

1. The first part of the document is a list of names and titles, including the names of the authors and the titles of their works. This list is followed by a section of text that discusses the importance of the research and the methods used to conduct it. The text is written in a formal, academic style and is intended for a professional audience. The document is a technical report or a research paper, and it is likely to be used as a reference by other researchers in the field. The text is well-organized and easy to read, and it provides a clear and concise summary of the research findings. The document is a valuable resource for anyone interested in the field of research and is highly recommended for reading.

V minute news

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THE NEW ACTING DIRECTOR'S VIEW OF RMP

"Allied health personnel are more likely to bring about much needed changes in the present system of medical care than other members of the health team." This was the theme of an address by newly appointed Acting Director of RMP Harold Margulies, MD before the second RMP National Allied Health Conference April 26-29. RMP was perceived by him as an action-oriented, policy-making force which should question, attack, even be disruptive if necessary, to bring about changes which will improve quality of care. Schools of medicine were criticized as "rigid and not relevant to the health and social needs of today" and national professional organizations such as AMA, ANA, etc. were described as unsuited to bring about change. Dr. Margulies called for RMP involvement with activities that will improve the present health manpower situation and achieve better distribution of health care and felt that the Programs could be effective in this area because of their political freedom. According to Dr. Margulies, RMP should be regarded as a programmatic thrust rather than a granting agency and one function should be to relate the medical care system to other agencies; RMP should make use of other funding sources as well as its own and should have greater autonomy in the field; there should be greater dialogue with other health problems in addition to those of heart, stroke and cancer; there must be equal opportunities for all, and good minority group representation; evaluation must be a significant factor in solving problems.

The Conference, a follow-up to the first one held at Asilomar in 1969, was hosted by the Virginia RMP at Airlie House, Warrenton, Virginia and was attended by 163 representatives from 55 RMP's. The group included 15 program coordinators and represented 14 different health professions. Attending for AREA V were DOROTHY E. ANDERSON, FRANK F. AGUILERA, and DONALD W. PETIT, MD.

Another speaker who urged RMP to re-orient and restructure the current health care system was Mr. Ray Brown, Executive Vice President, Northwestern University Medical Center, who spoke on "Changing Perspectives in the Delivery of Health Care."

Mr. Irving Lewis, anticipating the national health scene for the 70's, predicted the cost of health care will reach between \$70-\$100 billion and felt that RMP's role should be to influence the areas of comprehensive services and continuity of care. Ten multidiscipline Task Forces which met throughout the Conference, enumerated on the final day some of the major concerns of the conferees:

The need for better communication among health professionals, and between health workers and consumers; that direction should be given to a single standard of health care and access to primary care should be broadened; there should be more effective use of present funds and RMP should tap other sources; there should be relevant programs of consumer education; all health manpower needs to be expanded and extended with greater utilization, and continuous education; RMP should be involved in changing patterns of health care and the development of new models of community health centers; RMP should include consumers as well as officials of federal, state and local health agencies in planning, coordinating and implementing programs; RMP should develop better acceptance of allied health and a better understanding of their role; there should be more equal distribution of professions at conferences and better representation of allied health professionals on committees; there should be more emphasis on strategy--the health profession should learn and plan together--there should be increased consumer input; the review process should take greater cognizance of local differences and should move more rapidly; RMP should encourage interdisciplinary approach to health problems, should facilitate incentives to deploy people to areas of greatest need; family members should be utilized in determining health care; curriculum development should be accelerated and there should be more imaginative use of personnel; that the recommendations of the Asilomar Conference regarding the inclusion of allied health in national, regional and local planning be implemented immediately and that the report of the current conference be published and distributed to all RMP Coordinators within a month; that DRMP be active in helping the Regions implement the recommendations of the second Conference.

DOROTHY E. ANDERSON reports: "In presenting a Program Coordinator's View of Allied Health, Dr. Petit was very generous in his recognition of the role of allied health in AREA V's structure, organization and programs, and in the community aspects of our programs. In summary, this was a very exciting conference which we left with a feeling of security and dynamic action ahead for RMP."

Conference of RMP Coordinators, held May 6-8, 1970 at Airlie House, Virginia
By William A. Markey, Deputy Coordinator

The Conference was called to permit RMP Coordinators from all over the country to meet Dr. Harry Margulies, the new Acting Director of RMP Service, to update themselves on the current status, focus, and scope of RMP and HSMHA, and be introduced to the Annual Review method of program and fiscal reporting to become effective over the next year.

Proposed legislative direction was discussed and Coordinators authorized Dr. H. Gordon Barrow (Georgia RMP) to speak for the Coordinators in hearings of Congress.

Mrs. Martha Phillips, Associate Director for Grant and Contract Policy, RMP Service described Annual Review as a system of operational management which should simplify fiscal and program reporting and allow evaluation of progress in an orderly way. Anniversary review will allow for more decisions to be made by RMP Regional Advisory Groups in determination of program directions. DRMP staff will visit all Regions within the next few months to assist with implementation of the new accounting and Annual Review program.

Dr. Harry Margulies spoke of the special role of RMP in the evolving national strategy and the need to relate effectiveness of programs to the financial outlay. He was enthusiastic about the importance of RMP's potential impact on the delivery of health care. The task at hand, he said, is how to translate the potential to reality, how to manage the payment mechanisms, and how to achieve change in the system. RMP centralization versus decentralization studies in HEW were outlined, and the strengthening of HEW Regional Offices described. Of 60 programs reviewed by a streamlining task force, 11 have been recommended for decentralization to regional offices.

The Coordinators were assured of Dr. Margulies' own strong belief in RMP, in its special role as a source of talent, resources, providers, and in the technical competence of RMP staffs in the many health professions. The question now is, with RMP's limited dollar resources and its strengths in access and staff, which things should be done first. The chief issues were summarized as being: costs, lack of access, and quality. New standards are needed, methods to evaluate quality must be developed, and there is increasing concern with quality of health care. Stress was placed on use of funds from other sources and in enabling the various providers and payment agencies to work together in new combinations. Focus is on the quality of medical and health care, and on increasing the effectiveness of health manpower--better use rather than just increasing numbers. As RMP's can work as a "broker" to achieve HEW's goals, the use of various sources would become more available.

AREA V REGIONAL MEDICAL PROGRAMS
CALENDAR
May 1970

Monday, May 18
AREA V

American Indian
Free Clinic

7:30 p.m.
Compton

Tuesday, May 19
AREA V

Area Advisory Group
Special Meeting

7 p.m.
RMP Conference Room

Wednesday, May 20

AREA V

Social Workers
Advisory Committee

8 to 9:30 a.m.
RMP Conference Room

AREA V

Staff Meeting

9:30 a.m.

AREA V

Continuing Education
Meeting

12 noon - LAC-USC
Medical Center

CCRMP

Data & Evaluation

2 to 5 p.m.
L. A. Airport

Watts-Willowbrook

Advisory Committee

7:30 p.m. Los Angeles

Thursday, May 21

CCRMP

Staff Consultants

2 to 5 p.m.
L. A. Airport

Friday, May 22

AREA V

Seminar - Family
Wellness Center

11 a.m. to 1 p.m.
RMP Conference Room

AREA ADVISORY GROUP MEETINGS FOR 1970

July 14 September 8 November 10

COMMITTEE CHAIRMEN'S MEETINGS FOR MAY AND JUNE

May 15 June 5 June 19

STAFF MEETINGS SUBJECT TO CHANGES--CHECK WITH OFFICE FOR LATEST
INFORMATION

First Annual Conference on the Physician and the Hospital
at Monte Corona Conference Center, April 23-25, 1970

This Conference for medical staff leaders of community hospitals was highly rated by the majority of 225 participants and, according to evaluation of sheets turned in by the conferees on the last day, a second conference, perhaps somewhat larger, will be in order for late 1970 or early 1971.

Henry B. Dunlap, Chairman of the AREA V Ad Hoc Steering Committee which initiated the Conference and cooperated in its presentation with the Postgraduate Division of USC School of Medicine, dubbed the meeting a "potato chip" conference and said, in his summary: "You have already decided whether this was a limp or a crisp one and have indicated that you want another! . . . In the early part of the conference, Dr. Boyle touched on some of the current challenges that are being made about our ability to make effective use of health manpower, facilities and resources. Some elements of this challenge have been exposed and discussed. We have expressed ourselves as believing that there are internal conflicts that drain our energies, interfere with effective joint effort and tend to confirm the suspicions of those who claim the present system can't work. Dr. Delbecq taught us some procedures for looking at some of our conflicts and problems and I think we discovered where some of them are. The public is questioning whether hospitals are well managed and I think we have been doing a pretty good job of saying, 'No, they are not.' We defined some of the reasons why they are not, with key words like mutual distrust, different value systems, inability to communicate, incompatibilities of point of view and objectives, and so on. I believe we cannot afford the luxury of these barriers and suggest that medical staff leadership and managerial representatives, with the insistence of the trustees, open up these problems as they exist and deal with them. The voluntary health care and hospital system has enough problems with external challenges--it cannot endure internal dissension."

C. Wesley Eisele, M.D. Associate Dean for Postgraduate Medical Education, University of Colorado and Director of the Hospital Medical Staff Conference which has been held for the past seven years at Estes Park, commented: "As one who has been engaged in over 300 conferences over many years, I want to congratulate you on this very successful, controversial conference. It was well balanced, stimulating, provocative--even a little abrasive and threatening--and that is good. You have to be a little abrasive if the status quo is going to be changed. I have been trying to get other regions to have similar conferences because there is a great need and great interest--certainly more than we can satisfy in Colorado. I hope that this will be a real competitor to our Colorado Conference."

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