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*P. K. Smith*

DEPARTMENT OF HEALTH, EDUCATION  
AND WELFARE

Health Services and Mental Health Administration

Division of Regional Medical Programs

National Advisory Council on  
Regional Medical Programs

Minutes of Meeting  
December 16-17, 1969

National Institutes of Health  
Conference Room 4  
Building 31

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

National Advisory Council on Regional Medical Programs

Minutes of the Eighteenth Meeting 1/ 2/

December 16-17, 1969

The National Advisory Council on Regional Medical Programs convened for its eighteenth meeting at 8:30 a.m., Tuesday, December 16, 1969, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Stanley W. Olson, Director, Regional Medical Programs Service presided for the Administrator, Health Services and Mental Health Administration, who was unable to attend the meeting.

The Council members present were:

Dr. Michael J. Brennan	Dr. Clark H. Millikan
Dr. Bland W. Cannon	Dr. Edmund D. Pellegrino
Dr. Edwin L. Crosby (12/16 only)	Dr. Alfred M. Popma
Dr. Michael E. DeBakey	Dr. Russell B. Roth
Dr. Bruce W. Everist	Dr. Mack I. Shanholtz
Dr. John R. Hogness (12/16 only)	Mrs. Florence R. Wyckoff

A listing of RMP staff members, and others attending is appended.

I. CALL TO ORDER AND OPENING REMARKS

Doctor Olson called the meeting to order at 8:30 a.m.

II. ANNOUNCEMENTS

It was noted that Doctor Hogness was meeting with the Council for the last time prior to his resignation to accept an appointment to a Committee advisory to the Director of the National Institutes of Health.

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1/ Proceedings of meetings are restricted unless cleared by the Office of the Administrator, HSMHA. The restriction relates to all material submitted for discussion at the meetings, the supplemental material, and all other official documents, including the agenda.

2/ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications: (a) from their respective institutions, or (b) in which a conflict of interest might occur. This procedure does not, of course, apply to en bloc actions--only when the application is under individual discussion.

III. CONSIDERATION OF FUTURE MEETING DATES

The dates of March 31-April 1, 1970 and December 8-9, 1970 were confirmed. The July 14-15 date was changed to July 28-29, 1970.

IV. CONSIDERATION OF MINUTES OF THE AUGUST 1969 MEETING

The Council unanimously recommended approval of the August 26-27, 1969, meeting as written.

V. EXTENSION OF LEGISLATION -- Proposed and In Planning

Doctor Chadwick called the attention of the Council to the two legislative proposals for extension of Regional Medical Programs that have been introduced into the House of Representatives. These are House Bill 14284 introduced by Congressman Harley O. Stagers (D. West Virginia) and House Bill 14486 introduced by Congressman Paul G. Rogers (D. Florida). He reviewed briefly the contents of each, particularly as they modify the current legislation. He also reported his understanding that Senator Ralph Yarborough (D. Texas) is preparing still another proposal to be introduced into the Senate sometime later in the session.

Council was reminded of the formal recommendation, which it made at the time of the August meeting, that the scope of the authority of Title IX be expanded to include Kidney Disease explicitly and that the expanded authority be administered under the Regional Medical Programs Service. Doctor Chadwick reported that this recommendation was forwarded promptly for consideration by the Administration in its own plans for development of legislative proposals. He said that he had had several indications that such a plan was included in the legislative proposal being prepared by Senator Yarborough.

VI. REGIONAL MEDICAL PROGRAMS IN FY 1970 AND BEYOND -- SOME FUNDAMENTAL ASSUMPTIONS

A. Projections of Available Resources -- 1970 and 1971

Doctor Olson reviewed for the Council the current status of the Appropriation legislation for FY 1970. The proposal currently under consideration in the Senate had been forwarded by the House of Representatives with a substantial cut having been applied to the Administration's original budget proposal. The net effect of the legislative process to date would allow \$73.5 million for Regional Medical Program grants.

Doctor Olson explained that against this figure it is necessary to project a \$69.1 million requirement for continuation of on-going activities in the 55 Regions, leaving a balance of slightly over \$4 million to be used to fund operational programs in the Regions which still have only planning grants. The Division estimates that a total of approximately \$6.5 million will be approved by the National Advisory Council during FY 1970 for the initiation of operational grants in ten of the remaining eleven Regions. This allows no margin for inflation of costs or for new funding of any supplemental activities in operational Regions.

The Council reconfirmed its previously stated position by voting unanimously in support of Doctor Olson's stated intention to adopt, as first priority for FY 1970 and 1971 the funding of operational grants to all 55 Regions as they are approved for such funding by the National Advisory Council. There was considerable discussion of a variety of proposals for reallocation of grant dollars in order to make this funding possible.

There was essential agreement that reallocation could have a favorable effect only if priorities can be agreed upon for administration of the program. Doctor Pellegrino suggested the following five steps toward accomplishing these ends: (1) Each new initial request should be examined carefully to determine whether or not it will improve cooperative arrangements in the Region. (2) Careful attention should be given to the progress of Regional Medical Programs and their component projects when they are reviewed for renewal. (3) Requests for purchase of major hardware should be closely examined, eliminating all but those which are absolutely essential and for which no other source of funding is available. (4) Attempt should be made to increase, whenever possible, the concentration of program effort on the specifically related categorical disease. (5) Care should be taken to identify project activities which can serve as models and to avoid unnecessary duplication of these models among and within individual Regions.

B. Anniversary Review -- A Way to Look at Program Aspects of RMP

Based upon the foregoing discussion of budget limitations, both in the current year and as projected, Doctor Olson posed several questions regarding the continued development of Regional Medical Programs throughout the nation as organizational entities. (1) What kind of organizations should the 55 Regional Medical Programs be? (2) What kind of programs should they plan for and institute?

Since all indicators point to essentially level funding for the next few years, it is apparent that project development, review, and implementation cannot represent the total, nor even the dominant activity of Regional Medical Program core staffs. Doctor Olson

suggested an alternative concept of Regional Medical Programs as "change agents." He related this concept to the need for operational and organization flexibility in each of the Regions rather than the stability which Regions have sought and continue to seek in operating a project grant program.

There is agreement on the part of all members that the Council must continue to accept responsibility for setting broad National priorities for the program. They recognize the growing importance of the development of an arrangement by which they can assess the progress of individual Regions in implementing these priorities and in actually affecting the patterns of delivery of care in the areas they serve.

Mrs. Phillips reviewed the Division's proposal for a system of "Anniversary Review" which has been studied and refined by an ad hoc Subcommittee of representatives of both the Review Committee and Council and has also been discussed by the Review Committee.

There was general agreement with Doctor Millikan's assessment of the Anniversary Review proposal which he summarized as being "generally meritorious but requiring extreme care in its implementation." He pointed especially to its potential for rewarding Regional achievement but to the possibility, on the other hand, of its serving to penalize Regions whose slower start resulted from the timing of their initial operational application. There was agreement that the implementation of a system of Anniversary Review will emphasize the need for the Council to have a set of well defined priorities against which they may evaluate Regional Medical Programs both now and over time. Doctor Brennan warned against "cannonizing a system of distribution of resources which came about by chance."

Mr. Paul Ward, who represented the Coordinator's Steering Committee at the Council meeting, pointed out the advantages and disadvantages of such a system to the chief administrative officers of Regional Medical Programs, noting especially their vulnerability to local pressures for allocation of "flexible monies."

Doctor DeBakey recommended caution in the development of restrictive guidelines which could stifle the whole concept of regionalization, which he said was visualized in the original legislation as the mechanism of carrying out the purposes of the program. It is his opinion that the Council should concentrate on the development of standards by means of which regions' progress towards the programs objectives could be measured, rather than on attempting to change the basic program objectives. These, he reminded the group, were established by law.

Final Council action on the anniversary review proposal was postponed for further discussion of the entire matter of priority development.

Following the discussion of priorities (Item C below) the Council returned to and unanimously endorsed Doctor Cannon's original motion for approval, in principle, of the anniversary review concept, with a suggestion to staff that they begin to work with selected regions in the administrative organization of their programs along these lines, and with the further stipulation that the Guidelines for Eligibility and Criteria for Approval sections of the Anniversary Review document be restudied and restructured in line with the findings of the special subcommittee of Council on priorities.

C. National Priorities -- How they will Affect and will be Affected by RMPS and HSMHA Strategy

The Council recognized the necessity of reaching general agreement about the nature of the program and its objectives before it would be possible to consider a new program mechanism such as Anniversary Review. There was also, however, a considerable difference of opinion as to what kind of a program Regional Medical Programs is, and is becoming.

Doctor DeBakey recalled the terms of the present legislation, and the legislative history which urged the program's placement within the NIH; since in summary its major purpose was carrying forward the work of NIH. It is his opinion that the shift of the program into HSMHA was for ease of organization and management and not to change its goals or directions.

Doctor Hogness expressed general agreement with this position, stating that within the last six months he has been increasingly impressed with the importance of maintaining RMP's unique capability to carry on activities of this kind; especially as the efforts of other agencies are being directed to the development of broad scale programs to meet minimum requirements for health care service of special population groups.

Doctor DeBakey and Doctor Hogness both emphasized the increasing importance of Regional Medical Programs concentrating its limited funding resources on the improvement of the quality of care. They cited the example of the tremendous dollar investment in Medicare which has admittedly improved the delivery of care to one clearly defined group of individuals (those over 65) but has completely "tipped the balance in the system" at the expense of medical research training and education. While agreeing with the need for the development of program guidelines, they strongly recommend that Council attempt to keep them sufficiently flexible to be responsive to new advances arising from research and clinical investigation, as well as advances in organization of systems for their implementation.

Doctor Roth cites the long way that Regional Medical Programs has come since 1965 in what he considers its greatest contribution; that of opening of lines of communications among providers of

health care. Whether this has been as a result of "the farsightedness of the framers of the legislation or by serendipity," he believes that top priority must be given to maintaining and further encouraging these cooperative arrangements and communications and that only secondary emphasis placed on the delivery of care, the development or acquisition of hardware, or concentration on any specific disease entities.

Doctor Brennan expressed another approach to the matter of program priorities. He viewed the most successful Regions as being those which have developed effective core staff and operational mechanisms which are bringing about change whether or not the changes are those "authorized" in the law. He suggests that two kinds of "technology" must be employed: (1) the translation of "new advances in health care" into "improved resources for health care;" and (2) the use of those resources to bring about actual improvement in care. He used as an example the control of cervical cancer in a certain geographic area. He stated that by the application of new advances we know "how" to control the disease, but that we still do not know exactly what are the costs and effects of various approaches to the use of this knowledge. It is his opinion that the development of this second "technology" is an important RMP function.

At the opening of the afternoon session of the meeting, Doctor Olson briefly reviewed the foregoing discussion. In response to Doctor Pellegrino's motion, the Council recommended that there be created a subcommittee on priorities which would include one or two members of the Review Committee and at least one representative of the Regional Medical Programs Coordinators' Steering Committee. It was further agreed that there should be close working liaison between this subcommittee and the one previously convened to consider the matter of Anniversary Review.

As a possible point of departure for the deliberations of this group, Doctor Everist offered a series of four priorities which he follows in considering Regional Medical Programs: (1) The quality of the core program - the personal qualification of the staff members; their capability of developing and handling information between and among the core staff, the cooperating agencies in the Region, and the national level; (2) the effectiveness of the core program - which he believes can be judged almost solely on the extent, effectiveness, and permanence of the cooperative arrangements which are developed and developing; (3) the accessibility of the core program - its responsiveness to needs for services and the degree of regionalization of services by means of RMP project monies and otherwise; and (4) the capacity of the core program - to be judged by the continuing enlargement of the system of both care and information in the Region.

In view of the importance of the establishment of some priority guidelines as the program moves in FY '71 and under new or extended



legislative authority, the Council agreed on the necessity of a special meeting of the entire Council to review the recommendations of the subcommittee. Such a meeting was tentatively set for Monday, March 2, 1970.

## VII. CHRONIC DISEASE PROGRAMS

Doctor Olson reviewed for the Council the events leading to the amalgamation of the Division of Chronic Disease with the Division of Regional Medical Programs to form the Regional Medical Programs Service, and the subsequent discontinuance of five of the categorical programs which had been part of the Chronic Disease Division.

Doctor DeBakey asked that the Council consider seriously the effect of the phase-out of these programs "as a further diminution of the grand total of all Federal funds available to fight the categorical diseases (including research, training, education, clinical studies, service demonstrations, etc.)." There was a general expression of concern and the Council requested that the staff prepare an analysis of activities of these programs and the Administration's plans for their continuation. They also requested that further discussion of this issue, based on their better understanding of the programs and their potential, be placed on the agenda of the next meeting of the National Advisory Council.

Brief progress notes from each of the three remaining program Branches (Clearinghouse for Nutrition and Health, Clearinghouse for Smoking and Health, and the Kidney Disease Control Program) were presented. Doctor Olson reported briefly on the White House Conference on Food, Nutrition, and Health and some of the activities being planned by the Nutrition and Health program for carrying out some of the recommendations of the Conference. He mentioned specially the work on a series of contracts for community nutrition demonstration projects to ascertain whether the capacity for dealing with malnutrition can be substantially increased by using a primary health care mechanism as an out-reach to the community. Close ties will be sought with local Regional Medical Programs to coordinate these efforts.

## RMP PARTICIPATION IN PLANNING COMPREHENSIVE HEALTH SERVICE PROGRAMS

The staff reported increasing numbers of inquiries concerning the appropriate role of individual Regional Medical Program staffs, and utilization of RMP grant dollars, in comprehensive community health service programs. After some discussion of the issue generally, and presentation by Doctor Olson of several specific examples, the Council voted unanimously to delegate to the Director, Regional Medical Programs Service,

the authority to administratively approve requests, which bear Regional Advisory Group approval, for reallocation of Regional Medical Program resources (personnel and/or dollars) for participation in planning of comprehensive health service programs for communities within the region. Such approval may not include or imply commitment for continuation beyond one year of planning nor involvement in the provision or financing of the services.

### VIII. REVIEW OF APPLICATIONS

#### A. Issues requiring clarification and interpretation of policy guidelines

##### 1. Cardiopulmonary Resuscitation Training

After hearing a report from Doctor Olson of his discussion of this matter with Dr. Campbell Moses, Medical Director, American Heart Association, the Council was reassured that its position in regard to RMP support of projects of this kind was entirely in keeping with the position of the American Heart Association. Council therefore voted unanimously to restate, as a formal policy guideline, the position it had adopted at the time of the August meeting in regard to a group of pending projects:

Regional Medical Program grant funding for projects in cardiovascular resuscitation training is to be limited to training activities which are directed principally to medical and allied health personnel who are employed in hospitals and in other in-patient facilities, or in out-patient or emergency facilities operated by or directly related to institutions in which follow-up care is immediately available.

##### 2. Kidney Disease

Applications from three Regional Medical Programs (Wisconsin, New York Metropolitan and Metropolitan Washington, D. C.) propose expensive projects in various aspects of end-stage care of chronic renal disease. In discussing these particular proposals, Council reconsidered the policy guideline that it adopted in May 1969. It was agreed that the policy remains perfectly appropriate but it is becoming increasingly difficult to apply in the case of the very complicated and complex project applications

of the kind represented by these three and about eight more of which, Council was informed by staff, are currently in the review process.

Council discussed again the futility of attempting to provide, under the present and currently projected RMP budget, programs like these in all 55 of the Regions. They were also reminded of the fact that it is possible that kidney disease may be targeted for special consideration in extension of Regional Medical Program legislation next year.

After consideration of a number of options the Council recommended that action on the three specific proposals be deferred at this time. They also requested continued study of the matter by staff and the preparation of proposed draft guidelines for Council's consideration at a later meeting.

### 3. Categorical Relevance

In this round of review the Review Committee was unable to come to a final recommendation on a number of projects the subjects of which they felt were of questionable relevance to the purposes of Regional Medical Programs. These were grouped under four headings and included the training for and implementation of Home Health Aide programs (Western Pennsylvania RMP and New York Metropolitan RMP), training and demonstrations of perinatal monitoring (California RMP and Indiana RMP), training for and implementation of a nutrition program for rural poverty groups (Ohio State RMP), and production of a set of audio-visual aids principally for in-service training of medical students and house staff (Florida RMP).

In considering the matter of the "relevance" of component activities of any Regional Medical Program, the Council generally agreed with Doctor Millikan's statement that rather than being a matter of its direct relationship to one of the disease entities mentioned in Title IX, a project should be reviewed according to five basic considerations: (1) is it a valid scientific experiment; (2) is it a model for educational experience; (3) is it something other than a direct patient service; (4) will it open communications channels for improved local and Regional arrangements that will help to reach the long range goal of the Regional Medical Program; and (5) is it something that should be replicated in this or another Region? These questions were applied to the specific proposals and recommendations were arrived at accordingly.

4. Genetic Counseling

(See Discussion of Western New York Regional Medical Program)

B. Recommendations for Action <sup>1/</sup>

The Council agreed to record their recommendations in the slightly altered format which was proposed by the staff and already adopted by the technical panels and the Review Committee (Appendix I).

ALABAMA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with the specific conditions as detailed by the Review Committee.

01 - \$242,238    02 - \$136,035

ARKANSAS REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions as detailed by the Review Committee.

01 - \$60,621    02 - \$42,102    03 - \$44,016

CALIFORNIA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions as follows:

Project #41 - Non-approval II = The revised application to answer, as far as possible, the questions raised by the site visit team and the Review Committee, and to be studied by a special technical panel.

Project #44 - Approval with the conditions specified by the Review Committee.

(Continued)

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<sup>1/</sup> All amounts are direct costs only and unless otherwise specified refer to 12-month periods.

The designation 01, 02, etc. relates to the first, second, etc., budget periods of the subject application, not necessarily the budget periods that will actually be supplemented.

CALIFORNIA REGIONAL MEDICAL PROGRAM (Continued)

- Project #46 - Approval with the conditions specified by the Review Committee.
- Project #47 - Withdrawn.
- Project #48 - Approval with the conditions specified by the Review Committee.
- Project #49 - Non-approval I.
- Project #50 - Approval I
- Project #51 - Non-approval I (the inappropriateness of this project for Regional Medical Program funding was based on the Council's opinion that training of this kind is the legitimate concern of the hospitals and clinical pathologists as a part of their regular in-service training activities.)
- Project #52 - Approval with the conditions specified by the Review Committee, and to be studied by the special technical panel.
- Project #53 - Non-approval II.

01 - \$569,776    02 - \$526,065    03-\$520,310

COLORADO/WYOMING REGIONAL MEDICAL PROGRAM

12/69.1, 12/69.2, 12/69.3 - Operational Supplement - Approval with specific conditions as follows:

- Project #15 - Approval with the conditions specified by the Review Committee.
- Project #16 - Approval II = Council concurs with the Review Committee and further recommends that the "coordination" functions proposed here be carried out within the existing core staff framework.
- Project #17 - Approval I with the conditions specified by the Review Committee.
- Project #18 - Approval with the conditions specified by the Review Committee in the amounts considered appropriate by the staff.

01 - \$117,505    02 - \$127,714    03 - \$24,944

FLORIDA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement (Including renewal of core support)

FLORIDA REGIONAL MEDICAL PROGRAM (Continued)

Approval with specific conditions as follows:

Core - Approval I for one year as specified by the Review Committee.

Project #28 - Approval I.

Project #29 - Non-approval II

Project #30 - Non-approval II

Project #31 - Non-approval I (the inappropriateness of this project for RMP funding is based on the Council's opinion that this project is designed principally for the education of medical students and house staff and has no plan for regional outreach or for the encouragement of cooperative arrangements).

Project #32 - Non-approval II

01 - \$43,370      02 - \$725,180      03 - \$45,100

NOTE: The Council further concurred with the Review Committee in recommending a site visit which is specially designed to assist the Region in assessing its entire Program and in balancing the activities in the three areas of the Region.

HAWAII REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval (of the core supplement only) with specific conditions as detailed by the Review Committee.

Projects 12 through 16 - Non-approval II

Council further recommended that no additional funds beyond this presently approved core supplement be approved for this region until a site visit has been made and there is some further delineation of a plan both for Hawaii and for the extension of programs into Guam and the Trust Territories. The site visit is also charged with specific investigation of projects #15 and #16 along the lines recommended by the Review Committee.

01 - \$87,387      02 - \$90,295

INDIANA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions.

(Continued)

INDIANA REGIONAL MEDICAL PROGRAM (Continued)

Core Staff Supplement - Approval  
Project #15 - Approval, in principle, contingent upon the findings of a technical panel regarding this particular application of perinatal monitoring in clinical practice; and upon the submission of better evidence of the relationship of the project to regionalization in IRMP.

01 - \$265,445    02 - \$293,051    03 - \$43,048

INTERMOUNTAIN REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Renewal - Approval with specific conditions as detailed by the site visit team and with the advice and guidance on the individual projects as detailed by the Review Committee.

Council further recommends that the Region be advised to undertake an orderly phase-out of the projects which are predominantly "R&D" and be discouraged from further development of "automated gadgetry" aspects of the other projects.

01 - \$2,064,229    02 - \$2,145,656    03 - \$2,199,208  
04 - \$123,756    05 - \$82,504

12/69.2 - Project #25 - Approval with specific conditions, for three years, in amounts to be determined by staff but not in excess of the amounts requested.

01 - \$165,170    02 - \$161,868    03 - \$174,130

NOTE: This project was not among those held for further consideration of the kidney disease issue (see VIII, A, 2 of the Minutes) because it had been revised to comply with the existing policy guidelines and built into the cooperative arrangements framework which is the basis of IRMP. Also, it represents an opportunity for IRMP to contribute to the operation of a complete and extremely high quality chronic renal disease service.

LOUISIANA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Disapproval.

The Council concurred with the Review Committee in their assessment of this proposal. The Region's requested withdrawal was received after the application had been distributed to the Council members. The Council agreed with the panels and the Review Committee that the current proposal is elaborately budgeted but weak and ill-defined and would require major revision before it could be considered for funding. The Council considered the Region's plan to withdraw the application as an opportunity for developing a revised proposal to be submitted for a complete review cycle, of which a site visit would probably be an appropriate part.

MEMPHIS REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions as detailed by the Review Committee.

01 - \$20,600,    02 - \$23,972    03 - \$27,657

(See also "Special Actions" at the end of this Section).

METROPOLITAN WASHINGTON, D. C. REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions, as follows:

- Project 27 - Non-approval II.
- Project 28 - Approval with the contingencies specified by the Review Committee.
- Project 29 - Approval with the specified conditions described by the Review Committee.
- Project 30 - Non-approval II.
- Project 31 - Deferral for further consideration (see Section VIII, A, 2 of the Minutes).

01 - \$168,369    02 - \$54,471    03 - \$55,860

12/69.2 - Operational Supplement - Council concurred with the recommendation of the Review Committee for non-approval.

- Project 32 - Non-approval I.
- Project 33 - Non-approval II.





NEW JERSEY REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with the conditions detailed by the Review Committee.

01 - \$60,450      02 - \$61,463      03 - \$63,156

#11  
Cancer Care Course

NEW YORK METROPOLITAN REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions.

Project #10 - Deferral for a site visit. If the visitors are persuaded that the project is (1) feasible and (2) relevant to the New York Metropolitan Regional Medical Program (see Section VIII, A, 3 of the Minutes) the proposal should be revised accordingly and resubmitted.

73,810 — Project #11 - Approval I with the advice provided by the Review Committee.

70,636 — Project #12 - Approval I with the advice provided by the Review Committee.

144,446 — Project #13 - Deferral for a site visit and possible revision (see Section VIII, A, 2 of the Minutes).

01 - \$144,446      02 - \$147,823      03 - \$156,501

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions.

Project #24 - Approval II. Council believes that this can be done through the core staff without additional funds being assigned to a specific project.

Project #25 - Approval I.

01 - \$43,443      02 - \$44,374      03 - \$45,309

NORTHLANDS REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions.

Project #2S - Approval I.

Project #12 - Approval I with the advice provided by the Review Committee.

(Continued)

- Project 13 - Approval I with the specific conditions detailed by the Review Committee.  
Project 14 - Approval I contingent upon the submission by the proposer of evidence satisfactory to staff that they are working with the American Academy of Ophthalmology, and the AMA Council on Education towards the development of their curriculum and training standards.

01 - \$248,670    02 - \$219,512    03 - \$142,953

NORTHWESTERN OHIO REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Return for Revision.

The Council concurred with the Review Committee in each of its recommendations.

OHIO STATE REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions.

- Project 15 - Approval I with the contingencies detailed by the Review Committee.  
Project 16 - Non-approval II with the advice of the Review Committee.  
Project 17 - Non-approval I.

01 - \$79,400    02 - \$67,500    03 - \$79,100    04 - \$59,200

PUERTO RICO REGIONAL MEDICAL PROGRAM

12/69.1 - Initial Operational - Approval with specific conditions.

The Council concurred with the Review Committee in its recommendations that this Region be awarded operational status, and in their recommendations regarding each of the individual application components. The Council also requested that staff make very certain that the disapproval of Project #8 does not serve to discourage the development of stroke activities in the Puerto Rico Regional Medical Program.

01 - \$1,134,087\*    02 - \$1,190,760    03 - \$1,200,064

\* Core is 7 months only.

ROCHESTER REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Renewal ((Core) Component) - Approval with specific conditions.

The Council concurred with the Review Committee in approving this application for one year only in the amount requested.

01 - \$373,573

SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions (project #6R only).

The Council concurred with all of the recommendations of the Review Committee, both in regard to the individual projects and to the Region as a whole. They further specified that the staff arrange for a site visit to this Region for purposes of assisting the Region in better organization and delineation of its plans and organizational arrangements, and in the revision of Project #16. Council was unable to determine precisely which of the training components of this project were supportable and which were not. They were also interested in further information on the capability of the hospital to provide training of all these kinds and in this depth.

Project #6R - Approval I.

Projects 10 through 16 - Non-approval II.

01 - \$26,978      02 - \$29,425      03 - \$31,551

TRI-STATE REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement (Core Staff and Planning Activities) - Approval.

The Council concurs with the recommendations of the Review Committee and suggests that staff convey to the Region the need for greater detail and more specificity in future applications -- both in presenting progress to date and plans for the future.

01 - \$1,348,732

12/69.2 - Operational Supplement - Approval with specific conditions as follows:

Project #7 - Non-approval I

(Continued)

TRI-STATE REGIONAL MEDICAL PROGRAM (Continued)

Project #8 - Approval with the advice specifically set forth by the Review Committee.

*Comprehensiv Care Acute Stroke Patient*

01 - \$14,575      02 - \$14,375      03 - \$14,375

VIRGINIA REGIONAL MEDICAL PROGRAM

12/69.1 - Initial Operational - Approval with specific conditions.

The Council concurred in the recommendation of the site visitors and the Review Committee that this Region be awarded operational status. There were however some rather specific differences of opinion between the two bodies regarding individual components and the total to be awarded. The Council recommends as follows:

Project #1 - Approval I with the specific conditions recommended by the Review Committee.

Project #2 - Approval I as recommended by the site visitors with the condition that the project director be apprised of the questions raised by the Cardiovascular Panel and seek the necessary consultation to find the answers.

Project #3 - Approval I with the specific conditions recommended by the Review Committee.

Project #4 - Approval I as recommended by the site visitors, contingent upon the necessary certification of the extended care facility involved.

Project #5 - Non-approval II as recommended by both the Review committee and site visitors.

Project #6 - Non-approval II as recommended by both the Review Committee and site visitors.

Project #7 - Approval I with the conditions specified by the Review Committee.

01 - \$345,695      02 - \$330,776      03 - \$337,375

WASHINGTON/ALASKA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Renewal - Approval with specific conditions.

The Council concurred with the Review Committee in its recommendation that approval of these components of the operational grant to this Region be renewed for three years, with the

conditions specified in each case.

01 - \$1,494,586    02 - \$1,555,984    03 - \$1,605,248

12/69.2 - Operational Supplement - Approval with specific conditions.

The Council concurred with the Review Committee in regard to each of its recommendations on each of the four supplemental projects.

01 - \$100,611    02 - \$46,700    03 - \$48,570

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Approval with specific conditions.

The Council concurred with the recommendations of the Review Committee on each of the three component requests.

35= 197,108

13= 47,454

14= 31,960

01 - \$276,522    02 - \$81,644    03 - \$84,788

04 - \$54,954    05 - \$57,859

276,522

12/69.2 - Operational Supplement - Disapproval.

After a great deal of consideration and review of the special information obtained by the staff at the request of the Council at its last meeting, the Council decided that this project proposes the demonstration of a technique which has not yet been developed to the extent that it is of primary importance in patient care and one which is not sufficiently relevant to the problems of the categorical diseases. In recognition of the continuing basic research and clinical investigation on this technique the Council has agreed to reconsider, two years from now, its applicability to direct patient care.

WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM

12/69.1 - Operational Supplement - Non-approval I.

The Council considered this application very carefully in the light of the Review Committee's request for policy guidance on projects of this general nature. Although they agreed that under appropriate circumstances the training and demonstration of home health aide activities could be very relevant to Regional Medical Programs (see Section VIII, A, 3 of the Minutes), Council was unable to discern the specific relevance of this project to the purposes of the WPRMP or to Regional Medical Programs nationally. They therefore recommended that other funds be sought for the pursuit of this program plan.

SPECIAL ACTIONS

Four requests for special actions by the Council were presented by the staff.

MEMPHIS REGIONAL MEDICAL PROGRAM

The Council recommends approval of the continuation of the activities initiated under project #4, under the circumstances presented by the staff, for a sufficient time to allow the Region to submit a revised proposal for full operational project support for Review Committee and Council consideration.

NEBRASKA/SOUTH DAKOTA REGIONAL MEDICAL PROGRAM

The Council recommends approval, without additional funds, of the reinstatement of the mobile unit aspect of project #4 as presented and explained by the staff.

OHIO VALLEY REGIONAL MEDICAL PROGRAM

In February 1969 the Council approved, in principle, a proposal to establish a multiphasic screening activity in this region. The approval was contingent upon submission of evidence that the project, as conceived, could be accomplished within the limit of the budget recommended.

The consensus of Council is that the revised proposal is acceptable, although the project is to be watched closely by staff for assurance that the necessary provisions are being made for patient follow-up and that plans are being pursued for support of the continuity of this project beyond the two year limit of this grant.

The recommendation of approval is reaffirmed.

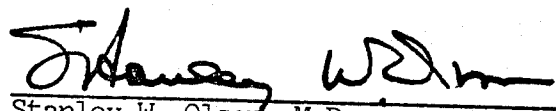
WISCONSIN REGIONAL MEDICAL PROGRAM

After further consideration of project #15 and of the entire issue of Regional Medical Program support of projects related to control of chronic renal disease (see Section VIII, A, 2 of the Minutes), the Council again deferred final action on this application.

X. ADJOURNMENT

The meeting was adjourned at 12:30 p.m. on December 17, 1969.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Stanley W. Olson, M.D.

Director

Regional Medical Programs Service

- \* Text of the statements and additional materials which were distributed at the meeting are available in the Office of the Council Secretary.



ATTENDANCE AT THE NATIONAL ADVISORY COUNCIL MEETING

December 16-17, 1969

RMPS STAFF ATTENDING

Dr. Donald R. Chadwick, Deputy Director, DRMP  
Mr. Cleveland Chambliss, Office of Organizational Liaison  
Dr. Veronica Conley, Continuing Education & Training Branch  
Dr. Sam Fox, Chief, Heart Disease & Stroke Control Program  
Mr. Edward Friedlander, Assistant Director for Communications  
and Public Information  
Mr. Sam Gilmer, Programs Assistance Branch  
Mr. Charles Hilsenroth, Assistant Director for Management  
Mr. Robert Jones, Chief, Programs Assistance Branch  
Mrs. Lorraine Kytte, Office of Grants Review  
Mr. Gregory Lewis, Chief, Grants Management Branch  
Dr. Richard Manegold, Associate Director for RMP Operations & Development  
Dr. Frank Mark, Chief, Operations Research & Systems Analysis Branch  
Mr. Roland Peterson, Assistant Director for Planning & Evaluation  
Mrs. Martha Phillips, Associate Director for Grant and Contract Policy  
Dr. Miloslav Rechcigl, Special Assistant to the Director for Nutrition and Health  
Mr. Donald Riedesel, Executive Officer, CDC  
Mr. Richard Russell, Office of Grants Review  
Mrs. Judy Silsbee, Assistant Director for Grants Review  
Dr. Margaret Sloan, Associate Director for Organizational Liaison  
Mr. Frank Zizlavsky, Programs Assistance Branch

OTHERS ATTENDING

Dr. L. G. Christianson, Veterans Administration  
Dr. J. H. Dunlop, A. D. Little, Inc.  
Dr. Frederick Featherstone, HSMHA/OA  
Mr. Charles Rosenberger, NCI  
Mr. John Pendleton, NCHS&RD  
Dr. R. A. Walkington, NLM  
Dr. Eugene Veverka, CHS  
Dr. William J. Zukel, NHI

RECORDING OF RECOMMENDATIONS

From the Panels to the Review Committee  
(On Projects Only)

Technically sound and capably directed  
Feasible under specified conditions  
Unapprovable on technical grounds

From the Review Committee to the National Advisory Council  
(On Projects)

Approval I - Additional funds recommended  
Approval II - No additional funds recommended  
Non-approval I - Inappropriate for DRMP funding  
Non-approval II - Revision required  
No action taken - Need additional information  
Need site visit  
Need Council decision

(On Entire Applications)

Approval  
Approval with specific conditions  
Deferral  
Return for Revision  
Disapproval - Inappropriate for DRMP funding

From the National Advisory Council to the Administrator  
(On Entire Applications)

Approval  
Approval with specific conditions  
(as recommended by the Review Committee or others)  
Deferral  
Return for Revision  
Disapproval - Inappropriate for DRMP funding

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