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P R O F I L E

**NORTHLANDS REGIONAL MEDICAL PROGRAM
RM 00021**

GRANTEE: Northlands Regional Medical Program, Inc.

COORDINATOR: Winston R. Miller, M.D.

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Operations Officer**

Original Date: July 1969

Updated: _____

**NORTHLANDS REGIONAL MEDICAL PROGRAM, INC.
PROFILE**

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NORTHLANDS REGIONAL MEDICAL PROGRAM

I. GEOGRAPHY

The boundaries of the Region are those of the State of Minnesota, although earlier plans for the Region envisioned the possibility of involvement of parts of adjacent States, coinciding with the Ninth Federal Reserve System boundaries.

The initial grant, for planning, was made for two and one half years, to begin in January 1967. The Minnesota State Medical Association was the Grantee agency for the planning award and the Mayo Foundation was listed as the fiscal agent. Most activities during the first year of planning were the result of volunteer committees -- specific planning studies were developed by available resource persons. As a result of this approach to planning, in the second year continuation application the Region requested an expansion in the level of committed support to pay for planning studies as well as core staff which had been recruited.

The continuation award for the second year was for \$527,250, plus \$81,200 from unexpended funds. It permitted support of five studies:

1. Regionwide Intensive Coronary Care Program
2. Rural Health Care Study
3. Study of Postgraduate Education in Pediatric Cardiology
4. Proposal for Financial Support of Local Medical Doctors Being Trained for Home Dialysis
5. Study to Determine Feasibility for Collecting Data and Integrating Care of Pediatric Solid Tumor patients

To the April-May 1968 Review Cycle, the Region presented a Supplementary Planning Grant Application requesting support for four additional studies. One, the St. Paul Heart, Cancer and Stroke Project, was recommended for funding by the Review Committee, which requested clarification of the relation between the existing planning group (this was originally a PHS-CHS grant) and Northlands. The other three proposals were not recommended for funding.

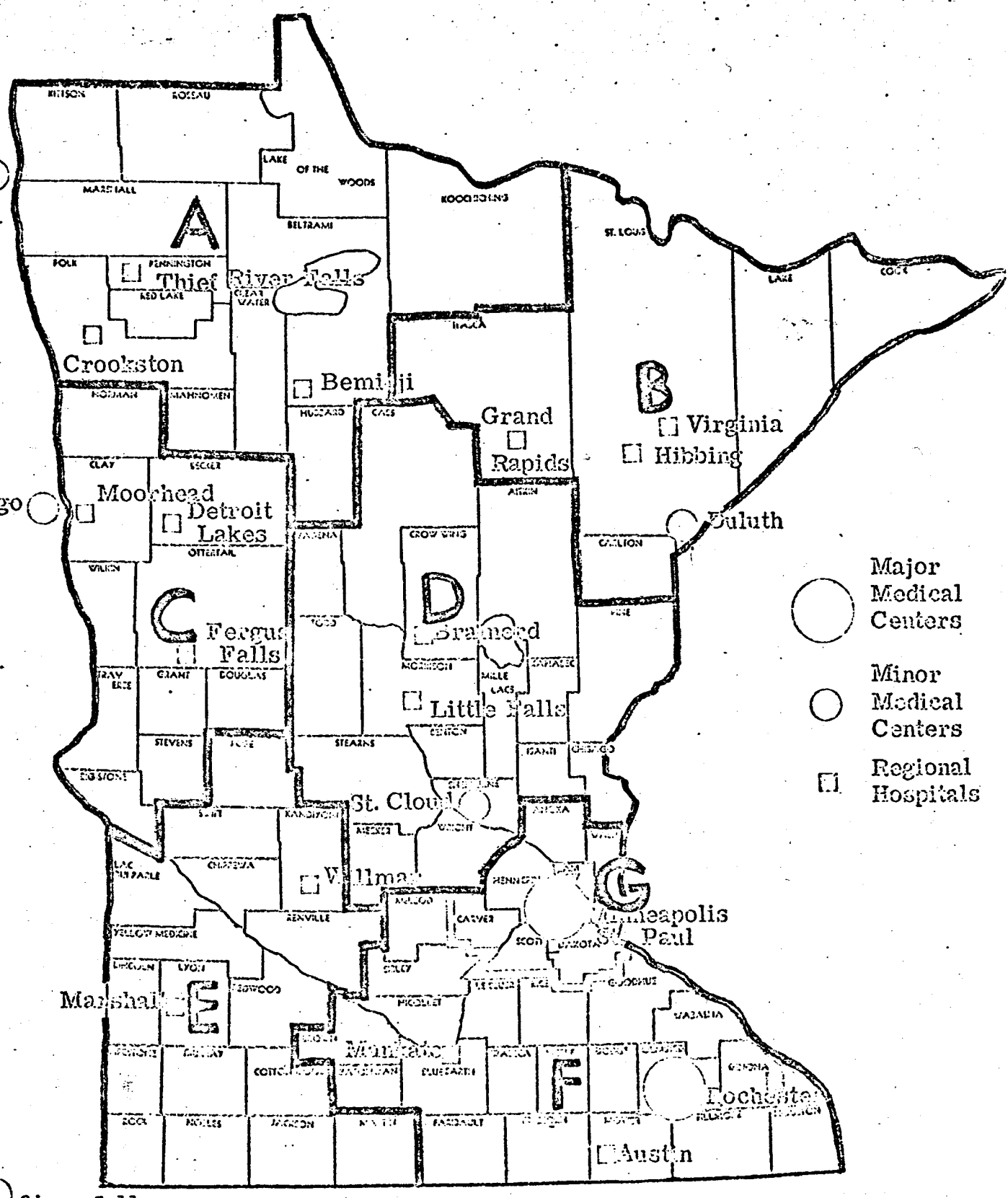
To the January-February 1969 Review Cycle the Region submitted its initial operational grant application, consisting of a request for the funding of eleven projects, six of which were recommended for funding. The other five were not considered appropriate for funding (detail follows in section relating to projects and their history). Prior to this Review Cycle a Site Visit had been made to the Region (December 16-17, 1968), for details of which see Regional Chronology.

In April 1969 the Region submitted clarification of its organizational structure, one which is delineated in the sections which follow.

NORTHLANDS REGIONAL MEDICAL PROGRAM: PLANNING AREAS WITH REGIONAL HOSPITALS

Grand
Forks

Fargo



○ Major
Medical
Centers

○ Minor
Medical
Centers

□ Regional
Hospitals

Sioux Falls

II. DEMOGRAPHY

Land Area: State of Minnesota - 80,009 square miles

<u>Population:</u> (in thousands)	<u>1960</u>	<u>1965</u>
<u>Total</u>	<u>3,414</u>	<u>3,554</u>

Counties: 87

Density: 42.7 per square mile

<u>Metropolitan Areas:</u> (1960)	1,865
(in thousands)	

Duluth - Superior, Minn.-Wis.	277
Fargo - Moorhead, N. Dak.-Minn.	106
Minneapolis - St. Paul, Minn.	<u>1,482</u>

Percent Urban: 62%

<u>Age of Population:</u> (1960)	<u>U.S.</u>	<u>Minnesota</u>
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Median Age	29.5	28.6
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Minnesota

Number
in Thousands

Percent

Under 15	1,122	33
15-24	446	13
25-44	816	24
45-64	676	20
65 and over	<u>354</u>	<u>10</u>

Total	<u>3,414</u>	100
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Race:

Number
in Thousands

Percent

Total	<u>3,414</u>	<u>100.0</u>
White	3,372	98.8
Negro	22	1.2
Other	20	

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DEMOGRAPHY (Continued)

Vital Statistics: (1964)

Death Rates per 100,000	<u>U.S.</u>	<u>Minnesota</u>
All Diseases	940	940
Diseases of the Heart	366	355
Malignant Neoplasms	151	156
Vascular Lesions, CHS	104	126
General Arteriosclerosis	19	23
Diabetes Mellitus	17	15
Other Diseases of Cir. System	14	15

Facilities:Medical Schools:

University of Minnesota Medical School	Enrollment	590
Mayo Graduate School of Medicine (Univ. of Minn.) Rochester, Minn.	"	673

Schools of Nursing:

27 - 10 are college or university based

Schools of Medical Technology:

13 - 1 at University of Minnesota hospitals

Other Types of Paramedical Training:

Cytotechnology:	1	-	Rochester, Mayo Clinic
X ray Technology:	37	-	6 give college credits; 2 degree granting
Physical Therapy:	2	-	1 University of Minnesota; other at Mayo Clinic
Med. Record Librarians	1	-	Duluth, College of St. Scholastica

Hospitals

<u>Hospitals</u>	<u>Total</u>	<u>Long Term</u>	<u>Short Term</u>
Total	202		
Federal	6	(including 1 V.A. Hospital)	
Non-Federal	196	21*	179

*7 are long term and other special

Beds

Total	34,969		
Federal	2,475	(V.A. gen. 1,014 beds)	
Non-Federal	32,494	2,964*	19,656

* Long term general and other special

DEMOGRAPHY (Continued)

Physicians and Nurses

Physicians and Osteopaths (1967)	<u>Number</u>	<u>per 100,000</u>
Total	<u>5,148</u>	<u>147.4</u>
Physicians*	<u>5,073</u>	<u>145.3</u>
Osteopaths	75	2.1

*Physicians and Osteopaths** in private practice 3,303, ratio - 93 (1965 PHS data).

**NRMP in special survey report dated Dec. 1968, stated there are about 42 Osteopaths in the State with one on RAG.

<u>Nurses</u> (1962)	<u>Number</u>	<u>per 100,000</u>
Total	17,361	497.4
Active	13,346	382.4

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III. GOVERNMENTAL CONSIDERATIONS:

- A. The State of Minnesota, whose boundaries comprise those of Northlands Regional Medical Program, is made up of eighty-seven counties and eight Congressional Districts. The Governor of the State, elected to serve to January 1971, is Republican, the Honorable Harold LeVander.

To the 91st Congress, Minnesota elected to send the following:

B. Senators:

Honorable Eugene J. McCarthy, D. (1959-1971) St. Paul; Social Scientist; Finance; Foreign Relations; Select Committee on Standards and Conduct.

Honorable Walter F. Mondale, D. (1964-1973) Minneapolis; Lawyer; Aeronautical and Space Sciences; Agriculture and Forestry; Banking and Currency; Special Committee on Aging.

C. Representatives: (All returned to office in 1968 elections)

1. Honorable Albert H. Quie, R. (1958-1971) Dennison; Farmer; Education and Labor; House Administration.
2. Honorable Ancher Nelsen, R. (1959-1971) Hutchison; Farmer; District of Columbia; Interstate and Foreign Commerce.
3. Honorable Clark MacGregor, R. (1961-1971) Plymouth; Trial Lawyer; Judiciary
4. Honorable Joseph E. Karth, D. (1959-1971) St. Paul; Minn. M. & M. Co.; Merchant Marine and Fisheries; Science and Astronautics.
5. Honorable Donald M. Fraser, D. (1963-1971) Minneapolis, Attorney and Former State Senator; District of Columbia; Foreign Affairs.
6. Honorable John M. Zwach, R. (1967-1971) Walnut Grove; State Representative and Senator; Agriculture; District of Columbia.
7. Honorable Odin Langen, R. (1959-1971) Kennedy; Farmer; Appropriations, Chairman, House Minority Task Force on Agriculture.
8. Honorable John A. Blatnik, D. (1947-1971) Chisholm; Teaching and School Administration; Government Operations; Public Works.

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D. Congressional Inquiries

<u>Date</u>	<u>From</u>	<u>Action</u>
4/21/65	Congressman John Blatnik	Inquiry of NRMP
11/6/65	Senator Walter F. Mondale	Re: Information on the applicability of RMP to Minnesota
1/6/66	Senator Mondale (Memo)	Referred to Mr. Cohen, for consideration for grant
1/26/66	Wilbur J. Cohen's letter to Senator Mondale	Explanation of DRMP to Mondale's inquiry
5/16/67	Phone call from Mr. Tonat (Office of Rep. Karth)	Interested in progress of construction activities of RMP
1/31/68	Senator Mondale to Dr. Shannon	Study of Memorial Hospital, Duluth, re: health facility planning project and requesting comments
12/16/68	Reply from Dr. Olson to inquiry from Congressman MacGregor	Inquiry on operations of NRMP
1/27/69	Letter from Dr. Olson to Rep. Nelson	Inquiry answered about current availability of RMP funds
2/6/69	Phone call from Mr. Segermark (Office of Rep. Nelsen)	Inquiry on when NRMP would receive operational award
2/12/69	Letter from Dr. Chadwick to Rep. Odin Langen	Information concerning temporary "freeze" of RMP funds
2/12/69	Letter from Dr. Chadwick to Rep. Donald M. Fraser	Reply to letter of 1/28/69 in which they urge approval of operations grant request in NRMP
2/12/69	Letter from Dr. Chadwick to Sen. Walter Mondale	Information concerning temporary "freeze" of RMP funds
2/14/69	Call from Rep. MacGregor	Inquiry about a reduced funding for the NRMP application
2/24/69	Letter from Dr. Olson to Rep. Ancher Nelsen	Inquiry concerning current status of initial operations grant request of RMP

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<u>Date</u>	<u>From</u>	<u>Action</u>
2/26/69	Letter to Senator McCarthy from Dr. Olson	Reference to letter of 2/18/69 in which Senator McCarthy requests every appropriate consideration
5/20/69	Letter from Dr. Olson to Congressman Nelsen	Reply to letter of inquiry of 5/8/69
6/9/69	Call from Eric Nathanson in Representative Fraser's office	Requested brochures explaining RMP
6/11/69	Letter from Dr. Olson to Representative Nelsen	Concerning the RMP and Comprehensive Health Planning questions

HISTORICAL REVIEW

- Oct. 6, 1965 - President signs PL 89-239
- Jul. 1, 1965 - Dr. Robert B. Howard, Dean, University of Minnesota College of Medical Sciences, Minneapolis, called at NIH Director's office to discuss proposed program of medical complexes, as related to the "Minnesota State Plan for Hospitals, Public Health Centers and Related Medical Facilities."
- Dec. 23, 1965 - In a letter to the Surgeon General, Dr. J. Minott Stickney (as President of the Minnesota State Medical Association and Chairman of the Committee to Implement PL 89-239 in Minnesota) advised that the Minnesota State Medical Association had been requested by officers of the

Minnesota Department of Health,
University of Minnesota College of
Medical Sciences
Mayo Clinic and Foundation
Minnesota Hospital Association

to serve as the organization to coordinate the planning for implementation of PL 89-239 in the State of Minnesota.

A committee of representatives from each of the above organizations formed to proceed with this planning. Invitations to additional representatives for this Committee were extended to

Minnesota Heart Association
Minnesota Chapter, American Cancer Society
American Rehabilitation Foundation

and to those medical associations of States in the region which do not plan to establish similar groups within their own states. This planning committee was to then begin the selection of a regional advisory group and prepare a planning grant application.

- May 17, 1966 - Initial Planning Grant Application received in DRMP; it received review by a Special ad hoc Review Group in early June and Council review toward the end of the month. The consensus was that the application could not be recommended for approval; major revision seemed indicated, with staff communication and a project site visit (by DRMP staff). It was a deferral action.

Jul. 11, 1966 - Because of an airlines strike, Council's recommendations and deferral for more information was by telephone conference between:

<u>DRMP</u>	<u>NRMP</u>
Drs. Marston	Dr. Stickney
Sloan	(Minnesota Medical Association Fdn.)
Brewer	Dr. Frantz
Hazen	(University of Minnesota)
Mr. Coffin	Dr. Whisnant
	(Mayo Clinic)

Areas or topics discussed:

1. Further efforts to delineate the region
2. Broadening advisory group
3. Compensation of participants from institutions as personnel rather than consultants
4. TRW Systems Analysis be eliminated or limited in approach (\$200,000).
5. Budget needs phasing
6. Legal status of applicant organization
Minnesota Medical Association Foundation
7. Institutional salary schedules apply to personnel budget
8. Clarify relationship between Program Coordinator, Program Director and Advisory Group
9. Budget items need justification
10. Evidence that individuals from University of Minnesota and Mayo Clinic will indeed participate as listed
11. Information about existing health resources for diagnosis and treatment of heart disease, cancer and stroke
12. Make explicit effort to involve community and rural hospitals, health institutions and organizations, working together.

Sep. 27, 1966 - Revised application received in DRMP; it was considered by Review Committee on 10/17-18/66 and recommended for deferral for project site visit to clarify many many points; it considered this application as an improvement over the original.

Nov. 14, 1966 - Combined Council and Review Committee Project Site Visit was made by following:

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Council - Dr. Hogness and Mr. Cumming
Committee - Drs. Kenney, Popma and Rogers
DRMP Staff - Mr. Whaley and Dr. Hazen

The visitors recommended approval with some concerns stated specifically.

Council concurred in its meeting on November 27-29, 1966

Jan. 1, 1967 - Initial Planning Grant Awarded

<u>Year</u>	<u>Direct Costs Only</u>	<u>Period</u>
01	\$344,998	1/1/67 - 12/31/67
02	469,080	
03	234,700	

A negotiation meeting was held on January 17, 1967, at the Washington Hilton Hotel, involving fiscal and program representatives. Mayo Foundation to act as fiscal agent until a new corporation could be formed (probably within six months).

Apr. 20, 1967 - Drs. O'Bryan, Dyson, Husted and Mr. Anderson made a "progress visit" to NRMP.

Aug. 28, 1967 - Dr. Winston R. Miller appointed full time Program Director, "primarily responsible for the planning, coordination and administration of the Regional Program and its relationship to other regional programs." Assumes duties in November.

Dec. 15, 1967 - Site visit to NRMP by Dr. O'Bryan and Mr. Anderson prior to review of renewal planning grant application (02 year) by DRMP staff on 12/21/67.

Dec. 21, 1967 - Staff recommended \$549,643 in direct costs for 02 planning renewal; this allowed use of carryover funds and was more than committed amount, so authorization was sought from February 1968 Council. Council concurred and above amount awarded for period 1/1/68 - 12/31/68.

Feb. 12-13, 1968 - Dr. Miller and Mr. Wilkins visited DRMP, because their Executive Committee and RAG were much disturbed about the disallowance of carryover funds from 1967 year for funding essential elements of NRMP accomplished during its first year. They were aware of the budget presentation

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for their program to be considered by Council on February 26-27. They reminded the DRMP officers that NRMP is in the process of "self-renewal" organizational revision, including separate incorporation, formulation of complete by-laws, and revision of the RAG.

- Feb. 26, 1968 - NRMP Executive Committee set the goal of June 1 for submission of an operational grant request.
- Feb. 28, 1968 - NRMP submitted to DRMP a supplemental planning grant request for four studies:
1. Telephonic Transmission and Computer Analysis of Multi-channel Electrocardiograms
 2. Coronary Artery Disease Proposal
 3. Changing Food Habits and Serum Cholesterol Levels
 4. St. Paul Heart, Stroke, Cancer Project
- Apr. 18-19, 1968- Review Committee found this planning supplement to be four distinct projects (the first three appear to be more clearly operational projects), and not presented as plan. This application seems to be a deviation from the real purpose of the planning grant which was to develop the base for a regional medical program. It recommended the St. Paul Heart, Stroke and Cancer Project pending clarification of the relationship of the existing planning group and NRMP.
- Jun. 18, 1968 - Council concurred with the Review Committee's recommendation on the supplemental planning request and an award for \$27,849 d.c.o. was made for the St. Paul project.
- Aug. 1, 1968 - Operational grant application received in DRMP; it consisted of eleven projects, including core support, and requested about \$2.5 million d.c.o. It is pending final recommendation by February 1969 Council.
- Aug. 7, 1968 - Mr. Kinser and Mr. Koontz visit NRMP for planning study.
- Oct. 16, 1968 - Telephone conversation - Dr. Clark Millikan and Mrs. Martha Phillips, (Chief, Grants Review Branch) about status of NRMP.
- Oct. 21, 1968 - Associate Director visits DRMP about delayed review and continuity of program funding after December 31, 1968.

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Nov. 27, 1968 - Associate Director requests extension of NRMP-02 planning year two additional months to February 28, 1959, without additional funds.

Request granted by letter of 12/16/68.

Dec. 11, 1968 - Mr. G. W. Lewis and Miss Joyce Finnegan visit NRMP for financial accounting of new nonprofit organization.

Dec. 16-17, 1968- Project site visit to NRMP to review Operational Grant Application; visitors were Dr. J. Gordon Barrow, Chairman; Drs. Gersten, Paul, and Allen, consultants; Mrs. Phillips and Miss Dona Houseal as staff.

V. CORE STAFF

A. Core Staff address:

Northlands Regional Medical Program, Inc.
Fifth Floor - Farm Credit Banks Building
375 Jackson Street
St. Paul, Minnesota 55101

Phone - Area 612 224-4771

NRMP, Inc.

Regional Advisory Group

Board of Trustees

CENTRAL ADMINISTRATION
Coordination
Fiscal Management
Communications
Committee Support
Project Development
Categorical Disease Support

FUNDED OPERATIONAL PROJECTS
Project Directors

CORE COUNCIL
Program Director
Associate Directors:
Central, University
and Mayo

EDUCATIONAL PROGRAM DEVELOPMENT - (Univ.)
Associate Director, NRMP

SERVICE PROGRAM DEVELOPMENT - (Mayo)
Associate Director, NRMP

EVALUATION PROGRAM DEVELOPMENT - (Central)

COORDINATOR Nursing Coordinator
MED. SOCIOL. Secretary
OFFICE OF EDUC. Librarian
SECRETARY Secretary
Assoc. Dir., Mayo Continuing Educ.

Assoc. Dir. Allied Health Rehab. Coord. A.R.F.
Assoc. Dir. Med. Pract. Div. Secretary
Assoc. Dir. Comm. Health Div.
Assoc. Dir. Reg. Lab. Facility
Secretary

Director
Research Associate
Research Assistant
Secretary

FUNCTIONAL COMMITTEES OF NRMP
Health Manpower
Health Services Development
Education

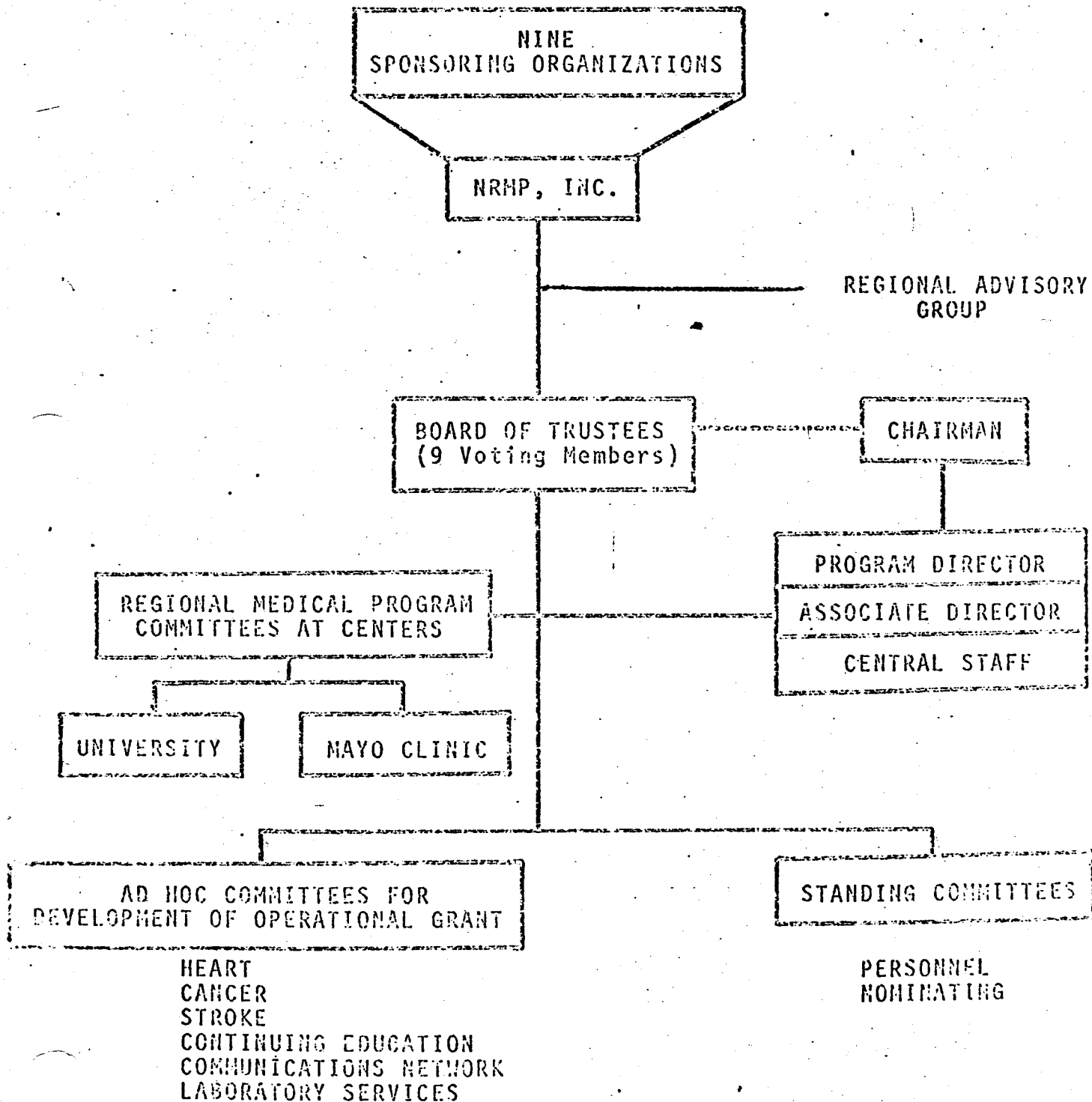
ALLIED HEALTH PROFESSIONALS
Nursing
Others

CATEGORICAL DISEASE INPUT
Voluntary Health Associations
Others



VI. ORGANIZATION

ORGANIZATION CHART
NORTHLANDS REGIONAL MEDICAL PROGRAM



NARRATION: ORGANIZATION AND OPERATION CHART

1. Central Administration is the executive arm of the Board of Trustees and the Regional Advisory Group. It manages the operational and planning program (core activities).
2. The Central Staff includes:
 - a. Personnel for overall administration (1) coordination, (2) fiscal management, (3) communications
 - b. Personnel to support NRMP personnel operating in the Center
 - (1) Educational Program Development (headed by an NRMP Associate Director at the University of Minnesota)
 - (2) Service Program Development (headed by an NRMP Associate Director at Mayo Institutions)
 - c. Personnel to develop programs in evaluation and data collection for the NRMP region.
3. The "Core Council" is a joint management mechanism to coordinate and manage the continued planning and development efforts of the Core components. It is comprised of the Program Director, plus NRMP Associate Directors at Central Office, University and Mayo institutions.
4. The NRMP Associate Directors at University and Mayo institutions are the primary administrative directors for RMP activities within the respective institutions. Additionally, they are members of the Core Council for joint management of Core activities.

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VII. OPERATIONAL PROJECTS HISTORY

1. Core Projects

Central Core:

Reviewers thought the core staff request generally reasonable. The exceptions included the assistant director of planning in 1969; medical directors for heart disease, cancer and stroke; the commercial artist and printer and the part-time directors of continuing education. Since it is unrealistic to expect to get quality people without university affiliation, the medical directors for the categorical diseases would be better utilized at the University. The regional coordinators would probably be better suited at the central level. Concomitant cuts were recommended in equipment and supplies.

Reviewers also felt that evaluation should be supervised by the central core staff, assisted by staff of the other institutions and outside consultants.

Continuing evaluation should be established to provide indication of the need for modifications in the projects as they progress. The need is recognized for expertise in operations research, computers or biostatistics on the core staff in order to strengthen the systems analysis portions of the various projects, but a job description for the biostatistician should be provided to insure his proper utilization. To keep the major institutions responsible to regional needs and interests, a strong core staff and central administration should be fostered.

University of Minnesota Core:

Perhaps earlier, the University group was "center-oriented", but have evolved into one more education-oriented.

The University's role is seen as more significant in the allied health sciences. Committee membership has been broadened to include allied health interests other than nursing. There appears a changing orientation of the Medical School from faculty "bench-type research" to more community contact. This institution apparently sees core staff as educators with a home base at the University and involved with the central office in a number of ways less than explicit. Again, the relationship of the core projects to the other continuing education projects and the need for three different "sets" of administration, including thirteen full-time people in the core alone is not easily answered.

In order to strengthen the leadership and planning capability, reviewers recommend that a full-time professional person be employed who would be located in the Office of the Associate Dean but responsible in planning to the Program Director of NRMP. This person would be responsible for providing

liaison between the University and central staff. The Program Director might have more planning responsibility. Reviewers objected to the use of funds in the "Other" category for services and consultation from the Audiovisual Education Service, the Department of Radio and Television and the graphic and illustration services on campus on the basis that this would allow the initiation of operational activities by the core staff without RAC approval.

Reviewers were concerned also, that the School of Public Health was not represented and recommended its involvement, as well as the Schools of Dentistry, Nursing and the Clinical Department of the Medical School.

In line with these concerns, it was recommended that personnel costs be reduced to \$50,000, an amount which would enable the staff to develop a proposal which would indicate the planning directions the University would take.

Mayo Core:

Mayo sees its primary contribution to RMP in continuing education and improving health services, and will stimulate and carry out projects along this line.

Reviewers questioned the relationship of the Mayo core staff to the Mayo Clinic and RMP core staff. The Mayo core staff would be responsible to the central Mayo RMP committee, which is an arm of the Board of Governors of the Clinic, and not to the RMP central core staff. In order to make this more responsive to the central staff, it is recommended that it be understood that in the area of planning, the Mayo personnel are responsible to the Director of RMP.

There were objections to the use of planning staff to initiate operational activities in the core portion without RAG approval. Because only three full-time associate directors were deemed sufficient, it was recommended that personnel costs and office equipment be reduced accordingly.

American Rehabilitation Foundation Core:

The Foundation's function in RMP is to get at the distribution problem in the organization of rehabilitation services, and in the general areas of continuing education and training of personnel who provide such services.

Reviewers questioned the necessity for the coordinator to have a separate office rather than be a member of the central core staff where more effective liaison might be maintained. There is also the danger that in establishing this separate core, a precedent may be established for other voluntary health agencies.

(1. Core Project discussed separately.)

2. Multidisciplinary Improvement in Medical Care of Myocardial Infarction in Minnesota

There was evidence of cooperative arrangements with hospital administrators, nurses and practicing physicians, and the Heart Association.

The budget was realistic with no large equipment requests. Stipends were for subsistence which would not be paid unless the trainee must leave home. The local hospitals would continue nurses' salaries. Besides training physicians and nurses and teaching the limitations of certain drugs, the project would engender enthusiasm among the hospital's ICCU team members.

A recommended reduction was in the personnel category for lag in recruitment.

3. Postgraduate Education in Pediatric Cardiology

The aims: (1) to improve the effect of teaching methods by utilizing patient demonstrations, case conferences, exhibits, and formal didactic lectures; (2) to improve cooperation in postgraduate education; and (3) to involve the physician in the community in pediatric cardiology.

This last had been the most difficult to accomplish. The eight Pediatric Cardiology Clinics, already given, reached in a limited way the generalist and internist in peripheral areas where there are no pediatricians.

The program is regional in character with evidence of planning and strengthened dialogue among the local doctors, nurses and welfare workers. The American Association of General Practice accepted the program for continuing education credit.

A suggestion was for a program director at not less than half time.

4. A Collaborative Basic Regional Information Network for Education and Clinical Evaluation Applied to Coronary Artery Disease

This project sought to develop a mathematical model of coronary artery disease to be used for clinical evaluation and comparison of a cardiac patient with a large number of other patients with the same diagnostic classification. The immediate value of this project might be to peripheral hospitals through the personal commitment and resources of the center, but the project appears weak and unimaginative. More

expert biostatistical consultation is recommended. This project is still in the research phase, far from providing any direct help in the care of cardiac patients.

Recommended: No funds for all years.

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5. Diabetes Regional Center

This would extend an existing center to two hospitals (Methodist in Minneapolis, and Miller in Saint Paul). The program, already begun with experienced personnel, would require minimal funds for expansion. It could be a prototype for education programs for patients with other chronic diseases.

There was concern over the proportion of RMP funds (as they represent the degree of commitment) to the total assets of the corporation.

Questioned was \$4,000 in the "Other" category for tuition (80 in-service directors and students). These costs are said to represent the course costs, not per diem living expenses.

There was concern that much of the personnel costs of the two hospitals were charged to the grant. Therefore, funds for the Directors of Medical and Nursing Education and the Directors of the School of Nursing should be deleted.

6. Northlands Regional Service-Oriented Cancer Registry

The purpose sought to assess the standard of care in order to improve it. This was a one-year request because the director felt he would have difficulty getting approval for five years from local committees which had expressed skepticism earlier about the "systems approach." The community hospitals were to pay for the medical records technician. Personal follow-up by the project director of patients who have moved was questioned as to whether it is a realistic one.

If ever resubmitted, the project should be rewritten as a three-year proposal with broader support and evidence of involvement beyond that of one man. Administration of the project by the central RMP office is inappropriate. It should be co-sponsored and perhaps located in the offices of some other service-oriented groups, such as the Minnesota Chapter of the Cancer Society or the State Board of Health. There was concern over the amount of money requested. It was recommended that the project director consider demonstrating the effectiveness of the registry for only a limited number of types of tumors or in only a few counties on a pilot basis.

Recommended: No funds for all years.

7. Improving Stroke Rehabilitation through a Regional Program of Continuing Education

Concern was noted about the elaborate budgeting, particularly the large amount of staff requested and the per-student cost. Such an intensive course for nurses and social workers was believed unnecessary; a

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shorter course with follow-up consultation for the participants might be preferable. Evaluation of the courses would be in order. The emphasis on rehabilitation, rather than on prevention and detection does not reflect priority setting, but rather that the resources in rehabilitation are more ready for the operational stage. The recommendation, therefore, was to reduce the personnel to \$50,000.

8. Pilot Program of Regional Postgraduate Medical Education

There were questions raised about staffing. Because there has never really been any coordination of the postgraduate continuing education at Mayo, support for a full-time director was requested joint with RMP-Mayo support. Some reviewers felt that this project could be coordinated out of Mayo core staff.

The alternative of sending Mayo representatives to the periphery may warrant an attempt after the pilot phase.

Apparently physicians were interested. This was the subject of a questionnaire. Use of teaching cubicles was commended. The project needed better evaluation and followup from its peers, hospitals and the community. There should be better region-wide coordination of all continuing education activities.

9. Postgraduate Education in Diseases of Cardiovascular and Nervous Systems and Neoplastic Disease in Childhood

This, a continuing education project within the Department of Pediatrics of the University of Minnesota, would utilize faculty in the University Hospital and others with which they are affiliated. Personnel costs were based on the number of staff to be added to the University of Minnesota in order to replace the time of those involved in this project.

NOTE: Final review yielded recommendation that neither Project 8 or 9 be funded. If they are resubmitted, there should be evidence of coordination of each with the other, with the continuing education programs at each institution and with the RMP Core Program. Allied health group involvement should be evidenced. In summary, Mayo and the University should work toward a joint proposal reflecting NRMP's overall approach to continuing education.

10. Telephone Dial Access Medical Library

A revised budget, based on more realistic cost expenditures, which reflected the increased demand for the service, was submitted to the site visit team at the time of the visit. It included an increase in the shared costs of the Wisconsin Regional Medical Program; in the costs of the publishing brochures; the purchase of cartridges and audiotapes; tape production costs; studio recording service and the addition of an unlimited Band One for In-wide Area Telephone Service.

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10. (Continued)

This system, an extension of the one in Wisconsin, would provide needed information and is in use by the physicians now. There is a possibility that two years of use may warrant establishing a tape library in Minnesota, which will also take into account nursing and allied health needs. All tapes are reviewed at least annually and suggestions and evaluation concerning them will go before a special board composed of representatives of Mayo, the University of Minnesota, the State Medical Society, the Academy of General Practice and the practicing physicians. Reviewers felt this project was worthwhile and should be supported at the \$29,000 level required in the revised budget.

11. The Development of a Stroke Rehabilitation Management Simulator

The project would determine, by use of the simulator, if the patient will recover; how much he will recover and how soon. Although models can be of great value in assisting the physician to make a prognosis in the complex problems with which rehabilitation is concerned, the nature of this project was such that no immediate benefits to patients could be visualized. Also, because the scientific merit is weak, reviewers recommended no funds. Agencies which focus more on the research approach might more appropriately be involved.

Recommended: No funds.

Foregoing based on Review Cycle January-February 1969.

APPENDIX

PROJECT REVIEW FLOW

