fiscal Agent for the Program.

Cordial relationships exist between the Grantee and the Puerto Rico RMP.

Adequate administrative assistance is provided and many of the Grantee facilities are made available to the RMP project staff in the day to day operational activities.

Dr. Adan Nigaglioni, Chancellor, University of Puerto Rico was the first Coordinator for the Program and is highly knowledgeable with respect to its goals and objectives.

There are no indications of Grantee domination and/or interference with policy setting functions of the Regional Advisory Group.

RECOMMENDED ACTION:

P: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE:4-5-72

PARTICIPATION (3)

Active participation of other health agencies is obtained through memberships on the PR RMP RAG.

Program Staff planning studies are planned in cooperation with the State Department, prepaid health insurance organizations, the P. R. Hospitals Association, Department of Health, the San Juan Municipal Government and other Municipal Governments.

Veterans Administration has cooperated in continuing education courses, offered hospital facilities in joint efforts, and joined in negotiations for the establishment of community based health education facilities.

Joint activities have been conducted with the P. R. Medical Association and the Coordinator is a member of the Committee for Medical Education.

Local Health Planning Board Director has offered to cooperate with the Model Cities Program of the City of San Juan - Colloborative efforts are being initiated.

The amounts of funds provided the RMP activities from other sources (Approximately matching funds) is highly indicative of participation from State and local organizations.

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commended Action:

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10. LOCAL PLANNING (3)

Regular meetings are held with members of the section of the Department of Health Communication for better coordination and avoidance of duplication.

Members of the CHP are on the Regional Advisory Group.

PR-RMP has been appointed to the Municipal Advisory Board of the planning office for the Area of San Juan.

CHP and PR-RMP share the health professions human resources inventory and cooperative arrangements have been made in the publication of the updated inventory.

The Central Program Staff Planning and Evaluation Section has served as consultant and taken steps to provide requested consultation services to the Planning Board and the Department of Health.

Consortium of RMP and other health agencies is being formed to combine efforts in the collection of health data relevant to all concerned.

COMMENDED ACTION:

RMP: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE: 4-5-72 (4-5-)

11. ASSESSMENT OF NEEDS AND RESOURCES (3)

Health professions human resources inventory has been completed, transferred to the local CHP for sharing and arrangements have been made for updating the inventory.

Efforts are underway to establish a consortium of RMP and other health agencies to combine efforts in the collection of health data relevant to all concerned to improve channels of communication and avoid duplication of efforts.

Core staff has planned activities and studies to gather additional basic information for the development of the operational plan for the next triennium. Many of these studies are referred to and a direct result of the Program Master Plan developed for the Region. Listing of activities are provided on page 33 of the application.

Prior activities associated with need and resource determinations are recorded in the Master Plan and involved collection and analysis of data relative to health regions, medical, nursing and other paramedical and auxiliary personnel, as well as financial, physical, and organizational resources.

Recommended Action:

12. MANAGEMENT (3)

Written records of the project review are maintained by staff, the Regional Advisory Group, and other Review Groups.

Specific core staff is assigned to monitor and/or provide supportive services to individual projects.

Monthly meetings are held with project directors to share with them all RMP plans and activities and thus encourage more constant communication between the Coordinator and the project directors.

Progress and expenditure reports are required and these are reviewed periodically as follows: Expenditure: RAG - annually, staff - quarterly; Progress - staff bi-monthly.

RECOMMENDED ACTION:

PUERTO RICO PREPARED BY: GEORGE HINKLE DATE: 4-5-72

13. EVALUATION (3)

Evaluation procedures are required for each project; all projects are evaluated by Program Staff and consultants; evaluation is of both a qualitative and a quantitative nature.

During the past year evaluation reports have been completed on six projects - all that were initially funded except Project #10, this activity was very slow in being initiated.

Program Staff is actively working toward completion of the development and implementation of the total Program Evaluation Plan. It is anticipated that it will be completed during the coming year.

Recommended Action:

14. ACTION PLAN (5)

Priorities have been established that are considered to be consonant with national goals and the goals of the Region.

The Region plans to continue currently ongoing categorical activities and has restated its goals and objectives in terminology agreeable to the RMPS published mission; it is noted that activities appear to be in complete agreement with these goals. Ongoing activities are most comprehensive with respect to patient services; education of health providers, patients, their families and the communities; manpower utilization and establishment of new skills and types of personnel, etc.

RECOMMENDED ACTION:

RMP: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE:4-5-72

15. DISSEMINATION OF KNOWLEDGE (2)

Health professions human resources inventory has been turned over to the CHP agency for sharing and mutual updating arrangements have been made.

Analysis of educational plans and activities sponsored by the Program has resulted in establishment of procedures for the development and implementation of educational activities by the Program's operational projects. IT IS ANTICIPATED THAT THESE EDUCATIONAL MODELS and MATERIALS WILL BE MADE AVAILABLE TO ALL AGENCIES AND GROUPS CONCERNED WITH HEALTH EDUCATION to achieve their ample utilization.

Data inventory of medical and paramedical personnel is kept and distributed to all health professions.

Medical library services is maintained and services are provided to governmental institutions and hospitals. Three hospitals in different areas have requested help in establishing their medical libraries.

Recommended Action:

16. UTILIZATION MANPOWER AND FACILITIES (4)

Efforts directed toward continuing education of health providers and the training of health personnel in new skills and training of health assistants and family health workers tend to increase productivity of physicians and other health manpower.

The utilization of facilities of the Department of Health, Veterans Administration, and community medical centers as nuclei for the establishment of prototypes prior to replication throughout the Island provide for more effective utilization of community facilities.

RECOMMENDED ACTION:

PUERTO RICO PREPARED BY: GEORGE HINKLE DATE:4-5-72

17. IMPROVEMENT OF CARE (4)

Activity progress toward established objectives depicts the practicality of the projects.

Establishment of new and satellite treatment centers, the change in patient referral patterns as reported by one project, and the extreme degree of direct patient involvement are positive indications of improvement of care.

Health maintenance, screening, diagnosis, treatment and rehabilitation are terms that are most outstanding when one reviews this application. These are most certainly directed toward improvement of care.

Recommended Action:

18. SHORT-TERM PAYOFF (3)

Short-term education courses for the development of professional and community leaders in the areas are planned and conducted.

Operational activities appear to have visible payoff in the availability of care.

Periodic reports (bi-monthly) are reviewed by Program staff and regular meetings of Project Directors and Program Staff are conducted.

RECOMMENDED ACTION:

RMP: PUERTO RICO PREPARED BY: GEORGE HINKLE DATE: 4-5-72

19. REGIONALIZATION (4)

The Program Staff is located in the San Juan area, Northeast.

Sub-regional offices are located in Ponce, Southern Region and Mayaquez, Western Region. However, these offices consist of only an associate coordinator and a clerical staff member.

Project activities are located in each of these areas, but the greater number are headquartered in the San Juan area.

Project activities appear to be reaching out into the underserved areas throughout the Region, or at least this outreach is projected for the forthcoming program year.

Although activities are initiated in a specific predefined area, they are considered to be prototypes with the expressed intention of duplication and/or expansion of the concept on an Island wide scope.

Recommended Action:

20. OTHER FUNDING (3)

The only project to be terminated will be continued with support provided by the Department of Health.

All ongoing projects and all except one to be initiated project reports funding support from other sources. Funding from other sources, as reported, approximates the direct cost support level provided by RMPS.

Other funding sources for continuation of the activities after termination of RMPS support is a most active concern of the PRRMP.

RECOMMENDED ACTION:

TABLE OF CONTENTS

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM

ANNIVERSARY APPLICATION

1a

RMPS

STAFF BRIEFING DOCUMENT

EGION South Carolina	OPERATIONS BRANCH / / Eastern / / Mid-Con /X/ South Centr'l / / Western
YPE APPLICATION / / TRIENNIAL /X/ 1st ANNIV YEAR / / 2nd ANNIV YEAR / / OTHER (specify)	not applicable LAST RATING ____ 197____ DATE / / SARP / / REV. COM. / / OTHER
	BRANCH Tel. No. 31740 Room 10-22
	BRANCH CHIEF Mr. Lee Van Winkle
	BRANCH STAFF Mrs. Lorraine Kyttle
	RO REP. Mr. Ted Griffith
	Last Mgt. Assm't Visit January 197
	Chairman Dr. Albert Heustis

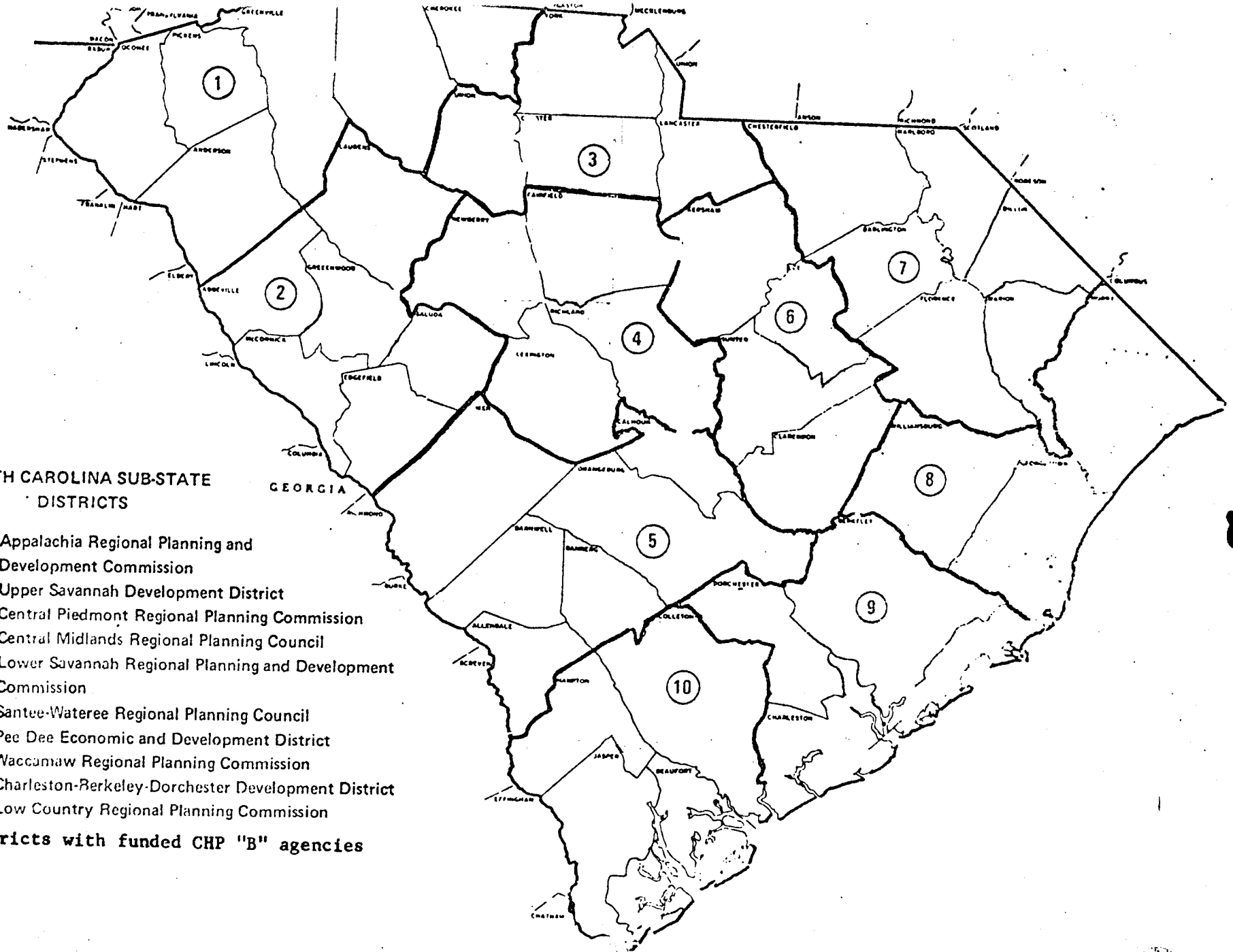
AST S.V. March 1971 ; Chairman Dr. Edmund Lewis, Review Comm; Dr. Everist, Council

aff Visits, Last 12 mc . (Dates, Chairman's Name and Type of Visit)

arch 21, 1972 - Lorraine Kyttle - to discuss present program objectives and upcoming RAG retreat.

Major Events Which Occurred in the Region Affecting the RMP Since Its Last Review
In April/May 1971 ;

Movement within State to establish second medical school at Columbia gaining impetus. SCRMP views this as having possibly favorable or negative impact on relationships with their grantee (Medical University of South Carolina). Favorable in that they see it as an assist to their efforts to regionalize way beyond present concepts of grantee -- negative in that efforts to counter establishment of second school may polarize interests of grantee at a time when SCRMP proposes significant programmatic and organizational changes.



SOUTH CAROLINA SUB-STATE DISTRICTS

1. Appalachia Regional Planning and Development Commission
2. Upper Savannah Development District
3. Central Piedmont Regional Planning Commission
*4. Central Midlands Regional Planning Council
5. Lower Savannah Regional Planning and Development Commission
6. Santee-Wateree Regional Planning Council
7. Pee Dee Economic and Development District
8. Waccamaw Regional Planning Commission
*9. Charleston-Berkeley-Dorchester Development District
10. Low Country Regional Planning Commission

*** Districts with funded CHP "B" agencies**

1/71

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. * YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
CORE	415,587		499,818	
Sub-Contracts	-			
OPER. ACTIV.	596,137		2,032,541	
DEVEL. COMP.	62,500		100,000	Yes ( ) or No (
EARMARKS: #55 KIDNEY	43,500		323,920	
RMPS DIRECT	1,074,224	1,550,000	2,632,359	
REQUESTED	2,991,048			
COUNCIL APPROVED LEVEL	1,550,000			
NON-RMPS and INCOME				

REGION South Carolina

June 1972, REVIEW CYCLE

* The 04 year is being extended to 9/1 and the region has been advised that the funding level will be $1,550,000 for the 14 month period.

MARCH 17,1972

BREAKOUT OF REQUEST
05 PROGRAM PERIOD

REGION - S CAROLINA
RM 00035 06/72
RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CORE	$499,818				$499,818	$183,609	$683,427
D000 DEVELOPMENTAL	$100,000				$100,000		$100,000
022 MEDICAL UNIVERSITY OF SOUTH CAROLINA HEART CLINIC			$67,816		$67,816	$17,171	$84,987
039 STATEWIDE HEART CLINIC EDUCATION			$59,718		$59,718	$11,495	$71,213
040 UNIVERSITY OF SOUTH CAROLINA STROKE NURSE TRAINING	$61,262				$61,262	$18,943	$80,205
042 HEART IMPLEMENTATION	$117,208				$117,208	$24,171	$141,379
044 STATEWIDE CANCER CLINIC EDUCATION	$50,032				$50,032	$8,127	$58,159
045 NUCLEAR MEDICINE TRAINING	$60,649				$60,649		$60,649
048 GYNECOLOGIC RADIOTHERAPY PROGRAM	$201,633				$201,633	$68,494	$270,127
049 STATEWIDE LABORATORY PERSONEL REFRESHER TRAINING	$25,094				$25,094	$2,995	$28,089
050 CENTRAL MIDLANDS MEDICAL EDUCATION PROGRAM			$129,118		$129,118	$23,770	$152,888
051 CONTINUING EDUCATION HEALTH PROFESSIONALS	$152,782				$152,782	$15,772	$168,554
053 INFORM	$96,617				$96,617	$23,756	$120,373
054 PLANNED DISCHARGE AND PROGRESSIVE CARE			$50,800		$50,800		$50,800
055A HEMODIALYSIS CONTINUING EDUCATION	$55,000				$55,000	$16,699	$71,699
055B EXPANSION OF HOME TRAINING IN DIALYSIS				$158,480	$158,480	$3,841	$162,321
055C PARTIAL SUPPORT OF 2 BED HOLDING UNIT COLUMBIA				$14,000	$14,000		$14,000
055D DEVELOPMENT OF TRANSPLANT UNIT				$96,440	$96,440	$23,165	$119,605
055 COMPONENT TOTAL	$55,000			$268,920	$323,920	$43,705	$367,625
056 COMPREHENSIVE RESPIRATORY DISEASE TRAINING	$93,156				$93,156	$31,152	$124,308
057 SPARTANBURG MEDICAL EDUCATION			$100,850		$100,850	$24,107	$124,957
058 COMPREHENSIVE CORONARY CARE UNIT	$115,645				$115,645	$41,352	$156,997
059 GREENWOOD C C U LINKAGE				$26,500	$26,500		$26,500
060 CHILDRENS CARDIO RESPIRATORY				$98,186	$98,186	$22,366	$120,552
061 DIABETIC TRAINING				$29,400	$29,400	$5,051	$34,451

BREAKOUT OF REQUEST
05 PROGRAM PERIOD

AMPS-05M-J7GGRE

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
062 RURAL MOBILE HEALTH				$27,655	$27,655		$27,655
064 RICHLAND MEMORIAL ALLIED HEALTH				$144,500	$144,500	$29,943	$174,443
TOTAL	$1,628,896		$408,302	$595,161	$2,632,359	$595,979	$3,228,338

South Carolina RMP

Geography and Demography

Region encompasses state -- 46 counties; 10 medical districts

Population -- (1970 Census) - 2,590,500

Increase of about 9% since 1960; Land area - 30,272

Population per Square Mile by Medical Districts

Population per Square Mile	Numbers of Medical Districts
120-170	3
60- 90	3
30- 60	4

Of the 46 counties only 6 have greater than 50% urban populations. Of these 6 counties, 3 (Greenville, Richland and Charleston counties) have 70% or greater metropolitian populations. Within each of these 3 counties there are 3 metropolitian areas with populations greater than 60,000 each.

The state has a non-white population of 33%. In the 6 counties with large urban populations the distribution of non-white population is comparable to that of the state. In areas of the state that are isolated rural the percentage of non-white population is much higher (approx. 50%).

Age distribution	Range for 10 districts
19 years and under	38 to 45%
65 years and over	5 to 9%

Average life expectancy is 66.4 years for the state.

Mortality -- Deaths per 1,000 population, 1969

	South Carolina	United States
All Causes	8.8	9.4
Heart Disease	3.2	3.6
Cancer	1.2	1.6
Stroke	1.1	1.0
Infant Mortality	24.2	21.7

The five leading causes of death in South Carolina respectively are: Heart, Cancer, Stroke, Influenza and Pneumonia and Early Infant Mortality. 45% of all deaths in the state occur before age 50.

Resources and Facilities

Medical Schools: Medical College, University of South Carolina, Charleston

Resources and Facilities (con't)

Med. College of S.C. - School of Allied Health Sciences

Professional Nursing Schools - 9 of which 7 are college or university based

Practical Nursing Schools - 25 of which 5 are hospital based

Accredited allied health schools

Cytotechnology - 1 - Greenville Gen. Hospital
1 - Med. College - School of Allied Health Sciences
Medical Technology - 6
Radiologic Technology - 13

Hospital Facilities

There are 97 community hospitals in South Carolina of which 80% have 150 beds or less. Only 8 community hospitals exceed 300 beds. Four counties have no hospital facility.

Manpower

Physicians per 100,000 population (1967)

County Classification	So. Carolina	United States
State (overall)	84	163
Metropolitian	103	205
Urban	71	153
Rural-Adjacent to Urban	45	96
Isolated Rural	35	59

In 1967, the ratio of Registered Nurses per 100,000 population was 217/100,000 as compared to th national average of 313/100,000.

PRINCIPAL PROBLEMS - based on current application

SCRMP's attempt to embrace new initiatives must compete with this application which does not leave much fiscal room for innovation. The Region could be reviewed as being pretty well locked into a 3 year project program approved and begun last year that might be difficult to remold. Core tells us (not in this application) that many of on going activities can be expanded and/or redirected. This application reflects minimal response to specifics of last year's advice letter.

PRINCIPAL ACCOMPLISHMENTS

Please see attached statement.

ISSUES REQUIRING ATTENTION OF REVIEWERS

1. The Region's funding level for the current year was raised from $1,074,224 for a 12 month period to $1,550,000 for a 14 month period. They responded quickly with new budgets (RAG approved) which substantiates their intent to put their money where their new directions are. The on going projects generally were given only add on dollars for time extension; the Developmental Component account was more than doubled (to accommodate the new look activities to be presented to RAG next month); a sub-contract account ($12,500) under Core was established for the first time in the Region's history (to provide Core flexible response capability) and upon learning that additional prorated funds could be applied for, the region requested that their supplemental application be deferred so that the April 29th and 30th RAG retreat could consider new activities in light of hoped for priority changes.

2. The issue of what delayed the region's response to national, HEW, HSMHA and RMPS signals until this time probably has no single answer. Its geographic traditions, the reception of the original legislation, the conservatism of the grantee and the professional societies certainly were influences. Possibly also contributing was South Carolina's fairly successful track record of submitting applications that allocated 61% of the requested funds to activities beamed at general continuing education of existing health professionals, 38% at coordinating existing health services and less than 1% at patient care delivery. This was the descriptor profile of their triennial application. The descriptors for this application are not yet available but the content of it indicates probably there would be some shifting of the former percentages but not to a substantial degree.

SOUTH CAROLINA IS AT THE CROSSROADS

South Carolina's Executive Committee has finally heard the word and has relayed it to the RAG.

Originally, this program was built upon a premise absolutely confined to the legislative mandate to improve the care of patients suffering from heart disease, cancer, and stroke. Through cooperative arrangements affording specialized training, SCRMP proposed to upgrade the medical care spoken to in the original legislation. Given this confinement, South Carolina made substantial progress during its first three years of operation.

For its fourth year of operation, the region submitted a triennial application which, while still concentrating on the upgrading of skills of existing health manpower, was reaching some major health problems in the state -- the rural physician and the improvement of facilities and services in communities, most of which are far below the national ranking for health services.

While the spade work was underway for the development of this application (which continues the bulk of the program approved for activation last year) SCRMP core and the Chairman of the RAG were making forays into the traditional mold of the program attempting to move it beyond the categorical constraints. The terms "expanded mission" and"new challenges" were introduced as agenda items for RAG meetings and Core sought and was given delegated authority from a December 1971 RAG meeting for the Executive Committee to make some final funding and organizational restructuring decisions which were deferred pending the outcome of the January meeting in St. Louis.

The following excerpt from a January 28th special meeting of the Executive Committee of RAG is interesting --- "The expanded RMP mission is now a fact. Even though existing legislation has not specified the types of activities, new legislation will and the RMPS budget authorization has already been doubled to facilitate the final transition of programs from the strict categorical focus to the expanded concern with health services at a community level."

Core staff has developed a RAG retreat for April 29-30 at which the expanded mission and new challenges (their words) will be explored. An agenda has been developed for the purpose of generating several changes which Core believes to be the pivots for redirecting the entire program --

An Expanded Mission Study Group - from which new goals will be sought. The areas of inquiry will be:

A. Health Manpower Development

B. Primary Health Care Delivery Patterns
C. Regionalization of Specialized Care & Support Services

A Reorganization Study Group - from which new RAG & Core structures will be sought.

A meeting of the entire RAG from which programming of Developmental Component monies in new directions will be sought; a charge to Core to develop the reorganized structure; and a reassessment of program priorities.

At this juncture, all of this is a promissory note. Core feels it can come away from the retreat with enough to move the program way beyond where this application shows it to be. Dr. Moseley is very realistic about making RAG restructure moves first and membership moves next. The region tells us that for a while they will have to operate both programs in tandem, gradually phasing out those activities not able or not willing to expand or redirect themselves. For openers, staff says it has many new look developmental activities it will present to RAG at the retreat.

All of this is presented by way of alerting SARP that South Carolina is indeed at the crossroads...albeit rather tardy. These exciting, hoped for changes are not reflected in the application you are reviewing.

When RMPS staff met on March 22nd to preliminarily review SCRMP's anniversary application, they agreed that the events Core had generated since the application was prepared put the region in a different light. We were faced with a timing problem -- our procedures call for a review of the region on April 10-11 and the success of the first stages of SCRMP's expanded directions cannot be assessed until April 29-30. Most of the staff reviewers felt a postponement of review was justified. Mindful of the procedural and administrative complications such a decision may entail, the reviewers also agreed to prepare this document and request that it be given the weight of an addendum to the application should a postponement of review not be feasible. In that event, we agreed upon a recommendation that the region be continued at its newly approved funding level of $1,550,000 (the Council approved level) for its upcoming 12 month 05 year. This figure is exclusive of the expanded kidney proposal which is the subject of a technical site visit on April 10 by Drs. Gonzales and Gross. By pruning the requested budgets for the continuation activities, the region could develop some fiscal room for activation of new initiatives.

Attending-the March 22nd staff review were:

Frank Nash	EOB
Bill Reist	SCOB
Larry Pullen	GRB
Lee Teets	GRB
Ted Griffith	ROR
Lorranie Kyttle	SCOB

Gene Nelson P&E had to cancel just prior to the meeting and has submitted his recommendations which are in agreeement with the above. His memo is attached.

Lorraine Kyttle

Lorraine M. Kyttle
Public Health Advisor
South Central Operations Branch

4/3/72

MEMORANDUM

1a

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Lorraine Kyttle
Public Health Advisor
South Central Operations Branch, DOD

DATE: March 31, 1972

THRU: Acting Chief
South Central Operations Branch, DOD

FROM : Program Analyst
Planning Branch

SUBJECT: Pending SARP Review of SCRMP Application -- P&E Input

For background information it should be stated that I have only recently been assigned responsibilities relative to SCRMP. I have neither visited the Region nor otherwise been personally exposed to its program. My input, therefore, is based on review of the application per se, review of past records, your report of findings and impressions, and informal discussions with house staff.

In keeping with the P&E function and joint appointment philosophy (at least so far as I view them) I have directed my attention more to the general planning context than to content of the application per se, viewing the latter as fitting more properly into the schema of reviewing groups other than P&E. This approach is not unique to this application but is consistent with the approach I have always taken.

As to application content, suffice it to say I find it leaves much to be desired. In that aspect I concur with majority mini- SARP opinion. It strikes me as speaking more to the past than to the future. As to context, I submit the following:

> The evidence as I perceive it points up a problem common to planning-oriented efforts, i.e., the conflict between critical factors. Such factors generally include (but are not limited to) lack of planning expertise, internal and external circumstances over which participating interests have little or no control, differing goals, objectives, etc., among mutually concerned organizations, the myraid problems associated with innovation, communication, administration and funding at various levels, changing signals and processes, timing, and the like.
>
> In my opinion, successful planning efforts are generally those which view such critical factors in proper perspective, draw them into desired relationships to one another, and adapt well as those relationships shift, always keeping an eye on the ultimate goal. In a nutshell, it seems to me that South Carolina has not been able to do these things well, and thus has not been able to stay on top of its planning process. The Region's need for bending

the rules reflects that. One of the critical factors in this case seems to be (an apparent) lack of planning expertise. This has resulted in lack of planning foresight which in turn contributed to the present "timing" problem relative to its application.

The region has also been heavily affected, however, by internal circumstances (Dr. Moseley's illness with its attendant influences), changing national signals (including timing, scheduling, and processing) and communications gap problems at various levels. I will not expand on the first two of these as you have already ably done so.

My input speaks primarily to the communication gap, one of the more difficult problems facing the program at both headquarters and field levels. As I see it an intimate knowledge of an application is not worth a tinker's damn without an appreciation of the context within which that application subsists. Your report of findings and recommendations indicates an attempt to reach the proper balance between content and context; and I think a very valid and successful one.

Mini-SARP's decision to supplement this application with additional information for SARP's perusal was a sound one, in which I concur. In fact, I consider it essential to a proper review of this application.

In totality, it seems to me certain basic issues arise:

1. In view of the imminence of the South Carolina RAG retreat - at which significant changes apparently will be made - is it realistic to make decisions now which might dilute effectiveness of those changes? Would that be consistent with our efforts to promote planning?

2. Is the SARP process one to which applications and planning must of necessity respond with little flexibility, or can the process lend itself to mutual accommodation? If so, should it in this instance?

3. Dr. Margulies' directive of 2-22 states that certain regions should receive extra field assistance for upgrading their programs. Does the same underlying philosophy carry over into the SARP (and mini-SARP) process? As a corollary, how do you establish effective communication between field assistance staff and SARP reviewers in order to get the most mileage from the process?

4. In the final test does the evidence warrant reviewing this application in its larger context rather than reviewing it on the merits of application content per se?

It seems to me the answers to these questions hold the key to effective review of this application and that those answers rather obviously favor the total context approach. What adjustments that approach entails is another issue. So is your problem of presenting the extra information and insights required.

Eugene J. Nelson

Gene Nelson

P South Carolina PREPARED BY: L. Kyttle DATE: 3/30/72

1. GOALS, OBJECTIVES, AND PRIORITIES (8)

Region states goals, objectives, and priorities are to be subject of a 2 day retreat for the purpose of updating in line with expanded mission. As presently stated, goal is to improve patient care through:

1. Continuing Education
2. Improved health manpower
3. Demonstrations
4. Improvement of facilities
5. Research and Training

These goals were established prior to triennial application and were reaffirmed at beginning of triennium. In this application they carry the additional provision that activities generated to meet goals should be designed to meet needs that Medical Districts determine to be their priorities.

Recommended Action:

2. ACCOMPLISHMENTS AND IMPLEMENTATION (15)

Most operational activities center on specialized education for existing health professionals. In this context, they are on target and are meeting objectives. From its beginning SCRMP had to court South Carolina Medical Association who viewed program with suspicion. Care feels program has reached point where SCRMP can move in new directions such as primary health care delivery. Care supported activities have made subtle forays into new areas. Example: Terminating project 5A concerned with training RN's in CCU functions; while Developmental Component activity #2 sponsored by Pee Dee Economic Development and Planning Commission concerned with determining requirements for a health facility in Florence and planning study to follow has pledged funding from Economic Development Administration, the Coastal Plains Regional Commission and SCRMP.

RECOMMENDED ACTION:

TP: South Carolina PREPARED BY: L. Kyttle DATE: [illegible]72

. CONTINUED SUPPORT (10)

19 of original projects self supporting. RAG Manual (updated January 1972) speaks specifically to concept of SCRMP support to establish needed activity or service and then shift to other sources if continued beyond general 3 year period. At this time, SCRMP is rather locked in to supporting 3 year projects, most of which were "new" at the time triennal application was approved and have 2 years to run.

ecommended Action:

. MINORITY INTERESTS (7)

While funded activities specify target groups to be all inclusive regardless of race or economic status, most activities primarily concern specialized training programs for health professionals. Wording of present goals and objectives does not lend them to an evlauation on this point. Minority providers and consumers not adequately represented on RAG. In response to specific recommendation last year, member from Palmetto Medical Society added to RAG. At present time Care professional staff all white and all male (form 7 notwithstanding)

ECOMMENDED ACTION:

South Carolina PREPARED BY: L. Kyttle DATE: 3/30/7

5. COORDINATOR (10)

Coordinator generally acknowledged as person with stature in the state who can meld medical school, professionals and community interests. He just returned to office from severe illness. Apparently developed competent staff as program generated ground work for hoped for sweeping changes in his absence from office but which he "managed" from hospital and convalescence at home. Summerall, a 50% deputy, stepped in and gave 100% during that time.

mended Action:

6. CORE STAFF (3)

Core reflects good range of competence for existing Core structure, but not necessarily for restructured mission they describe. Very categorical. Housed in incredibly inadequate quarters. Entire staff literally cannot all sit at desks at same time.

RECOMMENDED ACTION:

RMP: South Carolina PREPARED BY: L. Kyttle DATE: /72

7. REGIONAL ADVISORY GROUP (5)

RAG has 72 members. Core realizes too large. Very elite Executive Committee. Meetings usually attended by slightly more than half of membership. Last full meeting, RAG adopted an attend or be dropped provision. Mosely hopes to prune by this mechanism and make consumer additions as well. RAG plays very active role in all program decisions.

Recommended Action:

8. GRANTEE ORGANIZATION (2)

MUSC grantee. Several bones of contention. Most important: Is new and expanded mission which SCRMP sees as its legitimate mandate also viewed as a legitimate mission by grantee? Myrtle Beach retreat at end of April may open this up.

RECOMMENDED ACTION:

South Carolina PREPARED BY: L. Kyttle DATE 3/30/

9. PARTICIPATION (3)

Region's medical political complex deeply involved in program. RAG membership s;o attests. Coordinator represents astute link between MUSC and SCRMP. CHPA viewed as ineffective by SCRMP. Two funded B agencies out of 10 medical districts.

Recommended Action:

10. LOCAL PLANNING (3)

Provision in review procedure for CHP review and comment. SCRMP structure in medical districts. SCRMP organized Annual Conference of Health Planning Council whereby areawide planning councils of CHP meet to review all programs and plans. Overlapping SCRMP and CHP membership on local district committees.

RECOMMENDED ACTION:

R: South Carolina PREPARED BY: L. Kyttle DATE: 72

1. ASSESSMENT OF NEEDS AND RESOURCES (3)

SCRMP developed South Carolina Health Data Profile which represents most in depth attempt to accumulate inter-related health data in State's history. Medical Districts update.

ecommended Action:

12. MANAGEMENT (3)

Region received one of the first management assessment visits in January 1970. Very well rated at that time. Recent visits continue to comfirm original assessment.

ECOMMENDED ACTION:

South Carolina PREPARED BY: L. Kyttle DATE: 3/30/7

13. EVALUATION (3)

There is no full time evaluation director. There is a full time program analysis coordinator. Region proposes evaluation (both individual project and program impact) as an area to be specifically spoken to under a reorganization.

Recommended Action:

14. ACTION PLAN (5)

It is in this area that region proposes sweeping changes to be aired at Myrtle Beach retreat. As program now stands, goals and objectives do not embrace national goals or HSMHA mission entirely. The activities proposed by Region are for most part [redacted] the second year request for continuation of specialized education activities. The kidney propsal expands beyond this concept and some of the flavor of the new activities is to train patients, link hospitals and expand services. In developing new budgets under new funding level, region opted to activate the new project dealing with expanded services and fund a previously approved activity that would develop a team approach to preventive and comprehensive medicine out of Spartanburg General Hospital.

RECOMMENDED ACTION:

SP: South Carolina PREPARED BY: L. Kyttle DATE: 3/

15. DISSEMINATION OF KNOWLEDGE (2)

On the basis of information in this application and free standing documents, the region appears to be meeting the requirements under this category.

ecommended Action:

16. UTILIZATION MANPOWER AND FACILITIES (4)

The region's currently identified priority of improving patient care through continuing education is certainly proportionally reflected in the overall program. Existing community health faculities are utilized in the educational programs and it is more than likely that productivity of existing health manpower will be increased. Each of the 10 medical districts in South Carolina is below the U.S. in health resources, the Central Piedmont district showing the largest discrepancy.

ECOMMENDED ACTION:

South Carolina PREPARED BY: L. Kyttle DATE: 3/30/7

17. IMPROVEMENT OF CARE (4)

Studies pursued under the Developmental Component are beginning to focus this program on the extent to which ambulatory care might be expanded. Continuity of care is the subject of further activity proposed under the Developmental Component but not specified as an activity in this application. Most of the activities in this proposal deal with improving specialized care. The step of strengthening primary care and the relationship between primary care and specialized care is one of the subjects of the upcoming retreat.

ecommended Action:

18. SHORT-TERM PAYOFF (3)

The proposed activities will increase the quality of specialized care and to a lesser extent increase services available in a short term time frame.

ECOMMENDED ACTION:

P: South Carolina PREPARED BY: L. Kyttle DATE: 3/2

19. REGIONALIZATION (4)

SCRMP is building linkages and in this concept has regionalized well. Its district structure has contributed to this and a strengthening of the medical districts is a priority of the upcoming year.

ecommended Action:

20. OTHER FUNDING (3)

SCRMP, like many other regions, has not done a good job of telling this part of their story. Without exception, the 16's show no other sources of support and the 15's do not speak to other contributions whereas when the staff described the activities in more depth on a recent staff visit, I found that many of the hospitals had contributed financially and otherwise to the training projects and the MUSC had made substantial contributions as well. Conversely, SCRMP has co-authored several grant applications ultimately submitted to Appalachian organizations (federal and state) as well as NCR&D and BHM.

RECOMMENDED ACTION:

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations & Development

DATE: April 18, 1972

FROM : Director
Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation concerning the South Carolina Regional Medical Program Application.

Accepted ✓ 4/19/72
(Date)

Rejected _____ _____
(Date)

Modifications

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING - SARP REV. COM.
CORE	415,587		499,818	
Sub-Contracts				
OPER. ACTIV.	596,137		2,032,541	1,550,000
DEVEL. COMP.	62,500		100,000	Yes (x) or No ( )
EARMARKS:				
KIDNEY #5	43,500		323,920	150,368
RMPS DIRECT	1,074,224	1,550,000	2,632,359	1,700,368
REQUESTED	2,991,048			
COUNCIL APPROVED LEVEL	1,550,000			
NON-RMPS and INCOME				

REGION South Carolina

June 1972, REVIEW CYCLE

*The 04 year is being extended to 9/1 and the region has been advised that the funding level will be $1,808,324 for the 14 month period. This represents a pro-ration of the $1,550,000 Council approved level.

Region South Carolina RMP
Review Cycle June 1972
Type of Application: Anniv. within a Triennial

Recommendations From

Rating - 240

☒ **SARP** ☐ **Review Committee**

☐ **Site Visit** ☐ **Council**

Recommendations:

1. That the Region's funding level be continued at $1,550,000 for its 05 operational year. This level is exclusive of the kidney proposal.

2. That the kidney proposal be approved as recommended by the site visitors at a level of $150,368 for the first year and $104,691 for the second year.

3. That disbursement of funds for the second year of the transplantation portion of the kidney proposal be contingent upon an appraisal of the first year's performance.

4. That the advice letter cover the specific points discussed by the Panel and delineated under the Critique portion of this document.

Critique:

The Panel first considered the staff reviewers' proposal for postponement of the review of this application until an assessment could be made of critical programmatic issues to be acted on by South Carolina's RAG at a 2-day retreat to be held at the end of this month. SARP agreed that although the retreat issues were central to moving this Region in expanded and new initiatives, the real program impact of decisions made there could not be assessed in the immediate future. Therefore, Panel decided to proceed with a review of the application as presented with consideration also being given to the documents presented by staff covering developments in the Region since the application was prepared.

The reviewers agreed that the application reflected a failure to respond to specific recommendations included in the advice letter last June. The heavy categorical emphasis of the program; the traditional continuing education activities through which it is implemented; the Region's goals, objectives and priorities; the composition of the Regional Advisory Group; all were cited as continuing weaknesses. With what Panel sees as superb lack of timing, the Region did not address these issues in its anniversary application, but stands ready to do so at the RAG meeting which takes place while this application is under review.

Panel agreed that the classical academic approaches characterizing most of South Carolina's activity to date reflect the confinement of the very conservative and influential medical/political structure. To have moved this program in this State to the point of addressing the basic program issue of a mandate beyond that confinement and to have cultivated a preliminary endorsement of the proposal by key members of the RAG's Executive Committee, is, in the Panel's view, encouraging evidence of Dr. Moseley's leadership. What South Carolina has undertaken through its operational project activity has been done well, and the reviewers felt the program could be expected to embark on new initiatives with characteristic efficiency.

The reviewers voted to accept staff's alternative recommendation that the Region's funding level be continued at $1,550,000 for its 05 operational year. In arriving at this recommendation, the reviewers agreed to accept the Region's promissory note and,therefore, felt the funding should be so established as to allow South Carolina to implement its promised new initiatives. The recommended level would also require the Region to prune the requested budgets for the continuation activities. The $1,550,000 level is exclusive of the kidney proposal which will be reported on later in this document.

Panel recommends that the advice letter to this Region specifically cover the points that previously identified weaknesses continue in this application; that the recommended funding level represents a reliance on the Region's ability and intent to implement significant programmatic and organizational improvements in the very near future; and that any issues remaining unanswered following the RAG retreat be explicitly identified.

The kidney proposal was considered and the recommendations of the site visitors were accepted. The report of the site visit is attached which recommends $150,368 for the first year and $104,691 for the second. A qualification was added to the site visitors' second year funding recommendation, that being that funds for the second year for the transplantation portion are contingent upon an appraisal of the first year's performance.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 04 OPER. YEAR	05 YEAR COUNCIL RECOMMENDED LEVEL	05 YEAR REQUEST	RECOMMENDED FUNDING SARP REV. COM.
	(14 mo. period)		(12 mo. period)	(12 mo. period)
CORE	620,627		499,818	
Sub-Contracts				
OPER. ACTIV.	981,947		1,708,621	1,550,000
DEVEL. COMP.	155,000		100,000	Yes (x) or No
EARMARKS:				
KIDNEY #55	50,750		323,920	150,368**
CBE #63	See below*			
RMPS PROJECT	1,808,324	1,550,000	2,632,359	1,700,368
REQUESTED	2,991,048			
COUNCIL APPROVED LEVEL	1,550,000-12 mo 1,808,324-14 mo			
NON-RMPS and INCOME				

* Also pending is a request as follows:
CBE component #63 01 - $722,140; 02 - $820,523;
03 - $942,186

** The level of approval for the second year of the kidney component is $104,691.

Current program request	$2,632,359
Supplemental CBE request	722,140
Region's total request	$3,354,499

REGION SOUTH CAROLINA

June 1972, REVIEW CYC

5/23/72

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

: For the Record

DATE: MAR 30 1972

FROM : Medical Consultant
Division of Professional and Technical Development, RMPS

SUBJECT: Recommendations of the Mini-SARP regarding South Carolina Kidney Disease Proposal (55-B, 55-C, and 55-D)

I. Purpose of the Program

To expand an already existing Home Dialysis Training Program (55-B), as well as to establish a satellite dialysis unit at Columbia, South Carolina (55-C), and to initiate a university-based transplantation program (55-D).

II. Action

A. The recommendations of the Mini-SARP were for the general approval but with the stipulation that a site visit be made with the use of an outside consultant plus staff for the purpose of:

1. Determining a more realistic, overall level of funding;

2. Resolving the issue of a proposed satellite dialysis unit at Baptist Hospital versus Richland Memorial Hospital; and

3. Discussing in greater detail the proposed transplantation activity in view of making specific recommendations regarding the level of RMPS support.

B. It is advised that this consultative activity be carried out as soon as possible, preferably in time for our recommendation that can be made to the SARP at its next meeting on April 4, 1972.

James B. Gross

JAMES B. GROSS, M.D.

Region: South Dakota
Review Cycle: June 1972
Type of Application: 02
continuation planning
Rating: 290.3

Recommendations From

☐	SARP	/XX/	Review Committee
☐	Site Visit	☐	Council

RECOMMENDATION: The Review Committee concurred with staff reviewers and SARP that the application should be approved in the time and for the amount requested ($424,662). This figure is exclusive of EMS and CBES supplemental requests which are presently under review.

CRITIQUE: The Committee reiterated many of the points raised by SARP during the course of their review of this application; therefore, they will not be repeated in the blue sheet. As mentioned previously, the Committee strongly endorsed SARP's recommendation. However, mention was made of the fact that even though the Regional Advisory Group is comprised of 51% consumers, there appears to be a dearth of consumer representation from such interest groups as the poor, farmers and organized labor. Of interest is the fact that the primary reviewer lauded the Region for its efforts in terms of establishing what appears to be a very viable working relationship with the Nebraska Regional Medical Program from whom it was divorced.

In summary, the Review Committee agreed with other reviewers that the Region has demonstrated considerable progress during its first year of development. Further, the Committee reinforced the recommendation made by those who had previously scrutinized this application that the Region's planning status should in no way deter it from being considered for out-of-phase supplements in the areas of Emergency Medical Services and Community-Based Education Systems. In conclusion, Committee noted that they concurred with SARP and were recommending an additional years support for the Coronary Care Unit Nurse Training Project.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 01 OPER. YEAR	01 YEAR COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING ☐ SARP ☒ REV. COM.
CORE	259,500		320,000	
Sub-Contracts	NA		(30,000)	
OPER. ACTIV.	120,000		104,662	424,662
DEVEL. COMP.	NA		NA	Yes ( ) No (X)
EARMARKS:				
KIDNEY	NA		NA	
EMS # 2			*** see below	
CBES #3			*** see below	
RMPS DIRECT	*379,500	313,000	424,662	**424,662
REQUESTED	786,500			
COUNCIL APPROVED LEVEL	379,500			
NON-RMPS and INCOME				

* Region extended for 2 months at $63,250 for a total of $442,750.

REGION South Dakota

June 197 2 Review Cyc

** In considering an increased NAC funding level for the 02 year, it should be noted that out-of-phase supplements in the areas of EMS and Community-Based Educational Systems have been submitted.

*** Pending are the following requests: EMS, $470,000 (for one year); CBES, $165,000 (for one year).

Current program request	$424,662
EMS request	$470,000
CBES request	$165,000
Regions total request	1,059,662

SOUTH DAKOTA REGIONAL MEDICAL PROGRAM

02 Planning Grant Application

TABLE OF CONTENTS

RMPS
STAFF BRIEFING DOCUMENT

REGION South Dakota

OPERATIONS BRANCH ☐ EASTERN ☒ MID-CONTINE ☐ SOUTH-CENTRAL ☐ WESTERN

TYPE APPLICATION:
☐ TRIENNIAL
☐ 1st ANNIV YEAR
☐ 2nd ANNIV YEAR
☒ OTHER 02 planning

NONE LAST RATING
_____ 197__ DATE
☐ SARP
☐ REV. COM.
☐ OTHER

BRANCH
Tel. No. 443-1790 Room 10-15
BRANCH CHIEF Michael J. Posta
BRANCH STAFF Harold F. O'Flaherty
RO. REP. Daniel P. Webster

Last Mgt. Assm't Visit NA 197__
Chairman _____

Last S.V. Oct.27 197 0 ; Chairman Bruce Everist and Clark Milliken, National Advisory Counc

Staff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)
October 5-6, 1971 - Richard Clanton - to meet with new Director

January 26-27, 1972 - Harold O'Flaherty - to assess the overall program progress

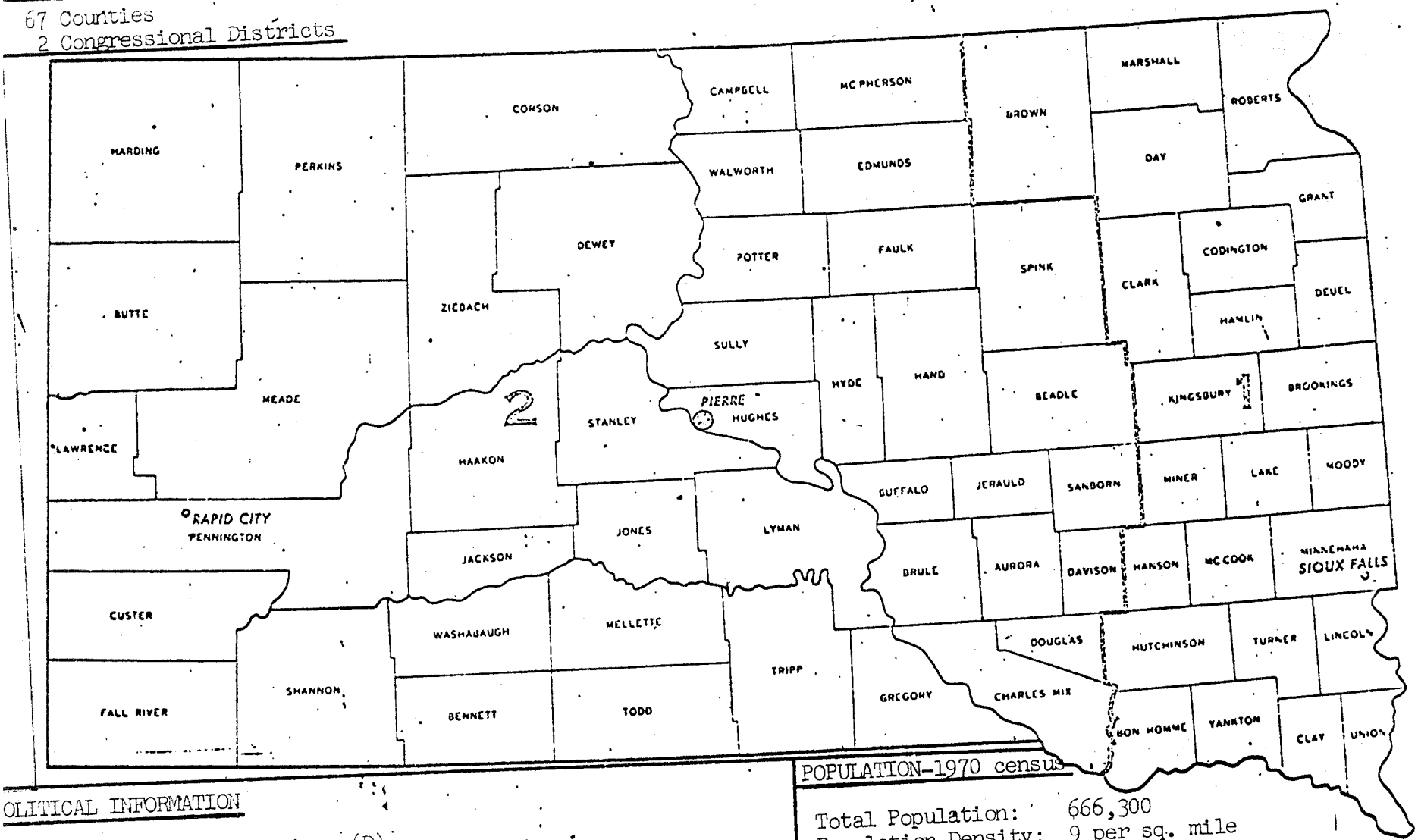
OR EVENTS WHICH OCCURRED IN THE REGION AFFECTING THE RMP SINCE ITS LAST REVIEW
IN April 197 1 :

1. As of 9-1-71 the RMP recruited a full-time Director, Dr. John A. Lowe.
2. The Dean of the Medical School has been removed from his position.
3. A decision regarding the establishment of a 4-year medical school has been put off till the next session of the legislature.
4. The State legislature has funded a project entitled "Minimum Uniform Health Services" (MUHS) which will make it possible for persons to have access to the health care syste in a 4-county area where there are no doctors, nurses, dentists or hospitals. ($186,00

(2 Districts)

GEOGRAPHY

67 Counties
2 Congressional Districts



POLITICAL INFORMATION

Governor: Richard F. Kneip (D)
Senators: George S. McGovern (D)
Karl E. Mundt (R)*

Representatives by Congressional District (92nd Congress)-January 1971.
1. Frank E. Denholm (D)
2. James G. Abourezk (D)

Select Committee on Nutrition

POPULATION-1970 census

Total Population:	666,300
Population Density:	9 per sq. mile
% Urban:	45
% Non-white:	5 (approx. 35,000-mainly Indian)

PROFILE

REGION South Dakota
REVIEW CYCLE June 197 2

ACILITIES AND RESOURCES -- SCHOOLS

chools	Number	Enrollment (1969/70)	Graduates (1969/70)	Location
edicine and Osteopathy State Univ. of S. Dakota School of Medicine - 2 yr. Basic Med. Science	—	95	--	Vermillion
ental --	—	—	—	—
harmacy (1967/68) S.D. State Univ. College of Pharmacy	(1)	171	49	Brookings
ursing Schools Professional Nursing Practical Nursing	9 (5 of which are college or Univ. Based) 5 (Technical-Vocational Schools)			
unior & Community Colleges No University-based School	1 Jr. College			
llied Health Schools (approved programs) Cytotechnology Inhalation Therapy Medical Technology Radiologic Technology Physical Therapy ical Record Librarian	0 2 6 7 0 0			

ACILITIES AND RESOURCES -- HOSPITALS

on Federal Short and Long-term General Hospitals, 1969

ype	Number	Number of Beds
hort term	54	3,572
ong term	1	76
A General Hospitals	2	560
HS Indian	5	194

Nursing & Personal Care Homes, 1967

Type	Number	Number of Beds
Skilled Nursing Homes	134	3,558
Personal Care Homes with Nursing Care	40	1,704
Long-term Care Units	9	249

Number of Hospitals with Special Facilities

ype Facility	# of Facilities	Type Facility	# of Facilities
ntensive CCU	14	Radium Therapy	6
obalt Therapy	--	Renal Dialysis (in-pt.)	3
sotope Facility	5	Rehab-in patient	7

ACILITIES AND RESOURCES -- MANPOWER

rofession	Number	% Total	Per 100,000
hysician - active	485		
general practice		40	
medical specialties		13	
gical specialties		25	
er			
hysician - inactive	(31)		
steopath	31		
otal active MD & DO	516		77

Profession	Number	Per 100,000
Professional nurses active inactive	2,089 804	308
Lic. Pract. Nurses actively empl. in nursing not empl. in nursing	615 159	92

COMPONENT	CURRENT YR'S AWARD 01 OPER. YEAR	01 YEAR COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING (SARP) REV. COM.
CORE	259,500		320,000	
Sub-Contracts	NA		30,000	
OPER. ACTIV.	120,000		104,662	
DEVEL. COMP.	NA		NA	→ Yes ( ) or No (XX
EARMARKS:				
KIDNEY	NA		NA	
RMPS DIRECT	* 379,500	313,000	424,662	** 424,662
REQUESTED	786,237			
COUNCIL APPROVED LEVEL	379,500			
NON-RMPS and INCOME	NA			

REGION South Dakota

June 1972, REVIEW CYCLE

*. Region extended for 2 months at $63,250 for a total of $442,750.

**. In considering an increased NAC funding level for the 02 year, it should be noted that out-of-phase supplements in the areas of EMS and Community-based educational systems have been submitted.

BREAKOUT OF REQUEST
01 PROGRAM PERIOD

IDENTIFICATION OF COMPONENT	AMOUNT AWARDED	AWARDED DIRECT COSTS	AWARDED INDIRECT COSTS	TOTAL
Core	259,500	259,500	80,359	339,859
Coronary Care Training	120,000	120,000	12,339	132,339
TOTALS	379,500	379,500	92,698	472,198

FEBRUARY 28,1972

BREAKOUT OF REQUEST
02 PROGRAM PERIOD

REGION - S DAKOTA
RM 00067 06/72

RMPS-OSM-JTO

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CORE STAFF PLANNING	$320,000				$320,000	$105,523	$425,523
001A CORONARY CARE TRAINING U NIT USD	$45,844				$45,844	$13,054	$58,898
001B CORONARY CARE TRAINING U NIT ST JOHNS MCNAMARA	$28,950				$28,950	$4,871	$33,821
001C CORONARY CARE TRAINING U NIT SIOUX VALLEY	$29,868				$29,868	$3,024	$32,892
001 COMPONENT TOTAL	($104,662)				($104,662)	($20,949)	($125,611)
TOTAL	$424,662				$424,662	$126,472	$551,134

FEBRUARY 28,1972

BREAKOUT OF REQUEST
03 PROGRAM PERIOD

REGION - S DAKOTA
RM 00067 06/72

RMPS-OSM-JTOGR

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
00 CORE STAFF PLANNING	$376,000				$376,000		$626,000
1A CORONARY CARE TRAINING UNIT USD							$45,844
1B CORONARY CARE TRAINING UNIT ST JOHNS MCNAMARA							$28,950
1C CORONARY CARE TRAINING UNIT SIOUX VALLEY							$29,868
1 COMPONENT TOTAL							($104,662)
TOTAL	$376,000				$376,000		$800,662

REGION South Dakota
REVIEW CYCLE June 197 2

OUTSTANDING ACCOMPLISHMENTS BY RMP since April 197 1

1. The relationship between RMP and CHP has been clearly delineated.
2. The RAG plays a very active role in the development of the overall program.
3. A process-problem-oriented approach has been utilized for planning.
4. Goals, objectives and priorities have been clearly articulated.
5. A talented core staff has been assembled.
6. The core curriculum project funded by BHME to the State Department of Health has brought together representatives from all 60 manpower training programs in the State to determine similarities, gaps and duplications in health curricula now being offered in South Dakota.
7. The Medical School component of core staff was phased out.

PRINCIPAL PROBLEMS

1. SDRMP is requesting a 3rd year of support for the CCU Nurse Training project in line with the commitment made to the project sponsors when there existed a Nebraska/South Dakota RMP. Review Committee and Council when they acted to establish SDRMP felt that only a 1-year commitment should be made in order that the Region might determine if the project was germane to their goals, objectives and priorities. SDRMP feels that the project is both relevant and important and should be funded for only one more year; staff concurred.
2. There are no minority group representatives on core staff.
3. Goals, objectives and priorities are somewhat global.
4. The mechanism to be used by RAG to monitor the program is unclear.

ISSUES REQUIRING ATTENTION OF REVIEWERS

1. South Dakota became a free standing RMP separate from Nebraska on July 1, 1971, it was awarded planning status.
2. The review criteria that will be used to rate the 02 planning grant application are geared primarily to be used in rating an operational grant application; therefore, some adjustment in the system is warranted.
3. The question was raised as to whether or not a need exists to fund the CCU Nurse Training project for an additional year.
4. The staff reviewers agreed that the $313,000 dco for the 02-year was too low; all those attending the pre-SARP meeting recommended approval in the amount requested $424,662 dco

REGION South Dakota
REVIEW CYCLE June 197 2

STAFF DOCUMENT

A. PERFORMANCE

1. Goals, Objectives and Priorities (1)

a. goals, objectives and priorities have been determined
b. lack time-frame but represent areas of program emphasis for their three-year plan

---

2. Accomplishments and Implementation (2)

a. as a planning Region they have been underway six-months when application was submitted
b. have delineated staffing patterns and organizational structure
c. only one operational project underway - has more than met its objectives
d. staff felt Region accomplished a great deal in only a few months

---

3. Continued Support (3)

a. reduced funding requested for CCU project
b. plans made to continue it with local dollars once its initial three-year commitment terminates

---

4. Minority Interests (4)

a. minority interests are at parity in terms of minority interests on RAG
b. Emil Redfish, Indian leader, member of RAG, has been appointed to Governors cabinet to head up Indian affairs
c. should encourage Region to follow through on commitment to hire minority group representative for core staff

---

B. PROCESS

1. Coordinator (5)

a. excellent Coordinator
b. been on board since 9/1/71
c. has established himself as leader of the Program

---

2. Core Staff (6)

a. small but talented core staff
b. know the Region well
c. are very competent
d. need to establish senior level position for evaluation and planning purposes

---

3. Regional Advisory Group (7)

a. geographically, organizationally balanced
b. very actively involved in the Program
c. should be encouraged to establish a committee for monitoring and evaluation purposes

d. RAG Chairman being nominated for membership on National Review Committee
e. RAG serves both CHP and RMP - role of both agencies clearly articulated

4. Grantee Organization (8)

a. grantee is medical school
b. role to be trustee
c. does not have veto power over RAG
d. reviewers felt - does not provide enough services for funds received in the indirect costs category

5. Participation (9)

a. key health interests participating
b. program is not captured by any particular group

6. Local Planning (10)

a. RMP has field staff assigned in major areas to do local planning
b. no "b" agencies have been formally established
c. "a" agency not interested in establishing "b" agencies

7. Assessment of Needs and Resources (11)

a. RAG and core staff have systematically attempted to assess needs and resources
b. these were translated into priority areas
c. feasibility studies are and will be carried out in each of these areas

8. Management (12)

a. core staff activities well coordinated
b. Region needs to formalize its monitoring procedures
c. time-framed reports gathered from project sponsor and other recipients of core staff funds

9. Evaluation (13)

a. full-time Evaluation Director not hired
b. highly trained person on core staff provides this function, as well as establishing an EMS plan
c. Region still in planning - therefore little to evaluate
d. application indicates that evaluation to be built into each phase of the three-year plan
e. Region should be encouraged to move more rapidly in this area

PROGRAM PROPOSAL

1. Action Plan (14)

   a. Region still in planning stage
   b. have set priorities and objectives to be addressed in three-year plan
   c. these relate to National mission

---

2. Dissemination of Knowledge (15)

   a. only one operational project - CCU Nurse Training widely accepted - has done well in this area of dissemination of knowledge
   b. reviewers hoped that this would be a microcosm of what might happen regarding the dissemination of knowledge

---

3. Utilization Manpower and Facilities (16)

   a. most of the major medical care facilities represented on RAG
   b. too early to tell about utilization
   c. manpower high priority
   d. health manpower education systems viewed as common denominator to all other priorities
   e. out-of-phase supplements in this area will soon be received in Rockville

---

4. Improvement of Care (17)

   a. improvement of chronic care high program priority
   b. EMS number one priority
   c. out-of-phase EMS supplement to be submitted by April 15

---

5. Short-Term Payoff (18)

   a. reviewers felt too early to tell
   b. experience with CCU Nurse project indicates progress in this area

---

6. Regionalization (19)

   a. regionalization, conceptually speaking, used as a frame of reference for planning
   b. considerable interchange of resources and information takes place among various health related groups

---

7. Other Funding (20)

   a. concept of decremental funding is a part of Regions philosophy
   b. plans have been made to phase out support for CCU nurse training project
   c. reviewers felt this was a positive sign

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations and Development

DATE: April 17, 1972

FROM : Director, Regional Medical Programs Service

SUBJECT: Action on April 10-11, 1972
Staff Anniversary Review Panel
Recommendation Concerning South Dakota Regional Medical Program
Application RM00067 dated 2/14/72.

Accepted: _____ 4/24/72
Date

Rejected: _____ _____
Date

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 01 OPER. YEAR	02 YEAR COUNCIL RECOMMENDED LEVEL	02 YEAR REQUEST	RECOMMENDED FUNDING (SARP) REV. COM.
CORE	259,500		320,000	
Sub-Contracts	NA		30,000	
OPER. ACTIV.	120,000		104,662	
DEVEL. COMP.	NA		NA	Yes ( ) or No (XX)
EARMARKS:				
KIDNEY	NA		NA	
RMPS DIRECT	* 379,500	313,000	424,662	** 424,662
REQUESTED	786,237			
COUNCIL APPROVED LEVEL	379,500			
NON-RMPS and INCOME	NA			

REGION South Dakota

June **1972, REVIEW CYCLE**

*. Region extended for 2 months at $63,250 for a total of $442,750.

**. In considering an increased NAC funding level for the 02 year, it should be noted that out-of-phase supplements in the areas of EMS and Community-based educational systems have been submitted.

REGION South Dakota

REVIEW CYCLE June 197 2

RECOMMENDATIONS FROM

/X/ SARP / / Review Committee

/ / Site Visit / / Council

RECOMMENDATION: The Staff Anniversary Review Panel concurred with the staff reviewers that the second year planning grant application submitted from the South Dakota Regional Medical Program should be approved in the amount requested for direct costs, $424,662.

RATIONALE: The justification for recommending an increase in the funding level from $313,000 dco to the above mentioned figure was predicated upon the fact that the Coronary Care Unit Nurse Training Project has requested support for an additional year. An initial three year commitment was made to the project sponsors when it was under the purvue of the Nebraska-South Dakota Regional Medical Program. The present request in actuality represents the last year of that initial three year commitment. The panel also was aware of the fact that when the South Dakota Regional Medical Program was initially established, it would be given the prerogative of determining whether or not the Coronary Care Unit Nurse Training Project was consonant with its overall goals, objectives and priorities. Based upon the material presented in the application as well as the data appended to the briefing document, the reviewers agreed that the Coronary Care Unit Nurse Training Project was relevant to the overall goals of the Region and should receive an additional year of support.

CRITIQUE: In view of the fact that the RMPS review criteria were designed to rate a Regional Medical Program that has achieved operational status, the panel agreed not to rate the Region, as South Dakota is still in the planning phase of development. However, the panel did indicate that the Region's planning status should in no way deter it from being considered for out of phase supplements in the areas of Emergency Medical Services and Community Based Educational Systems; proposals in these two areas will be submitted on or before the appropriate deadlines.

In assessing the region, the reviewers were pleased with the progress that has been made to date. The panel felt the new director, Dr. John A. Lowe, hired affective September 1, 1971, has established himself as the leader of the program and is supported by a talented though small staff. It was the concensus of the reviewers that the goals, objectives and priorities that have been delineated are somewhat global and lack a time frame, but it was felt that they represent areas to be addressed in the triennial grant application to be submitted one year hence. From all the data that were available to the panel it seemed that the Regional Advisory Group was very much involved in the affairs of the program; therefore, the RAG was viewed as being a major strength of this Region. Also, the reviewers were pleased to learn that the relationship between RMP and CHP had been delineated and the two agencies seem to be working together in a positive fashion.

The reviewers did note that no one on program staff is assigned the responsibility for planning and evaluation perse. Therefore, it was felt that a senior level position in this area should be established. In this connection, the reviewers further suggested that the Region consider the feasibility of establishing an evaluation

committee to monitor not only projects; but also, the activities of program staff. A major area of concern to the reviewers was the fact that there are no minority group representatives on the program staff. While the application makes reference to ameliorating this situation, the panel felt strongly that the Region should be encouraged to actively recruit for such individuals.

The reviewers felt that at least two types of technical assistance should be provided the Region during the insuing year: 1) As the Region continues to implement its planning process, outside consultation should be provided to insure that: a) needs have been adequately assessed, b) the identified needs have been translated into time-framed, action-oriented goals, objectives and priorities, and c) the programs that are proposed include a viable strategy for evaluation which should be carried out at specifically planned intervals. 2) It was suggested that the central headquarters staff from both RMPS and CHP visit South Dakota to evaluate the unique relationship between the Regional Medical Program and the 314a comprehensive health planning agency, i.e., the RAG, which is comprised of 51% consumers is the advisory board to both agencies.

In addition, the panel agreed that it would be most helpful to Dr. Lowe if he were to be invited to take part in a site visit to a Regional Medical Program in the near future. The panel felt that this experience would greatly enhance Dr. Lowe's orientation to Regional Medical Programs.

TABLE OF CONTENTS

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM - ANNIVERSARY APPLICATION

RMPS

STAFF BRIEFING DOCUMENT

EGION Western Pennsylvania

OPERATIONS BRANCH /x/ Eastern /_/ South Centr'l /_/ Mid-Con /_/ Western

YPE APPLICATION

/_/ TRIENNIAL

/x/ 1st ANNIV YEAR

/_/ 2nd ANNIV YEAR

/_/ OTHER

N.A. LAST RATING

_____ 197____ DATE

/_/ SARP

/_/ REV. COM.

/_/ OTHER

BRANCH
Tel. No. 301-443-1810 Room 10-35

BRANCH CHIEF Frank Nash

BRANCH STAFF Norman Anderson

RO REP. Clyde Couchman

Last Mgt. Assm't Visit N.A. 197

Chairman --

AST S.V. March 10-11 197 1 ; Chairman Leonard Scherlis, M.D.

taff Visits, Last 12 mos. (Dates, Chairman's Name and Type of Visit)

Verification of Review Process Visit, September 28, 1971 (Roland Peterson)

ajor Events Which Occurred in the Region Affecting the RMP Since Its Last Review
n May 197 1 ;

1. The Development of an Experimental Health Care Delivery System in the Region with little relationship to other plans for the health care system.
2. HMO's of both prepaid group practices and Medical Foundation types have begun to develop with little relationship to Region-wide planning.
3. In 1970, House Bill 1311 was enacted. It established a program for the care and treatment of persons suffering from renal disease. The legislation calls for an appropriation of $1,000,000 for fiscal year 1971.
4. Dr. Carpenter, Coordinator of WPRMP is resigning June 30, 1972.
5. Harry K. Wilcox, elected Chairman of the Regional Advisory Committee.

Demography and Resources Data:

Geography and Demography:

Population--1970 Census
4,138,000: no real increase since 1960.
Race: no updated data from 1970 census available: 1960 census: State of Pa. non-white--7.5%. For 28 counties, non-white ranged from 0.1% to high of 8.3% in Allegheny County (Pittsburgh).

Resources and Facilities:

Medical School--University of Pittsburgh, School of Medicine
School of Allied Health Professions, University of Pittsburgh
Inhalation Therapy - Community College of Allegheny
Physical Therapy - Dept. of P.T., D.T. Watson School
Medical Technilogy, university affiliated

Schools of Nursing - 32 (16 in Pittsburgh, of which 4 are college or university affiliated).

Practical Nurse Training - 14 (3 in Pittsburgh and arrangement with public schools)

Accredited Schools: Cytotechnology (2 in Pittsburgh); Medical Technology--8 (4 in Pittsburgh; plus 1 at School of Allied Health Professions)

Certified Laboratory assistants - 7 (2 in Pittsburgh); Radiologic technicians-23 (6 in Pittsburgh); Medical Record librarian 1

Hospitals - Non-Federal* short-term and V.A. General

	Community Hospitals		V.A. Gen. Hospitals	
	#	Beds	#	Beds
Pittsburgh	20	6,919	1	945
Other	60	10,555	1	170
Total	80	17,474	2	1,115

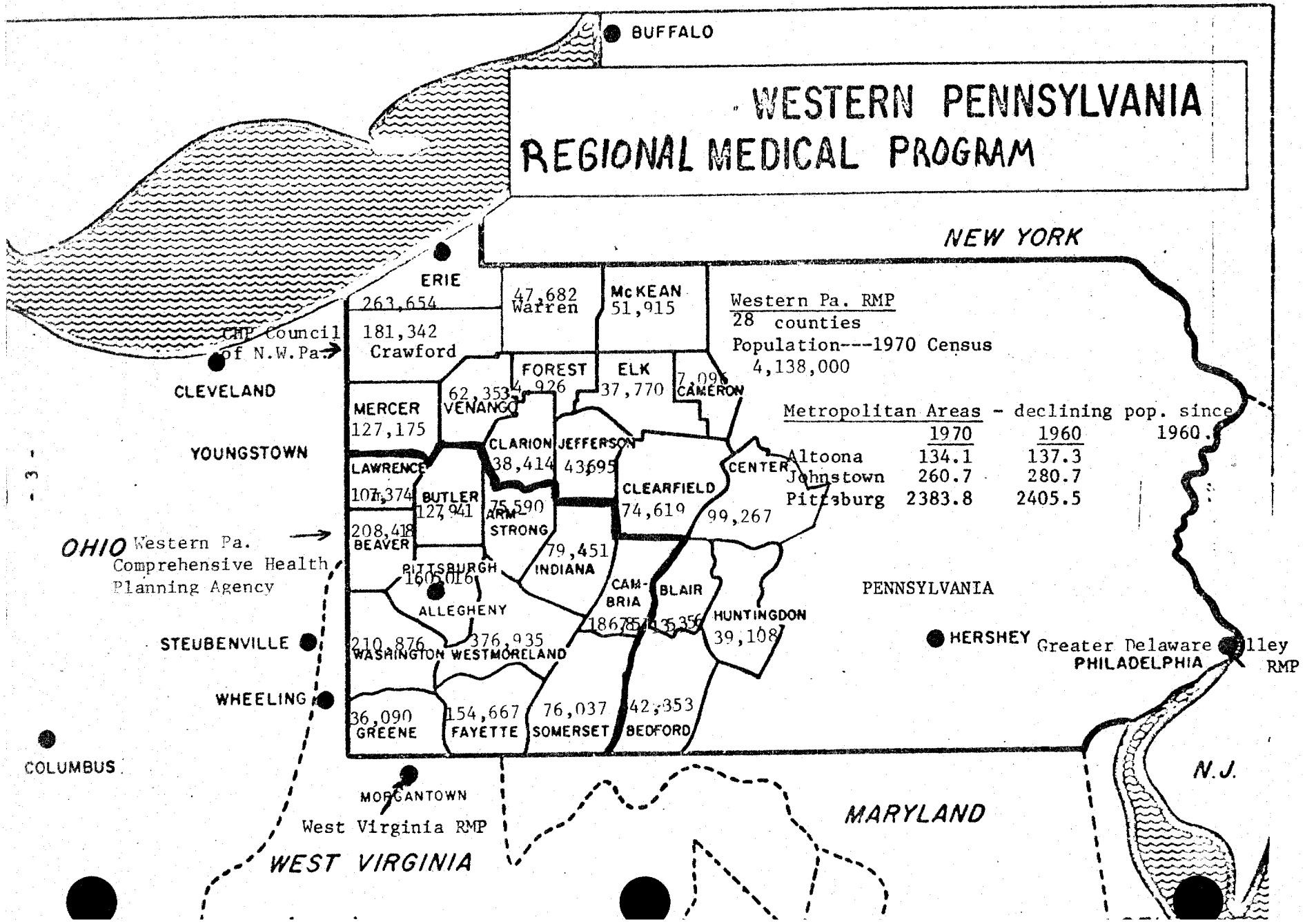
*These counts are subject to revision; they were determined on the basis of county location, from A.H.A. Guide Issue, 1970 Edition.

Manpower - Physicians and Osteopaths

	Practicing MDs	Osteopaths	Total
Active	4,593 (as of 12/31/67)	182	4775
Inactive	172	(not updated)	

Ratio: 115 per 100,000 population, compared with 132 for U.S.

Professional nurses (no data available by county)
1962: Total 27,569; active 16,574 ratio of 395/100,000 pop.


WESTERN PENNSYLVANIA
REGIONAL MEDICAL PROGRAM
BUFFALO
NEW YORK
ERIE
263,654
47,682
Warren
McKEAN
51,915
Western Pa. RMP
28 counties
Population---1970 Census
4,138,000
CHP Council
of N.W.Pa.
181,342
Crawford
CLEVELAND
FOREST
4,926
ELK
37,770
7,095
CAMERON
MERCER
127,175
62,353
VENANGO
YOUNGSTOWN
CLARION
38,414
JEFFERSON
43695
LAWRENCE
107,374
BUTLER
127,941
ARM-
STRONG
75,590
CLEARFIELD
74,619
CENTER
99,267
Metropolitan Areas - declining pop. since 1960.
1970
1960
Altoona 134.1 137.3
Johnstown 260.7 280.7
Pittsburg 2383.8 2405.5
OHIO
Western Pa.
Comprehensive Health
Planning Agency
208,418
BEAVER
79,451
INDIANA
PITTSBURGH
1605016
CAM-
BRIA
BLAIR
PENNSYLVANIA
ALLEGHENY
HUNTINGDON
39,108
STEUBENVILLE
210,876
WASHINGTON
376,935
WESTMORELAND
HERSHEY
Greater Delaware Valley
PHILADELPHIA
RMP
WHEELING
36,090
GREENE
154,667
FAYETTE
76,037
SOMERSET
42,353
BEDFORD
COLUMBUS
N.J.
MORGANTOWN
West Virginia RMP
MARYLAND
WEST VIRGINIA

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 03 OPER. YEAR	04 YEAR COUNCIL RECOMMENDED LEVEL	04 YEAR REQUEST 9/1/72-8/31/72	RECOMMENDED FUNDING ▱ SARP ▱ REV. COM.
CORE	$ 604,479		$ 887,900	
Sub-Contracts				
OPER. ACTIV.	378,359		388,169	
DEVEL. COMP.	13,500		99,633	Yes ( ) or No ( )
EARMARKS:				
KIDNEY				
RMPS DIRECT	996,338	$1,450,000	1,375,702	
REQUESTED	1,757,550			
COUNCIL APPROVED LEVEL	$1,450,000			
NON-RMPS and INCOME	?			

*7/1/71-6/30/72
2 mo. extension 7/1/71-8/31/72 - $166,056
extended (2 mo.)--new grant period 9/1/72-8/31/72

REGION Western Pennsylvania

June 1972, REVIEW CYCLE

MARCH 17,1972

BREAKOUT OF REQUEST
04 PROGRAM PERIOD

REGION - WESTERN PA
RM 00041 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	CURRENT DIRECT COSTS	CURRENT INDIRECT COSTS	TOTAL
C000 CORE	$569,800				$569,800	$208,369	$778,169
C001 CORE PROFESSIONAL TRAINING AND EDUCATION	$318,100				$318,100	$120,596	$438,696
C00 CORE TOTAL	($887,900)				($887,900)	($328,965)	($1,216,865)
D000 DEVELOPMENTAL COMPONENT	$99,633				$99,633		$99,633
008 LAUREL MOUNTAIN HOME HEALTH SERVICES PROJECT	$55,615				$55,615		$55,615
009 TRAINING OF CANCER CHEMOTHERAPISTS	$28,000				$28,000	$4,956	$32,956
011 A REG PROG FOR PATIENTS WITH SICKLE CELL ANEMIA		$63,000			$63,000	$20,703	$83,703
012 REG PROGRAM FOR PATIENTS WITH DIABETIES MELLITUS	$30,600				$30,600	$10,710	$41,310
013 BUCKTAIL AREA PULMONARY DISEASE PROGRAM	$26,190				$26,190	$4,069	$30,259
015 DEVELOPMENT OF A NURSE PRACTITIONER PROGRAM				$85,234	$85,234	$30,808	$116,042
016 REGIONALIZED PROGRAM IN RADIATION THERAPY				$49,530	$49,530	$8,638	$58,168
017A BEAVER COUNTY LIPID SCREENING PROJECT				$26,486	$26,486		$26,486
017B BEAVER COUNTY LIPID SCREENING PROJECT				$23,514	$23,514	$6,030	$29,544
D17 COMPONENT TOTAL				($50,000)	($50,000)	($6,030)	($56,030)
TOTAL	$1,127,938	$63,000		$184,764	$1,375,702	$414,879	$1,790,581

MARCH 17, 1972

BREAKOUT OF REQUEST
05 PROGRAM PERIOD

REGION - WESTERN PA
RM 00041 06/72

RMPS-OSM-JTOGR2

IDENTIFICATION OF COMPONENT	(5) CONT. WITHIN APPR. PERIOD OF SUPPORT	(2) CONT. BEYOND APPR. PERIOD OF SUPPORT	(4) APPR. NOT PREVIOUSLY FUNDED	(1) NEW, NOT PREVIOUSLY APPROVED	ADD'L YEAR DIRECT COSTS		TOTAL ALL YEARS DIRECT COSTS
COCO CORE	$605,000				$605,000		$1,174,800
CCCL CCFE PROFESSIONAL TRAINI							
NG AND EDUCATION	$365,000				$365,000		$603,100
CCC CCCE TOTAL	$970,000				$970,000		$1,857,900
DCCO DEVELOPMENTAL COMPONENT	$137,570				$137,570		$237,203
008 LAUREL MOUNTAIN HOME HEA							$55,615
LTH AIDE TRAINING PROJECT							
009 TRAINING OF CANCER CHEMO							$28,000
THERAPISTS							
011 A PEG PROG FOR PATIENTS		$60,000			$60,000		$123,000
WITH SICKLE CELL ANEMIA							
012 PEG PROGRAM FOR PATIENTS		$37,000			$37,000		$67,600
WITH DIABETES MELLITUS							
013 BUCKTAIL AREA PULMONARY		$25,000			$25,000		$51,190
DISEASE PROGRAM							
015 DEVELOPMENT OF A NURSE P				$89,500	$89,500		$174,734
RACTITIONER PROGRAM							
016 REGIONALIZED PROGRAM IN				$51,500	$51,500		$101,030
RADIATION THERAPY							
017A BEAVER COUNTY LIPID SCRE				$26,000	$26,000		$52,496
ENING PROJECT							
017B BEAVER COUNTY LIPID SCRE				$24,000	$24,000		$47,514
ENING PROJECT				$50,000	$50,000		$100,000
017 COMPONENT TOTAL							
TOTAL	$1,107,570	$122,000		$191,000	$1,420,570		$2,796,272

OUTSTANDING ACCOMPLISHMENTS BY RMP since May/June 1972

1. Subregionalization seems to be well-designed and functioning adequately. Local leadership appears to be enthusiastic and well qualified through subregionalization. Core staff has strengthened it's efforts to assist in project development.
2. Projects and studies are for the most part well coordinated with overall goals and priorities of the program.
3. The Region has begun to move beyond the categorical disease into the areas of primary care. Two new standing committees have been developed, "New Health Care Systems" and "Evaluation of the Health Care System."
4. The acceptance of standing orders for coronary care units and stroke patients by a large number of community hospitals.
5. The Developmental Component will be used largely to develop a system of primary care.
6. They are actively recruiting to fill the requested position of an assistant director for evaluation.

PRINCIPAL PROBLEMS

1. Although it was agreed at the time of the triennial site visit that the RAG would expand to include more consumer interests and provide more balanced geographical representation, not a great deal has been done in this area:

   a. Of the 8 new nembers, 6 are representative of medical interests, while only 2 are consumers, and only one of these represents a social welfare organization; total consumer representation is approximately 14%.

   b. Geographical balance has not been achieved. A full 70% of the RAG membership are from Pittsburgh.

   c. Minority group, female and allied health representation remain low, with percentages of 8, 12, and 2 respectively.

ISSUES REQUIRING ATTENTION OF REVIEWERS (Same as reported in Principal Problems)

   d. The RAG's Executive Committee breaks out as follows: (1) 2/3 are physicians; (2) 73% are from Pittsburgh; (3) no minorities; (4) no women; and (5) only one (of eleven total) consumer.

   e. The review of RMP applications by CHP "b" agencies seems to have been worked out. The executive director for the "b" agency has agreed to provide a programmatic review, and not a technical review, of RMP application.

David E. Reed, M.D. has been appointed the Acting Director of W. Pa. RMP effective March 15, 1972. Dr. Carpenter will be available on a consultant basis through June.

A. PERFORMANCE

1. Goals, Objectives and Priorities (1)
The goals and objectives are clearly stated and well aligned to the Regions operational approaches. Overall plan is to coordinate all resources of Health Care Providers through technical assistance to improve the delivery and quality of Health Services. Identify deficiencies and use RMP funds to bridge the gap to improve the Health Care System.

2. Accomplishments and Implementation (2)
1. The region has begun to move beyond the categorical diseases into the areas of primary care - 2. Evaluate the health care system through assessment of the problem - 3. Recruiting a full time evaluator.

3. Continued Support (3)
Four of the original six funded projects will largely be funded from private sources beginning July 72. Component elements of four projects will be partially supported through core regional service.

4. Minority Interests (4)
The program takes into account the medical need of the poor, which includes a wide variety of medical services, and attempts to make these services available in terms of social and physical distance, costs in money, and time in services, to all persons living in the Region.

B. PROCESS

1. Coordinator (5)
David Reed, M.D., Acting Director effective March 15, 1972. Dr. Reed has functioned as the unofficial deputy to Dr. Carpenter all along. Excellent leadership has been demonstrated.

A energetic core staff - very competent, esprit de corps.

2. Core Staff (6)
Approximately 19 full time professional positions. Core staff seems to be very competent and well movitated. Almost all have Masters Degrees working toward Ph.D.

3. Regional Advisory Group (7)
RAG seems to be the final authority in deciding policy, setting priorities, goals and objectives. Allied Health, consumer, female and minority representation should be increased. A better geographical distribution of representation should be attained.

4. Grantee Organization (8)
The site visitors felt the grantee seems to have delegated almost all the general responsibilities to the RMP to the extent that the grantee may be a paper corporation. Apparently the grantee had delegated to the RMP a free hand.

5. Participation (9)
W. Pa. RMP is provider-oriented and ask providers already working in the delivery system for voluntary efforts to change and increase the system, establish a well balanced program through coordinates of providers, medical societies, community hospitals, and other health planning agencies.

6. Local Planning (10)
RMP in conjunction with CHP have developed effective local planning groups. There is early involvement in the planning process review by CHP agencies of RMP projects have been worked out. Core staff serves as a liaison to the nine area Advisory Groups in their planning efforts.

7. Assessment of Needs and Resources (11)
1. Pre-study plans for project development
2. Develop projects on existing data from the Hospital Utilization Plan System
3. Manpower needs is a high priority.

8. Management (12)
Core staff provides considerable assistance in project development and staff surveillance for the (financial, management, and progress) of funded projects.

9. Evaluation (13)
Dr. Reed devoted a great deal of time upon evaluation. They are currently recruiting for a full time coordinator. They have an adequate review process, priority system, and provide feed back to unsuccessful applicants.

C. PROGRAM PROPOSAL

1. Action Plan (14)
W. Pa. RMP is in the process of updating its overall plan and reviewing its priorities. A greater emphasis will be directed toward primary care and evaluation of the Health Care System.

2. Dissemination of Knowledge (15)
1. The acceptance of standing orders for coronary care units—and stroke patients by a large number of community hospitals. Active participation of community hospitals in continuing education.

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3. Utilization Manpower and Facilities (16)

Nurse practitioner project is expected to increase allied health manpower which should benefit the entire region. Continue to concentrate health resources of community hospitals.

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4. Improvement of Care (17)
Efforts are being directed to develop a system of primary care. This will include development of nurse practitioner programs, and rural and urban primary care demonstrations.

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5. Short-Term Payoff (18)
Projects such as the coronary nursing training program is a example of short-term payoffs. Continuation of activity is self supporting through charging for services without appreciable change in participation.

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6. Regionalization (19)
W. Pa. RMP has established nine sub-regional advisory committees. Through these committees they involve all the health planning agencies and consumers in the total planning efforts to improve the health care system.

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7. Other Funding (20)
W. Pa. RMP has been somewhat successful in obtaining outside support to continue activity supported by RMP funds.

RE W WESTERN PA RMP SUPP YR 04 (PERCENT OF TO JNDS REQUESTED) REQUEST MAY/JUN 1972 REVIEW CYC

COMPONENT NUMBER	TITLE	TOTAL RMPS FUNDS REQUESTED	OTHER SOURCES OF SUPPORT	TOTAL SUPPORT ALL SOURCES	RMPS % OF TOTAL
C000	CORE	778,169	0	778,169	100
C001	CORE PROFESSIONAL TRAINING AND EDUCATION	438,696	13,750	452,446	97
D000	DEVELOPMENTAL COMPONENT	99,633	0	99,633	100
008	LAUREL MOUNTAIN HOME HEALTH AIDE TRAINING PROJECT	55,615	5,000	60,615	92
009	TRAINING OF CANCER CHEMOTHERAPISTS	32,956	0	32,956	100
011	A REG PROG FOR PATIENTS WITH SICKLE CELL ANEMIA	83,703	30,000	113,703	74
012	REG PROGRAM FOR PATIENTS WITH DIABETES MELLITUS	41,310	0	41,310	100
013	BUCKTAIL AREA PULMONARY DISEASE PROGRAM	30,259	24,000	54,259	56
017A	BEAVER COUNTY LIPID SCREENING PROJECT	26,486	0	26,486	100
017B	BEAVER COUNTY LIPID SCREENING PROJECT	29,544	0	29,544	100
015	DEVELOPMENT OF A NURSE PRACTITIONER PROGRAM	116,042	0	116,042	100
016	REGIONALIZED PROGRAM IN RADIATION THERAPY	58,168	0	58,168	100
TOTAL OF 12 COMPONENTS	REGION 41	1,790,581	72,750	1,863,331	96

COMPONENT NO.	PERSONAL SVC	PATIENT CARE	EQUIP.	CONST.	OTHER	TRAINING & FELLOWS.	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	DIRECT COST PREVIOUS YEAR AWARD	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR
NEW NOT PREVIOUSLY APPROVED												
015	67,659		3,000		14,575		85,234	30,808	116,042		89,500	
016	24,880		7,800		16,850		49,530	8,638	58,168		51,500	
017A	15,908		1,400		9,178		26,486		26,486		26,000	
017B	16,700				6,814		23,514	6,030	29,544		24,000	
NEW SUB-TOTAL												
	125,147		12,200		47,417		184,764	45,476	230,240		191,000	
CONTINUATION BEYOND APPROVED PERIOD OF SUPPORT												
011	45,600		1,900		15,500		63,000	20,703	83,703		60,000	
CONT. BEYOND SUB-TOTAL												
	45,600		1,900		15,500		63,000	20,703	83,703		60,000	
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT												
0000	457,605		4,500		107,695		569,800	208,369	778,169	612,500	605,000	
0001	251,479		3,500		63,130		318,100	120,596	438,696		365,000	
0000							99,633		99,633		137,570	
008	47,790		300		7,525		55,615		55,615	76,600		
009	5,490				22,510		28,000	4,956	32,956			
012	23,625				6,975		30,600	10,710	41,310		37,000	
013	8,690				17,500		26,190	4,069	30,259		25,000	
CONT. WITHIN SUB-TOTAL												
	794,670		8,300		225,335		1,127,938	348,700	1,476,638	689,100	1,169,570	
REQUEST TOTALS												
	965,417		22,400		288,252		1,375,702	414,879	1,790,581	689,100	1,420,570	

[redacted] 1972

REGION [redacted] W PENNA

REGIONAL MEDICAL PROG[redacted] SERVICE
SUMMARY BUDGET BY TYP[redacted] SUPPORT

RMPS-05M-1[redacted]

REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NO.	PERSONAL SVC	PATIENT CARE	EQUIP.	CONST.	OTHER	TRAINING & FELLOWS.	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	DIRECT COST PREVIOUS YEAR AWARD	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR
REGION TOTALS												
	965,417	22,400		288,252			1,375,702	414,879	1,790,581	689,100	1,420,570	

COMPONENT NO.	TITLE	COMPONENT YEAR
015	DEVELOPMENT OF A NURSE PRACTITIONER PROGRAM	01
016	REGIONALIZED PROGRAM IN RADIATION THERAPY	01
017A	BEAVER COUNTY LIPID SCREENING PROJECT	01
017B	BEAVER COUNTY LIPID SCREENING PROJECT	01
011	A REG PROG FOR PATIENTS WITH SICKLE CELL ANEMIA	02
C000	CORE	04
C001	CORE PROFESSIONAL TRAINING AND EDUCATION	04
D000	DEVELOPMENTAL COMPONENT	02
008	LAUREL MOUNTAIN HOME HEALTH AIDE TRAINING PROJECT	03
009	TRAINING OF CANCER CHEMOTHERAPISTS	03
012	REG PROGRAM FOR PATIENTS WITH DIABETES MELLITUS	02
013	BUCKTAIL AREA PULMONARY DISEASE PROGRAM	02
		******

REGIO W PENNA REQUEST FEBRUARY 1, 1972 DEADLINE

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
NEW NOT PREVIOUSLY APPROVED									
015	116,042								116,042
016	58,168								58,168
017A	26,486								26,486
017B	29,544								29,544
NEW SUB-TOTAL	230,240								230,240
CONTINUATION BEYOND APPROVED PERIOD OF SUPPORT									
011	83,703				30,000				113,703
CONT. BEYOND SUB-TOTAL	83,703				30,000				113,703
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT									
C000	778,169								778,169
C001	438,696		13,750						452,446
0000	99,633								99,633
008	55,615		5,000						60,615
009	32,956								32,956
012	41,310								41,310
013	30,259				24,000				54,259
CONT. WITHIN SUB-TOTAL	1,476,638		18,750		24,000				1,519,388
REGION TOTALS	1,790,581		18,750		54,000				1,863,331

MARCH 10,1972

REGIONAL MEDICAL PROGRAMS SERVICE
SUMMARY BUDGET BY TYPE OF SUPPORT

REQUEST MAY/JUNE 1972 REVIEW CYCLE
RMPS-OSM-JTOGRB

REGION 41 WESTERN PA. RMP SUPP YR 04
DESK EASTERN

COMPONENT NO.	COMPONENT TITLE	COMPONENT SUPPORT YEAR	RMPS DIRECT 1ST YR	INDIRECT 1ST YR	RMPS TOTAL 1ST YR	RMPS DIRECT 2ND YR	RMPS DIRECT 3RD YR	TOTAL DIRECT ALL 3 YRS
	NEW NOT PREVIOUSLY APPROVED							
015	DEVELOPMENT OF A NURSE PR ACTITIONER PROGRAM	01	85,234	30,808	116,042	89,500		174,734
016	REGIONALIZED PROGRAM IN R ADIATION THERAPY	01	49,530	8,638	58,168	51,500		101,030
017A	BEAVER COUNTY LIPID SCREE NING PROJECT	01	26,486		26,486	26,000		52,486
017B	BEAVER COUNTY LIPID SCREE NING PROJECT	01	23,514	6,030	29,544	24,000		47,514
	NEW SUB-TOTAL		184,764	45,476	230,240	191,000		375,764
	CONTINUATION BEYOND APPROVED PERIOD OF SUPPORT							
011	A REG PROG FOR PATIENTS W ITH SICKLE CELL ANEMIA	02	63,000	20,703	83,703	60,000		123,000
	CONT. BEYOND SUB-TOTAL		63,000	20,703	83,703	60,000		123,000
	CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT							
C000	CORE	04	569,800	208,369	778,169	605,000		1,174,800
C001	CORE PROFESSIONAL TRAININ G AND EDUCATION	04	318,100	120,596	438,696	365,000		683,100
D000	DEVELOPMENTAL COMPONENT	02	99,633		99,633	137,570		237,203
008	LAUREL MOUNTAIN HOME HEAL TH AIDE TRAINING PROJECT	03	55,615		55,615			55,615
009	TRAINING OF CANCER CHEMOT HERAPISTS	03	28,000	4,956	32,956			28,000
012	REG PROGRAM FOR PATIENTS WITH DIABETES MELLITUS	02	30,600	10,710	41,310	37,000*		67,600
013	BUCKTAIL AREA PULMONARY D ISEASE PROGRAM	02	26,193	4,069	30,259	25,000*		51,193
	CONT. WITHIN SUB-TOTAL		1,127,938	348,700	1,476,638	1,169,570		2,297,508
	REGION TOTALS		1,375,702	414,879	1,790,581	1,420,570		2,796,272

RCH 10,1972

REGIONAL MEDICAL (4S SERVICE
LISTING OF ADD. NAL FUNDS

REGION 41 WESTERN PA RMP SUPP YR 04

REQUEST MAY/JUNE 1972 REVIEW CYCLE

COMPONENT NUMBER	RMPS TOTAL	GRANT RELATED INCOME INTEREST	GRANT RELATED INCOME OTHER	STATE FUNDS	LOCAL FUNDS	OTHER FEDERAL FUNDS	OTHER NON-FEDERAL FUNDS	TOTAL DIRECT ASSISTANCE	TOTAL FUNDS THIS PERIOD
NEW NOT PREVIOUSLY APPROVED									
015	116,042								116,042
016	58,168								58,168
017A	26,486								26,486
017B	29,544								29,544
NEW SUB-TOTAL	230,240								230,240
CONTINUATION BEYOND APPROVED PERIOD OF SUPPORT									
011	83,703				30,000				113,703
CONT. BEYOND SUB-TOTAL	83,703				30,000				113,703
CONTINUATION WITHIN APPROVED PERIOD OF SUPPORT									
C000	773,169								778,169
C001	439,696		13,750						452,446
D000	99,633								99,633
008	55,615		5,000						60,615
009	32,956								32,956
012	41,310								41,310
013	30,259				24,000				54,259
CONT. WITHIN SUB-TOTAL	1,476,638		18,750		24,000				1,519,388
REGION TOTALS	1,790,581		18,750		54,000				1,863,331

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

TO : Acting Director
Division of Operations & Development, RMPS

DATE: APR 20 1972

FROM : Director, Regional Medical Programs Service

SUBJECT: Action on April 10-11 Staff Anniversary Review Panel Recommendation Concerning the Western Pennsylvania Regional Medical Program Application RM 00046 6/72.

Accepted ✓ 4/19/72
(date)

Rejected _____ _____
(date)

Modifications:

Region Western Pennsylvania
Review Cycle June 1972
Type of Application: Anniversary
Within a Triennium

Recommendations From

Rating - 330

☒ SARP

☐ Review Committee

☐ Site Visit

☐ Council

The Staff Anniversary Review Panel accepted staff's recommendation that WPRMP be approved at the requested amount of $1,375,702.

This is a well organized application designed to coordinate all resources of Health Care to improve the delivery and quality of Health Services. The Region has begun to move beyond the categorical diseases into the areas of primary care. Two new standing committees have been developed, "New Health Care Systems" and "Education of the Health Care System." They are actively recruiting to obtain the services of a full-time evaluator. His immediate task will be in the development of a system to evaluate primary care.

They have been somewhat successful in obtaining other funding to continue project activity initiated by RMPS funds. Four of the original six funded projects will largely be funded from private sources beginning July '72. They are requesting continuation of five operational projects and the initiation of three new projects all consistent with the Region's stated priorities. Support for project #11--A Regional Program for Patients with Sickle Cell Anemia and Related Hemoglobinopathies is requested beyond the approved period of support. SARP recommends that advice be provided to the Region and make them aware that a sickle cell anemia program has been established within HSMHA and continued support should be directed to that program.

The Regional Advisory Group is physician dominated and a full 70% of the RAG membership are from Pittsburgh. Minority, female, and Allied Health representation remain low, with a percentage of 8, 12, and 2 respectively. SARP recommends that appropriate advice concerning the issues identified be provided to the Region.

Component and Financial Summary - Anniversary Application

COMPONENT	CURRENT YR'S AWARD 03 OPER. YEAR	04 YEAR COUNCIL RECOMMENDED LEVEL	04 YEAR REQUEST 9-1-72/8-31-72	RECOMMENDED FUNDING SARP ~~REVISION~~
Program	$ 604,479		$ 887,900	
Sub-Contracts				
OPER. ACTIV.	378,359		388,169	
DEVEL. COMP.	13,500		99,633	Yes (X) or No ( )
EARMARKS:				
KIDNEY				
RMPS DIRECT	$ 996,338	$1,450,000	$1,375,702	$1,375,702
REQUESTED	1,757,550			
COUNCIL APPROVED LEVEL	1,450,000			
NON-RMPS and INCOME				

7/1/71-6/30/72
2 month extension 7/1/71-8/31/72 - $166,056
Extended (2 mo.)--New grant period 9/1/72-8/31/72

REGION Western Pennsylvania

June 1972, REVIEW CYCLE