



\*E001023\*

*Memorandum*

TO : Chief, Budget Management Section II, FMB

DATE: February 29, 1968

FROM : Financial Management Officer, DRMP

SUBJECT: Earmarked Fund

The following information is submitted as requested for inclusion in the Surgeon General's data book. Please note that the Coronary Care and Stroke Projects have been approved by the National Advisory Council on Regional Medical Programs at its February 26-27 meeting but have not been awarded as of this date. It is anticipated that these projects will be awarded upon completion of additional staff work, within the next 30 days.

Coronary Care - \$1,364,8481. North Carolina Regional Medical Program

Funds to equip two available ambulances to be used as mobile coronary care units and to support an eight week training course for the rescue squad in cardiopulmonary resuscitation techniques in arrhythmia recognition were approved: Total first year costs \$16,985.

Funds to support training of physician and nurse unit managers for small hospitals with coronary care units were approved: Total first year amount \$82,918.

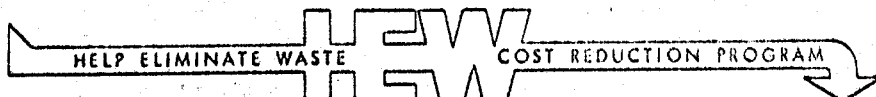
Funds to establish coronary care units of one to four beds in seven small rural hospitals of from 27 to 154 beds in the seven counties of Western North Carolina were approved: First year total costs \$98,849.

2. Western New York Regional Medical Program

Funds to develop a mobile coronary care unit in Buffalo, New York to operate in association with the coronary care unit of the Sisters of Charity Hospital were approved: Total first year costs \$266,692.

3. Ohio State Regional Medical Program

Funds to staff and equip a donated mobile coronary care unit in Columbus, Ohio, as a service and research unit were approved: Total first year costs \$164,502.



Coronary Care (Continued)

4. Rochester Regional Medical Program

Funds to support personnel, consultants, and trainee stipends in a coronary care unit manager training course for nurses were approved: First year total costs \$91,830.

5. Iowa Regional Medical Program

Funds to support the development of training courses for physicians and nurses in coronary care techniques based at the coronary care unit at the University Hospital at the University of Iowa College of Medicine and Nursing were approved: First year total amount \$169,901.

6. California Regional Medical Program

Funds for a physician coronary care unit manager training course centered at the University of California at San Francisco were approved: Total first year costs \$42,393.

7. WICHE (Mountain States) Regional Medical Program

Funds to support a comprehensive program to provide intensive coronary care in small hospitals throughout the Mountain States region were approved: First year total amount \$206,913.

8. Tennessee Mid-South Regional Medical Program

Funds to support four separate two-bed coronary care units in four hospitals of approximately 100 beds apiece were approved: Total first year cost \$41,398, plus \$51,921, plus \$24,790, plus \$55,756.

9. Albany Regional Medical Program

Funds to support the establishment of a four-bed coronary care unit in an 84 bed community hospital were approved: First year total cost estimated at \$50,000.

Stroke - \$1,595,307

1. Mississippi Regional Medical Program

Funds to support a six-bed stroke intensive care unit with associated diagnostic and therapeutic equipment were approved: First year total cost \$214,079, which represents the requested amount minus \$93,000 for patient care.

2. Metropolitan-Washington, D.C. Regional Medical Program

Funds to support a stroke station at Freedmen's Hospital, including support of diagnostic equipment and ancillary personnel were approved: Total first year cost \$188,851.

Stroke (Continued)

3. Texas Regional Medical Program

Funds to support the establishment of a demonstration stroke progressive care unit at Presbyterian Hospital in Dallas, Texas, were approved: First year total cost \$414,156, minus \$96,750 requested for patient care.

4. Missouri Regional Medical Program

Funds to support the establishment of a modern diagnostic facility at Kansas City General Hospital for patients with cerebrovascular disease were conditionally approved pending the results of a site visit: First year total cost \$491,850.

Funds to establish a four-bed intensive care stroke unit at the University of Missouri Hospital as a research and training resource were conditionally approved pending a site visit: Total first year cost \$286,371.

The following proposals were not considered by the Council at this meeting, but will be considered at the next meeting.

Hypertension - \$813,155

1. California Regional Medical Program

Support for a comprehensive demonstration clinic in hypertension based at the University of California at San Francisco which will act as a resource for demonstrations and training throughout the community hospitals in the San Francisco area is requested: First year total cost \$355,856.

2. Mississippi Regional Medical Program

Support for a comprehensive hypertensive screening program in Bolivar County utilizing the 20 local physicians as well as the Public Health Department is requested: First year total cost \$216,672.

3. Georgia Regional Medical Program

Support is requested for core staff to design and implement a community hypertension control program and to conduct research and training in hypertension screening in the State of Georgia: First year total cost \$189,616.

4. North Carolina Regional Medical Program

Support for a total survey of a community in North Carolina to design and test (1) detection methodology; (2) continuing physician education; (3) referral systems; and (4) patient education programs: First year total cost \$51,011.

Hypertension (Continued)

4. North Carolina Regional Medical Program (Continued)

Proposals in hypertension expected to be presented at the next Earmark Sub-Committee Meeting include: Washington, D. C. Regional Medical Program, Illinois Regional Medical Program (Chicago), Intermountain Regional Medical Program, and Metropolitan New York Regional Medical Program.

Chronic Pulmonary Disease and Emphysema \*

1. New Mexico Regional Medical Program

Support is requested for a cardio-pulmonary physiology evaluation laboratory in St. Vincent's Hospital, Santa Fe, New Mexico, to carry on sophisticated diagnostic tests in chronic lung disease: Total first year amount requested \$9,295.

2. Michigan Regional Medical Program

The Wayne State University School of Medicine intends to submit a proposal establishing a patient demonstration unit for the intensive care of patients with chronic lung disease to be used as a teaching resource for practicing physicians, nurses and attendants. No budgetary estimates are available.

Chronic Pulmonary Diseases in Children \*

1. Georgia Regional Medical Program

A draft proposal is at hand requesting support for expansion of a present respiratory center program of the Department of Pediatrics to provide a comprehensive regional care teaching and research program for children with chronic and potentially disabling respiratory diseases. This proposal would involve the cystic fibrosis, the allergy and the teen-age asthma clinics. Budgetary requests are incomplete.

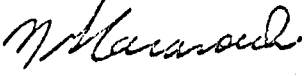
2. Washington-Alaska Regional Medical Program

Support for an early detection and patient care project for children with cystic fibrosis from the Children's Orthopedic Hospital in Seattle is requested. The central item of the project is large scale screening for cystic fibrosis by the method of bombarding infants' toenails with neutron stream. Preliminary estimate of first year total cost \$68,250.

Chronic Pulmonary Diseases in Children (Continued)

3. Metropolitan New York Regional Medical Program

A proposal requesting support for coordination of five pediatric pulmonary disease centers in the Metropolitan New York area is expected. No budgetary estimates are available.

  
Nicholas G. Cavarocchi

- \* The Division staff is currently working with the regions to implement programs under these categories and it is expected that additional applications will be submitted and reviewed by the Council at its next meeting.