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V minute news

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THE TASK FORCE REPORTS

Late in 1970, Area Coordinator Donald W. Petit appointed three Task Forces to begin a projection of activities to be undertaken by AREA V during the next three years. The Task Forces, each one composed of a combination of Area Advisory Group members, Committee Chairmen, and core staff members, presented their reports on Jan. 12, at a regular meeting of the Area Advisory Group. Here are the reports in essence:

The Task Force on Health Care Delivery and Organization concluded that top priority should be given to those activities which improve the accessibility, availability, and acceptability of medical care, with the following provisions: The medical care offered must be acceptable to both the user and provider of the health care system; geographic, financial, and communications barriers must not prevent the user from entering the health care system; qualified personnel and well-equipped facilities must exist in sufficient quantity to provide high quality care to everyone who needs it. It was concluded that RMP could make the greatest impact on health care delivery and organization in AREA V by emphasizing its catalytic function to develop effective working relationships among the numerous programs and agencies actively planning and implementing health programs, and by assisting in the coordination of all the independent major health care forces and resources to serve the needs of the various target groups. It is recommended that RMP play a key role, through the development of cooperative agreements, in facilitating and expediting the implementation of health network management models and the establishment of health maintenance organizations (HMO's), and in defining the criteria for evaluating and promoting their effectiveness. It was recommended that AREA V identify and bring together the resources and expertise required to develop the role and define the criteria needed to evaluate the health network management and health maintenance models, offering this nucleus group as a resource to any community interested in the development of a similar model. The resource group would not impose a plan on a community but would act as a management mechanism for accomplishing the objectives defined by the citizens concerned.

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The Task Force on Manpower, after listing 36 activities related to the expansion of, planning for training in, continuing education of, and alteration of role in our present manpower pool decided on the following priority: Coordination of community hospital training programs; development of a core curriculum in high schools and colleges; concentration of quality training on prevention and control of illness; re-definition of various health professions in the delivery of health care; development of jobs as an introduction to health professions; special attention to retraining of active and inactive health professionals; increasing the availability of part-time work; influencing legislative activities to re-evaluate and to change present standards in the health professions; the presentation of orientation programs at the high school level for health careers. It was suggested that a solution that would address itself to many of the health manpower problems would be the establishment of a school of allied health at USC.

The Task Force on Target Groups, felt that it was inappropriate to single out certain kinds of patients and concluded that the most desirable objective would be to improve and restructure our health care delivery system to make available high quality, comprehensive health care to all persons, regardless of race, place of residence, or socio-economic status. Further, any special programs designed for "target groups" should fit in with an overall health care delivery system that makes sense, rather than institute activities that contribute to further fragmentation of services. It was decided that before priorities for action are determined, more knowledge concerning the health status and available resources of the entire population in its geographic area is required, and it was recommended that every member of the Area Advisory Group, Committee Chairmen, and staff become thoroughly informed about the recommendations of the L. A. County Health Services Planning Committee Report (known as the Bauer Report), the reaction of the County Public Health Commission to these recommendations, and impending changes which are a result of the "Bauer" Report.

The next step, according to Dr. Petit, is for the staff to get the reports into a more manageable type of document and then decide what can be done with the resources we have.

Actively participating in preparation of the Task Force Reports were AAG members Sol Bernstein, MD; Prof. Edward S. Brady, II; Lewis T. Bullock, MD; Jose Carlos; Martin H. Crumrine, MD; S. Leonard Dart, PhD; Clifton O. Dummett, DDS; Bertell W. Ferguson, DDS, G. A. Heidbreder, MD; Harold R. Hoover, MD; Ralph C. Jung, MD; Raymond M. Kay, MD; Mrs. Alison K. Mauer, Jessie C. Obert, PhD; Mrs. Lillian O'Brien, RN; Chester A. Rude; Robert J. Schroeder, DVM; Martin D. Shickman, MD; Mrs. Myrtle Silver; Edward M. Skowrup, Floyd R. Stauffer, MD; Murray Weiss, MD; and Russell B. Williams. Ten Committee Chairmen and eleven staff members worked on the project.

NEW AREA V COMMITTEE

The appointment of Martin D. Shickman, MD, as Chairman of a Health Service Delivery Committee, has been announced by Area Coordinator Donald W. Petit, MD. Formation of the committee was initially requested by staff members involved in community-oriented projects such as the American Indian Free Clinic, the Free Clinic Liaison Project, the East Los Angeles activities, and similar endeavors, however, its creation is timely in view of the recent expansion of RMP scope to include concern for the delivery and organization of health care services, and of CCRMP plans for a similar statewide committee. In requesting the establishment of the new committee, staff outlined a number of functions that it could undertake, including aid in the development of demonstration projects for innovative approaches to the financing, organization, and delivery of health care; enhancing relationships between provider and consumer groups; assisting in development of policy for community programs.

Dr. Shickman's involvement with AREA V as a member of the Area Advisory Group, representing the L. A. County Heart Assn. and in numerous activities of the Area V Cardiac Committee, will be a tremendous asset to the new committee, as will his previous core staff experience with Area IX RMP (Watts-Willowbrook) during the past year. Dr. Shickman, who has a private practice in cardiology, is currently President Elect of the L. A. County Heart Assn. Staffing the new Committee will be Mrs. Jane Cohen and Frank Aguilera.

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KIDNEY DISEASE

Now that kidney disease has been designated, by legislation, as one of the categorical targets of RMP, and with the possibility that a portion of funds earmarked by Congress for this disease may be made available during 1971, the California Areas are collaborating on the preparation of a statewide proposal for renal health care delivery. A standing Committee on Kidney Disease is also being proposed by CCRMP.

A preliminary report of the proceedings of the California Regional Kidney Disease Planning Conference was presented to the Staff Consultants of CRMP at its recent meeting. This invitational conference, held at the Francisco Torres Convention Center in Goleta, Dec. 11-13, was co-sponsored by the California RMP Areas and the Kidney Foundations of Northern and Southern Calif., and was the outgrowth of discussions by members of the CCRMP Related Disease Committee, of which Area V Coordinator Donald W. Petit, MD, was Chairman. Chairman of the Conference was Richard J. Glasscock, MD, Chief, Div. of Nephrology at Harbor Hospital. Among the 138 conferees were a number of national leaders in the field of renal disease, representatives of various Regional Medical Programs, nephrology, urology, transplantation surgery, nursing, social services, public health, federal and state government, industry, insurance, Medi-Cal, Vocational Rehabilitation. Area V people attending were: Dr. Donald W. Petit, Leon C. Hauck, Drs. Benjamin Barbour, John Meihaus and Kenesaw Mannings. 3

ELA

Elias Chico, new staff member for community Programs and Ramon Santos, member of AREA V Social Workers Advisory Committee, have been named to the Board of Directors of the E. L. A. Mental Health Project, an innovative training program for graduate students of social work. Purpose of the program is to help Chicano students identify and respond to the needs of barrio residents of ELA. It is expected that students will assist in the development of new systems of service in the disadvantaged community. The project involves a four-way relationship, with participation from the community, from HEW, and from USC and UCLA, who will provide six students each. On hand for the opening ceremonies and press conference were: Elliott Richardson, Secretary of HEW; and Arthur Raya, Special Assistant to Dr. Roger O. Egeberg of HEW.

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The National Center for Health Services Research & Development is serving as the lead agency for HSMHA in a new type of assistance in health services planning and delivery being offered to communities and community groups. The objective is to help them develop systematic methods for long-term coordination and management of their health services. According to a directive received from Dr. Harold Margulies, Director of RMPS, only about 15 programs will be funded this year, due to the experimental nature of the assistance. Dr. Richard Osgood, Chairman of the Antelope Valley Health Planning Council, has been contacted by William A. Markey, to discuss the possibility of an application from that area.

SOCIAL WORK

Coordinators and Social Work Representatives of the 55 RMP Regions are being contacted by Clyde E. Madden ACSW, Asst. Coordinator, Social Work about the need for some input concerning RMP at the forthcoming meeting of the National Conference of Social Welfare. The NCSW's Annual Forum is the major occasion when the nation's volunteer and professional leaders in the broad field of social welfare come together. AREA V Social Workers Advisory Committee has recommended that a session be convened on the topic of the role of social work in RMP and CHP and has indicated a willingness to assume responsibility for making necessary arrangements. Theme of the 98th Annual Forum, to be held in Dallas May 16-21, is "Human Aspirations and National Priorities."

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The Respiratory Training Institute reports a total of 81 trainees received certificates of completion for the first two sessions of the Level I Course. The first 35 were members of the health team from County hospitals, the second sessions included health professionals from both County and community institutions. The program is now available to all physicians, nurses, inhalation therapists, physical therapists, cardiopulmonary technicians, social workers, and other health professionals in L. A. County. Dates of the next three courses are: February 8-12, March 8-12 and April 12-16. For further information contact Mrs. Marge Pollack at 367-2231, Ext. 2620.

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CCU

Coming aboard on Feb. 1 as Instructor for the AREA V CCU Community Training Course will be Miss Connie Burgess, RN, replacing Miss Vivien Warr, RN, who has resigned. Miss Burgess, former Staff and Charge Nurse with the ICU-CCU Dept. at Pacific Hospital, Long Beach, will receive special training with the CCU Faculty at the Hospital of the Good Samaritan.

Mrs. Marilyn Kentes, RN, Nurse Coordinator of the AREA V CCU Nurse Training Program, advises that the AREA V Community Course is undergoing revision to include integration of additional teaching material and expertise from the CCU Faculty at the Hospital of the Good Samaritan, where the Area V CCU Program is now based. Suggestions for improving the Community Course are invited and should be directed to Mrs. Kentes or Miss Burgess.

The CCU grants now in operation at Areas V, I (SF) and IV (UCLA) all reach the end of their 3rd year funding next August and the new submissions for CCU training, currently undergoing technical review, reflect increased inter-Area cooperation in this field of endeavor. Area I is proposing an Intensive Care Program and are co-applicants with Area V in the CCU Effectiveness Study. Area IV has requested a continuation of their physician training in coronary care, to include physicians from Area V and other communities. They are also co-applicants with Area IX (Watts-Willowbrook) in the Area V proposal for Care of the Critically Ill.

CANCER

Mrs. Florence Reckow, RN, at City of Hope Medical Center, has been named new Chairman of the Continuity of Patient Care Subcommittee of the Cancer Planning group. Michael Gilliam, RN, former Chairman, will continue as a member of the Committee.

A survey of Radiation Therapy facilities in Area V has just been completed by Gerald Hanson, who is a doctoral candidate in Public Health at UCLA. Unanimously authorized by the CCRMP Categorical Committee on Cancer, the survey includes the results of personal on-site visits to radiation therapy departments in 25 hospitals, as well as the conclusions of a postal questionnaire sent to 909 California physicians.

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STROKE

Area V now has available for loan to hospital auxiliaries, community and other interested groups, a 16 mm color, audio film entitled "Stroke/Counter Stroke" (which features film actress Patricia Neal, a former stroke victim). The film runs approximately 27 minutes. For further information, please contact Leon C. Hauck of Area V staff at 576-1626.

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FREE CLINICS

Area V is currently investigating how assistance might be given a group of citizens interested in creating a Free Clinic for the Chinese community in L. A. They claim a growing crisis in the health of the Oriental community, due to the influx of 20,000 emigrants, mostly from Communist China.

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NEW RMP LEGISLATION

Legislation signed by the President in late October included the Regional Medical Programs and Comprehensive Health Planning and Services Act of 1970, an omnibus bill which included provisions also to the National Center for Health Statistics, the National Center for Health Services Research and Development, and several other programs.

The new law, P.L. 91-515, expands RMP emphasis to include kidney disease, as well as heart, cancer, stroke and other related diseases. Additional points of emphasis are the promotion of medical data exchange as well as research, training, and demonstration as well as diagnosis and treatment; regionalization of health care resources and services in order to strengthen and improve primary care and the relationship between primary care and specialized care; and increasing the capacity as well as quality of health services, especially in areas with limited health services.

RMP construction authority, previously limited to "alteration, major repair, remodeling and renovation of obsolete built-in equipment of existing buildings" was expanded to include expenditure of up to \$5 million a year for new construction of facilities for demonstrations, research and training when necessary to carry out programs.

The new legislation requires that the appropriate regional, metropolitan or local areawide comprehensive health planning agency have an opportunity to consider operational grant proposals before the Regional Advisory Group can recommend approval. Further provision is made for representation of official health and health-planning agencies in the advisory groups. The Regional Advisory Group must include persons familiar with the financing of as well as the need for, services, and the number of public members must be large enough to insure adequate community orientation.

The size of the National Advisory Council responsible for RMP matters was increased from 16 to 20, with membership specifically to include a person outstanding in the field of kidney disease, leaders in the field of health care administration, two members outstanding in the field of prevention of heart disease, cancer, stroke, or kidney disease, and four members of the public.

Authorization for appropriations for RMP is \$125 million for 1971, \$150 million for 1972, and \$250 million for 1973.

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AREA V REGIONAL MEDICAL PROGRAMS

CALENDAR
February 1971

Monday, Feb. 1

AREA V Nursing Advisory Committee 2 p.m. Conference Room

Wednesday, Feb. 3

AREA V Staff Meeting 9:30 a.m. - 12 noon
RMP Conference Room

AREA V Psycho-Social needs of
CCU patients Subcommittee 12 noon
RMP Conference Room

Thursday, Feb. 4

CCRMP Staff Consultants 2 - 5 p.m. Airport Marina
Hotel, L. A.

Friday, Feb. 5

AREA V

Committee Chairmen's next meeting will be February 12

 11:30 a.m. - 1:00 p.m.
RMP Conference Room

Monday, Feb. 8

AREA V Continuity of Care 12:15 p.m. RMP
Conference Room

Tuesday, Feb. 9

○ AREA V Free Clinic Council 9:30 a.m. - 1:30 p.m.
RMP Conference Room

Wednesday, Feb. 10

AREA V Staff Meeting 9:30 a.m. Conference Rm.

AREA V Cancer Planning Committee 12 noon Conference Room

Thursday, Feb. 11

AREA V Radiology Subcommittee of
Cancer Planning 12 noon Conference Room

COMMITTEE CHAIRMEN: February 12 March 12 April 16

AREA ADVISORY GROUP: March 9 May 11 July 13 Sept. 14 Nov. 9

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