



E001275

Return to G. Peroutz
August

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
August 26-27, 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 Seventeenth Meeting 1/ 2/

August 26-27, 1969

The National Advisory Council on Regional Medical Programs convened for its seventeenth meeting at 8:30 a.m., Tuesday, August 26, 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 be present for 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 (8/26 only)	Dr. Alfred M. Popma
Dr. Anthony R. Curreri	Dr. Russell B. Roth
Dr. Bruce W. Everist	Dr. Mack I. Shanholtz (8/27 only)
Dr. John R. Hogness	Mr. Curtis Treen
Mrs. Florence S. Mahoney	Mrs. Florence R. Wyckoff

The liaison member attending was:

Dr. Sidney Farber, NCI, (8/26 only)

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.

-
- 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.

II. ANNOUNCEMENTS

Doctor Olson announced that effective September 1, 1969, Dr. John R. Hogness will become the Executive Vice President of the University of Washington in Seattle, Washington.

III. CONSIDERATION OF FUTURE MEETING DATES

The dates of December 16-17, 1969 and March 31-April 1, 1970 were confirmed. Tentatively scheduled for 1970 were July 14-15 and December 8-9.

IV. CONSIDERATION OF MINUTES OF THE MAY 1969 MEETING

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

V. REPORT ON THE STATUS OF THE REGIONAL MEDICAL PROGRAMS SERVICE 1970 BUDGET

Doctor Olson reviewed the progress of the Administration's FY 1970 budget request which had been reported out by the Appropriations Committee of the House of Representatives on July 24, 1969. As it now stands the Bill includes \$76 million for Regional Medical Programs Service, a reduction of \$24 million. Of this amount \$49.5 million is allocated for RMP grants. This plus the \$20 million carried forward by direction of DHEW from FY '69 funds, making the total amount available for grants in 1970 approximately \$2.5 million less than the total amount awarded in FY '69. A copy of the Division's publication, News, Information, and Data, Volume 3, No. 25, August 15, 1969, which describes the circumstances of the House action and its potential effect on the Program was distributed to the Council and was the basis of this discussion.

Doctor Olson further informed the Council that the Health Services and Mental Health Administration has prepared an appeal on the House action. This is now being held at the Department level pending consideration in the light of the President's agreement with the Congress to limit Federal spending.

The Council urged the staff to continue its efforts to develop a realistic estimate of the amounts of funding needed for optimum development of the Regional Medical Programs throughout the next and subsequent fiscal years.

VI. REGIONAL MEDICAL PROGRAMS IN THE FUTURE OF THE HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

A. After briefly reviewing the history of the development of the Health Services and Mental Health Administration since its establishment just over one year ago, Doctor Olson explained Doctor English's determination to enlist the advice and guidance of persons both inside

and outside the Administration who are especially interested and involved in the various component programs, before settling on an organized strategy for his Administration.

An important step in this development was the meeting on August 21 and 22 at Airlie House, of representatives of the Health Services and Mental Health Administration and Regional Medical Programs. Among some 40 persons who attended this conference were five members of the National Advisory Council each of whom was asked by Doctor Olson to comment on the meeting and the very obvious bearing on the future course of Regional Medical Programs.

In summarizing the proceedings of the meeting, Doctor Millikan reported on what he considered the two most relevant items:

"First, from a practical standpoint, in addition to the establishment of the network and to the thrust of its education program, each Regional Medical Program now has a new opportunity. On the one hand it can easily get into the business of attempting to influence the provider-consumer inter-relationships at a primary level, where the people are; and secondly, it can get involved in influencing the health care distribution problem. From the testimony given at the meeting, there are a growing number of examples where Regional Medical Programs have already very significantly and successfully entered into on-going attempts to solve particular or specific inter-relationships and distribution problems.

"Second, it would now appear that we are going to have to think about changing Regional Medical Programs to take on those kinds of activities in a more formal sense -- along with their already accepted responsibilities -- rather than having it as a sort of obscured opportunity to effect change when and where it might just happen as related to their own activities. It would also appear that if, indeed, we are to do this we must begin at the September Airlie House Conference with a clear understanding of this mission by our constituency, including all Regional Medical Program Coordinators and Chairmen of Regional Advisory Groups, the staff of Regional Medical Programs Service and Health Services and Mental Health Administration. If we can do so, we can move Regional Medical Programs into an active role in providing an impact on primary care and distribution of that care."

Drs. Everist, Curreri, Roth, and Pellegrino agreed with Doctor Millikan's summary and each presented some individual reactions to the issues. Doctor Olson also summarized his reactions from his position as Director, Regional Medical Programs Service.

"Only time and experience can determine whether an emphasis on primary care and distribution of care ought to be the major focus of Regional Medical Programs. But, I am confident that

concern is being voiced about the matter of primary care, whether one goes to the annual meeting of the Association of American Medical Colleges and hears a discussion about the need for greater relevance in medical education to the acute health needs of the people, or whether one goes to the American Medical Association Convention and listens to the leaders of that organization commenting on the obligation of the medical profession to insure that everyone has access to health care. It seems to me that Regional Medical Programs now have an opportunity to articulate with what appears to be a more pressing problem than those relating only to the categorical diseases. I believe you all would agree that in the final analysis primary health care is made up of many aspects of care and certainly heart disease, cancer, and stroke are not irrelevant to primary care. But we cannot assume that a system and a capacity exists everywhere when, in fact, we know there are large gap areas that have no system and very little care. These deficiencies frequently tend to exclude Regional Medical Programs from working in many areas. These deficiencies are of great concern to a broad segment of our lay and professional citizens."

(A transcript of the complete discussion is on file in the Office of the Council Secretary).

B. During the discussion of these two very important issues Doctor Olson reported to the Council on a meeting of the top staff of the Health Services and Mental Health Administration with Doctor Roger Egeberg and recounted some of Doctor Egeberg's experiences with the California RMP as well as his acquaintance with the Program on a national basis. Doctor Crosby and Doctor Cannon pointed to the continuing need for development of working relationships between the Regional Medical Programs and both the (a) and (b) Agencies for Comprehensive Health Planning; particularly in recognizing their respective roles in consumer representation, establishment of standards and regulations, and relationships to environmental as well as personal health problems.

Although he is in general agreement with the importance and appropriateness of this new role for Regional Medical Programs, Doctor Hogness cautioned the Council to continue to look realistically at the program and its progress to date. He sees an urgent need for the Council to give consideration to the Program's priorities, particularly as they affect and are affected by the applications which are submitted for review. Only by careful selection of priorities and their implementation can Regional Medical Programs establish "a record of effectiveness in changing health care patterns."

C. A more specific projection of RMP activities in fiscal 1970 was presented by Doctor Olson in a brief introduction to the activities

of the National Clearinghouse for Nutrition and Health. He introduced Dr. M. Rechcigl, Special Assistant for Nutrition, who reviewed the current activities grouped under this organizational heading and outlined the new directions to be undertaken in this fiscal year.

D. Doctor Chadwick called the attention of the Council to the identical Senate and House Bills which propose a "National Kidney Disease Act of 1969." In reviewing the provisions of the Bill, the Council has agreed that its purposes could be carried out well under the present RMP Legislation, particularly in view of the legislative history supporting the inclusion of kidney disease as a "related disease" for purposes of Title IX. In actuality, only the limitation on available funds has prevented the Regions from moving from the planning and training activities currently funded into extensive patient service projects. Three members of Council (Doctor Roth, Doctor Pellegrino, and Doctor Popma) were appointed as an Ad Hoc Subcommittee to draft a recommendation which might be presented by the Council to the Administrator, HSMHA, in this regard. This group reported to the Council on the second day of the meeting and the following recommendation was approved for transmittal to Doctor English.

"The National Advisory Council on Regional Medical Programs recommends that the important purposes of the proposed "National Kidney Disease Act of 1969" can most effectively and appropriately be achieved by expanding the scope of the authority granted by Title IX of the Public Health Service Act (Education, Research, Training, and Demonstrations in the Fields of Heart Disease, Cancer, Stroke, and Related Diseases) to explicitly include Kidney Disease, and by administering that authority under the Regional Medical Programs Service of the Health Services and Mental Health Administration.

The Regional Medical Programs Service (represented by an administrative organization at the national level, and by the 55 established Regional Medical Programs at the local level) already has a demonstrated capacity to carry out the purposes of the proposed legislation. This would allow the immediate allocation of all newly appropriated funds to kidney disease oriented planning and operational projects and will avoid thereby the loss of valuable time and manpower, and appropriated funds.

The National Advisory Council believes the above course of action is supported by the following factors:

- . The inclusion of kidney disease as a "related disease" for purposes of Title IX, is clearly established in legislative history.
- . A number of the established Regional Medical Programs have already invested some of their limited grant funds in planning for kidney disease programs and in operational projects for training and continuing education of health professionals in the technique of prevention, diagnosis, and treatment of acute

and chronic kidney disease. The fiscal constraints imposed on Regional Medical Programs Service have prevented the Council from recommending operational funds for demonstrations of patient care and for ancillary services but there is no legal restraints to funding such demonstrations.

- . Establishment of a regional organization required by the proposed legislation for "education, training, and demonstrations" in an individual disease field would create a precedent which, if followed for other disease entities, would serve further to fragment rather than consolidate and coordinate the Nation's limited medical professional and institutional resources.

The Council encourages the establishment of an Advisory Panel on Kidney and Kidney Related Diseases to review and evaluate applications for activities in this field and to provide professional advice to the National Advisory Council in this regard. It further recommends representation by both lay and professional persons with special interest in kidney diseases on an expanded National Advisory Council on Regional Medical Programs."

VII. CAN A SYSTEM OF NATIONAL PRIORITIES BE REFLECTED IN REGIONAL MEDICAL PROGRAMS?

In opening the discussion, Doctor Hogness suggested that primary consideration would have to be given not only to identification of the broad national goals for Regional Medical Programs, but to some consensus among national experts as to the best ways of accomplishing the goals. This would enable the Council to assign the highest priorities to the activities within individual Regional Medical Programs which move Programs along those lines. Grant applications would then be considered to reflect entire RMPs and judgements on them based on the "Whole Program's ability to (1) affect the system of patient care, (2) improve the rendering of primary care, (3) be concerned with prevention of disease, (4) contribute to the continuing education of existing manpower and the training of new manpower, etc."

There was agreement among the members of the Council that any priority system designed for Regional Medical Programs should have its primary emphasis on methods rather than aims; which are "easily stated and rhetorical" and in the last analysis common to all efforts in medical care -- the alleviation of the effects of disease.

Council also recognized that in beginning to look to priorities based on the suggestions of Doctor Hogness and others, it would be necessary immediately for them to recognize these priorities in their review and analysis and final recommendation on the funding of Regional Medical Program grants. Progress in priority development would then need to be shared with the Review Committee, site visitors, panel members, and other consultants who participate in the review process; and the guidelines made known to the staffs and Regional Advisory Groups of the 55 Regional Medical Programs.

Doctor Olson called the attention of the Council to the relationship of the proposed anniversary assessment concept to this kind of priority setting and

also referred to the Regional "profiles" which are being prepared by staff as basic documentation of regional status and as background for review of new and renewal applications.

VIII. MULTIPROGRAM SERVICES GRANT (SECTION 910) - A Report of the Subcommittee to Consider Implementation

Doctor Hogness who served as Chairman of this Subcommittee reported its recommendations in two parts. The first of these concerns the funding of the Multiprogram grant authority in relation to the funding of the 55 Regional Medical Programs and the relative priorities among the kinds of activities eligible under this authority. The second part of the recommendation relates directly to the support of one or both of two proposals submitted for the clinical field testing of the drug Clofibrate.

The Council voted unanimously to endorse the recommendations of this Subcommittee, which met at 8:30 a.m. on July 12, 1969, in the Board Room of the Clinical Center at the National Institutes of Health with all appointed members present:

Dr. John R. Hogness, Chairman
Dr. Clark H. Millikan
Mrs. Florence R. Wyckoff
Dr. William D. Mayer, Member, Regional Medical Programs Review Committee
Dr. William Stoneman III, Coordinator, Bi-State RMP
Dr. Theodore Cooper, Director, National Heart Institute

I. Project Grants for Multiprogram Services

- A. Grant awards under the authority of Section 910 of Title IX of the Public Health Service Act, must be made exclusively for activities which are supportive of the goals and objectives of Regional Medical Programs.
- . It is not only appropriate but desirable that this mechanism be used for support of activities of interest and service to all of the Regional Medical Programs in the Nation, as well as activities of interest to any two or more geographically related Regional Medical Programs.
 - . Under the circumstances of the present legislative authority and the current budgetary limitation, support of activities in the 55 Regional Medical Programs must be given the first priority. To the extent that Multiprogram Services can be funded it is important to recognize and consider them in two major categories, depending on the source of the initiative for their development and submission:
 1. Projects arising from the initiative of, and designed to serve, two or more Regional Medical Programs must be

- Clearly and sharply directed toward producing innovations in cooperative arrangements in and among the Regions involved;
 - Of high priority to the Regions involved, and approved as such by each Regional Advisory Group. (This mechanism may not be used to circumvent the review procedures of individual Regions); and
 - Show that the programs of the Regions involved are better served by a Multiprogram Service than they would be by a single Regional approach to the project. Projects will not be considered for funding under this mechanism if they have been rejected previously, on the basis of scientific merit, as a part of a single Regional Medical Program application.
2. Among the projects arising from the initiative of a single agency and planned to serve the interest of Regional Medical Programs nationally, primary emphasis, at least for the present, should be placed on projects in two general categories;
- Top priority being given to support of institutions and organizations which provide training in disciplines of special importance in the development of RMP professional staff competence; and
 - Second priority to the support of services and resources to be provided in one or more central locations which will further the general goals of Regional Medical Programs nationally; each application providing a clear identification and documentation of the need for the service by the several Regional Medical Programs.
- Review of applications for Multiprogram Services grants should follow essentially the same process as currently employed for Regional applications. Applicants should be advised to be in communications with staff of Regional Medical Programs Service during the preparation and development of the project. Applications should be screened by staff for the need for collateral review by subject matter experts including, in some instances, the staff and consultant representatives of the appropriate National Institute of Health (see discussion of Clinical Field Trials) and then forwarded to the RMP Review Committee with their assessment. The application is then to be submitted to the National Advisory Council on Regional Medical Programs with the recommendation of the Review Committee and, where appropriate, a statement from the National Advisory Council of the reviewing Institute.

B. Clinical field trials are, under specific circumstances, appropriate activities for Regional Medical Programs and may be funded as part of an operational grant under Section 904 or as a Multiprogram Service under Section 910. In either case the trial must:

- . Involve the applicability of a scientifically proven method of intervention in a disease process and utilize methods the scientific merit of which is established; and
- . Be directed to the establishment of a system of cooperative arrangements which will contribute to the improvement of the health care of the study subjects.

Grants under Section 910 for clinical field trials which meet the above criteria are to be limited to the funding of a central service essential for the study in two or more Regions, when such service is requested, and the methods of its provision approved by the Regional Medical Programs to be involved in the trials.

II. In response to the request for recommendations for the preliminary disposition of the two proposals for the study of the Clofibrate (#910-5, California Regional Medical Program and #910-5A, University of Southern California), the subcommittee agreed that neither is appropriate for support under Regional Medical Programs since they do not fulfill either of the criteria recommended above.

- . The biological investigation of the mechanism to be studied is not yet satisfactorily completed and sufficient information is available to indicate that additional primary work needs to be done on the possible toxic side effects of the drug itself.
- . Neither is directed toward the trial of a system of cooperative arrangements to improve the care of the patient involved.

IX. DEVELOPMENTS IN THE PROCESS OF REVIEW AND ASSESSMENT OF REGIONAL MEDICAL PROGRAMS

Mrs. Phillips reviewed the staff progress in developing a system of anniversary review and assessment of operational Regional Medical Programs. It was recalled that at the May meeting the Council had suggested that staff pursue the development of a mechanism for this purpose, within the legislative and operational authority presented available.

Mr. Robert Lawton, consultant to the Regional Medical Programs, presented a brief summary of the results of his study of the RMP review process and highlighted its reference to a system of anniversary review.

His suggestions in this regard have been presented to, and discussed at length by, the Review Committee who made a number of recommendations. Among these is the formation of a joint committee of members of that group and the National Advisory Council to work with staff on the further development and implementation of this plan. The Council voted unanimously to accept the

Review Committee's recommendations and to enter into such a joint effort. Doctor Popma suggested that this same committee might address itself to the matter of National priorities -- not what they should be, but how they might be decided upon and achieved. Doctor Olson will appoint the members of this joint committee.

There was also unanimous agreement that the Council endorse the principles, both of anniversary review and of the development of a system for including a facilitating award in each Regional Medical Program grant.

X. "ISSUES" RELEVANT TO REGIONAL PROJECTS AND PROGRAM DEVELOPMENT

A. Health Manpower, Recruitment, Training, and Continuing Education (con't)

1. Report of the Asilomar Allied Health Conference

Doctor Olson presented a brief summary on the report of the Conference and presented the recommendations made to him by the Conference representatives. The Council endorsed the recommendation of the conference concerning the representation of allied health groups on review panels and noted the absence of such representation on the Council itself.

The need for an organized approach to the problems of allied health manpower, especially the groups engaged in the direct delivery of primary and secondary care, was discussed. It was agreed that the most appropriate focus at the Federal level for development of such an approach is within the Health Services and Mental Health Administration.

The Council recommended that Doctor Olson and RMPS take the initiative in exploring ways in which a conference might be held to identify the interests, needs, and aspirations of the various allied health groups and the institutions and facilities they represent; and to bring them together with representatives of the 55 Regional Medical Programs, the RMPS staff and the other interested and concerned units of HSMHA. Doctor Pellegrino advised caution in arranging such a conference "lest it get so big as to dilute our (RMP) concerns" and suggested that "it be planned around the perceived needs of RMP with others invited to participate."

2. Identification of "established" allied health disciplines.

Following the suggestion of the Council at the May meeting, the staff proposed some further guidelines for development of projects to train allied health personnel.

The Council reaffirmed its previous position that use of Regional Medical Program funds for the actual costs of basic

training and for student support be limited to "newly developed technologies or new modalities of diagnosis and treatment for which no standard curriculum is yet recognized and no minimum national standards for certification or licensure are yet established; and which is not generally part of the regular offerings of the health-related educational and training system of hospitals and/or technical schools, junior and senior colleges." This guideline was made more specific by the Council's decision to accept the staff's recommendation that an allied health profession will be considered established if a Board of Schools, American Medical Association Council on Medical Education, has been set up to approve schools, define standards for admission, curriculum requirements and certification procedures.

The three disciplines presented for specific consideration were Inhalation Therapy, Nuclear Medicine Technology, and Radiation Therapy Technology and it was agreed that all these would fall into the group for which basic training support would be denied.

3. Training of Physician Assistants

After consideration of the background materials which were requested by them and prepared and submitted by staff, the Council agreed that projects relating to the development of non-professional manpower to assist physicians in the direct care of patients (generally referred to as "physician's assistants") -- including the direct costs of providing training and student support -- may be eligible for funding as part of Regional Medical Programs.

In making this recommendation, the Council emphasized that this action implied no relative priority for projects of this kind in the spectrum of Regional Medical Program activities, nor the priority of one approach to the training as related to another.

B. Cardiopulmonary Resuscitation Training Projects in Regional Medical Programs

The Council discussion was based on the material presented by staff and on its accumulated experience in reviewing Regional Medical Program applications which contain Cardiopulmonary Resuscitation training projects.

There was general agreement on the appropriateness and value of projects to provide training for selected groups of professional and allied health personnel in the techniques of cardiopulmonary resuscitation, as components of Regional Medical Programs, as determined by the level of priority assigned to such projects by individual Regional Medical Programs and their Regional Advisory Groups.

They were, however, unable to arrive at any consensus as to the

real value of the almost unlimited extension of such training programs to non-medical personnel, particularly when relating the cost of such training (in dollars, facilities, and manpower) to the presently limited funds available for grants to carryout the purposes of Public Law 89-239 (Education, Research, Training, and Demonstrations in the Fields of Heart Disease, Cancer, Stroke, and Related Diseases).

In reference to the eight application components being held in the review process (by their action in May 1969), the Council authorized the staff to proceed with the recommendations made on each one individually; but imposing the additional condition that, in the case of those to be approved, the funding be limited to training activities directed principally to medical and allied health personnel who are employed in hospitals and other in-patient facilities, or in out-patient and emergency facilities operated by or directly related to institutions in which follow-up care is immediately available.

The members voted unanimously that this action not be recorded or construed as an official policy or position of the National Advisory Council and requested a more thorough study by the staff as background for a more definitive policy statement to be considered at its December 1969 meeting.

C. Role of Regional Medical Programs in Large Complex Metropolitan Areas

Because the discussion pursuant to agenda item VI (particularly the report of the Airlie House Conference), related so closely to many of the complex problems raised in this "issue" paper, the Council did not discuss it further.

D. Medical Communications and Instructional Media - Summary Recommendations and Report on the Colorado Conference-Workshop

Doctor Pellegrino, who attended the Colorado meeting, reported briefly and summarized the several recommendations. The Council was in general agreement on the need for better guidelines for approving requests for purchase of communications hardware of all kinds, ranging from systems for transmittal and interpretation of physiologic data to simple audio-visual aids.

Doctor Olson indicated his intention to arrange for better and more specific use of expert advice in the development of such guidelines and will report to the Council on progress in this regard.

XI. CONSIDERATIONS OF APPLICATIONS 1/

ALABAMA REGIONAL MEDICAL PROGRAM

8/69.1 - Project #13 - Disapproval with advice to revise and resubmit.

No new funds to be awarded.

ALBANY REGIONAL MEDICAL PROGRAM

8/69.1 - Competing Renewal - Approval in the time and amounts as follows with the conditions and recommendations of the site visitors and the Review Committee (* exception)

	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	<u>05</u>
#14 (Core)*	\$ 600,000	\$600,000	-0-	-0-	-0-
#1A & B	141,666	135,170	\$133,822	-0-	-0-
#2	72,140	75,140	81,140	-0-	-0-
#4	96,980	-0-	-0-	-0-	-0-
#5	112,538	-0-	-0-	-0-	-0-
#6	87,978	100,400	102,200	-0-	-0-
#7A & B	50,430	-0-	-0-	-0-	-0-
#12	10,877	-0-	-0-	-0-	-0-
#13	5,200	5,200	5,200	-0-	-0-
#16	<u>65,020</u>	<u>63,900</u>	<u>65,900</u>	<u>\$67,900</u>	<u>\$69,900</u>
	\$1,242,829	\$979,810	\$388,262	\$67,900	\$69,900

* The recommendation concerning the support of the core was arrived at principally on the basis of the first-hand report of the observations of the site visitors who saw promise of such outreach, particularly by representation on the core staff. It was agreed that this could not be accomplished without provision for at least some new staff positions as recommended by the site visitors. At the same time, however, it was also agreed that the shorter period of commitment, as recommended by the Review Committee, would allow for a closer watch on the region's progress in this regard.

ARIZONA REGIONAL MEDICAL PROGRAM

8/69.2 - New Operational and Competing Renewal of Core - Approval in the time and amounts as follows with conditions and recommendations of the site visitors and the Review Committee (* exception)

All amounts are direct costs only and unless otherwise specified refer to 12-month periods.

The designation 01, 02, etc., relate to the first, second, etc. budget periods of the subject application, not necessarily the budget periods

	<u>01</u>	<u>02</u>	<u>03</u>
#00 - Core	\$503,300	\$503,300	-0-
#1	Approved in Principle, with no funds		
#2	\$ 35,211	\$ 35,211	\$ 35,211
#3	150,000	112,000	120,000
#4	56,895	74,307	84,118
#5	50,000	50,000	-0-
#6*	<u>Deferral for further Council study</u>		
	\$795,406	\$774,818	\$239,329

The Council recorded its interest in watching this Region's progress in dealing with the very real problems of delivery of health care to the people of this state, particularly the widely dispersed rural population of American Indians, Mexican-Americans, migrant workers, and others not now being well served.

*The Council has requested further staff study of Cardiopulmonary resuscitation training and deferred action on such projects pending further consideration by the study.

8/69.1 - Project #7, #8, and #9 - The Council agreed with the Committee's fundings and recommended disapproval with advice that the projects be revised and resubmitted.

No new funds to be awarded.

ARKANSAS REGIONAL MEDICAL PROGRAM

8/69.1 and 8/69.2 - Operational Supplements - Approval in the time and amounts and with conditions recommended by the site visitors and the Review Committee.

01 - \$521,269 02 - \$398,606 03- \$314,534

BI-STATE REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and amounts as follows, with the conditions and recommendations of the Review Committee (* exception)

	<u>01</u>	<u>02</u>	<u>03</u>
#00 - Core	537,913	\$ 560,444	\$588,467
#7	365,681*	101,226	84,307
#8	38,500	37,500	26,250
#9	<u>143,492**</u>	<u>-0-</u>	<u>-0-</u>
	\$1,085,586	\$ 699,170	\$699,024

*Council is concerned about the use of large amounts of RMP funds

for purchase of expensive equipment and other costs of establishing patient service facilities. Especially because of the large amount of radiation therapy equipment known to exist in the Saint Louis area the Council would like to be reassured concerning the need for this new installation in serving the poor residents of the immediate area and in teaching and demonstrating good radiation therapy practices. Expenditure of RMP dollars in the equipment category is to be held until some further details and assurances can be submitted and reviewed by the Council.

**Recognizing the validity of the Committees questions and reservations, the Council agreed to approve a one year award of an amount equal to that requested, to enable the Region to pursue the planning of such a project preparatory to the submission of another proposal for its operational support.

Doctor Pellegrino was not present during the deliberations.

CALIFORNIA REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and amounts and with the conditions recommended by the site visitors and the Review Committee.

01 - \$1,477,000 02 - \$1,326,000 03 - \$1,372,000

Mrs. Wyckoff was not present during the deliberations.

CENTRAL NEW YORK REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Project 12 - Approval in the time and amounts requested with the recommendations of the Review Committee.

01 - \$9,618 02 - \$6,390 03 - \$9,618

Project 13 - Disapproval. Use of Regional Medical Program funds prohibited.

COLORADO/WYOMING REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and amounts as follows with the conditions recommended by the Review Committee (* exception)

	<u>01</u>	<u>02</u>	<u>03</u>
#14	\$4,439	\$13,317	\$16,594
#15*	Revise and resubmit (site visit)		
#16	Deferral for a site visit		
#17	Deferral for a site visit		

... disappointed to find in the written application,

no commitment on the part of the Children's Hospital of Denver to reach into community as part of this proposal to strengthen its own program. There is no question of the quality of the institution and its personnel, nor of the value of the present program as presented. A revision is encouraged.

FLORIDA REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and amounts, and with the conditions and recommendations of the Review Committee.

	<u>01</u>	<u>02</u>
Core	\$650,000	-0-
#22	51,690	\$48,495
#23	Disapproval with advice to resubmit	
#24	Disapproval with advice to resubmit	
#25	Disapproved-use of RMP funds prohibited	
#26*	Disapproved-use of RMP funds prohibited	
#27*	Disapproved-use of RMP funds prohibited	

* Although the Council persists in its unwillingness to further specify its present policy guidelines on expenditure of grant funds for equipment, there was general agreement that each of these two projects has as its primary objective the establishment of a service facility for one institution and does not include a satisfactory plan for teaching, patient demonstrations and/or extension of services to a population not now well served. The Council recommended that in the context of these projects the purchase of equipment (and thereby the projects themselves) be disapproved.

GEORGIA REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and amounts and with the conditions recommended by the site visitors and Review Committee.

01 - \$680,897 02 - \$460,511 03 - \$456,972

GREATER DELAWARE VALLEY REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Disapproval of the project in the present form, with advice to revise and resubmit.

No new funds to be awarded.

ILLINOIS REGIONAL MEDICAL PROGRAM

8/69.1 - Initial operational and renewal of core - Approval in the

time and amounts as follows with the conditions and recommendations of the site visitors and Review Committee (* exception)

	<u>01</u>	<u>02</u>	<u>03</u>
<u>Core</u>	\$639,415	\$674,637	\$ -0-
#1*	Disapproval - Use of RMP funds prohibited.		
#2	\$ 39,556	-0-	-0-
#3	15,000	3,000	
#4	<u>30,000</u>	<u>45,000</u>	
	\$723,971	\$712,637	
<u>Projects</u>			
#1	\$ 35,525	\$ 34,530	-0-
#2	199,826	181,203	\$192,090
#3**	Disapproval in present form		
#4	104,950	103,000	-0-
#5	24,300	25,170	26,092
#6	33,790	34,557	-0-
#7	141,255	138,628	143,525
#8	<u>71,460</u>	<u>61,553</u>	
	<u>\$611,106</u>	<u>\$578,641</u>	<u>\$361,707</u>
	\$1,335,077	\$1,291,278	\$361,707.

*The Council concurred with the site visitors in recommending that the contract not be undertaken with RMP funds but suggested that RMP staff negotiate with the IRMP core staff to arrange for funding for the orderly completion of the aspects of the study already begun. The Council further suggested that in the future activities of this kind be considered as projects and submitted, as such, through the Regional review process.

**On the basis of the first hand observations of the site visitors and the judgement of the cardiovascular panel, Council recommended disapproval with the advice of both groups to be conveyed to the Region.

INDIANA REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Project #14 - Approval in time and amount requested with the recommendations of the Review Committee.

01 - \$27,497

02 - \$29,064

03 - \$30,026

LOUISIANA REGIONAL MEDICAL PROGRAM

8/69.1 - Initial Operational - (projects only) - Approval in the time and amount and with the conditions recommended by the site visitors and Review Committee.

01 - \$273,910 02 -\$216,188 03 - \$131,701
 Doctor Everist was not present during the deliberations.

MAINE REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and amounts as follows with the conditions and recommendations of the Review Committee (* exceptions)

	<u>01</u>	<u>02</u>	<u>03</u>
#11*	Return for revision and clarification		
#12**	Disapproval, use of RMP funds prohibited		
#13**	Disapproval, use of RMP funds prohibited		
#14	<u>\$75,422</u>	<u>\$99,516</u>	<u>\$98,722</u>
	\$75,422	\$99,516	\$98,722

*The Council expressed interest in the project and its potential for improving health care delivery and felt that it could be revised somewhat and more clearly spelled out for satisfactory review and assessment.

**Although the Council persists in its unwillingness to further specify its present policy guidelines on expenditure of grant funds for equipment, there was general agreement that each of these two projects has as its primary objective the establishment of a service facility for one institution and does not include a satisfactory plan for teaching, patient demonstrations and/or extension of services to a population not now well served. The Council recommended that in the context of these projects the purchase of equipment (and thereby the projects themselves) be disapproved.

MARYLAND REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Approval in the time and in amounts not to exceed the following, with the conditions and recommendations of the Review Committee (* exception)

	<u>01</u>	<u>02</u>	<u>03</u>
#19	\$112,415	\$ 98,292	\$ 98,388
#22	76,554	63,289	65,012

These two projects are to be combined in a single budget reduced from the present total of the two.

	<u>01</u>	<u>02</u>	<u>03</u>
#20	Disapproval in this form, advise to resubmit		
#21*	Disapproval - use of RMP funds prohibited		
#23	Disapproval - use of RMP funds prohibited		
	-----	-----	-----
	\$188,969	\$161,851	\$163,400

*The Council agreed with the Committee on the shortcomings of the activity and in doing so felt that it could not be salvaged as an acceptable RMP project.

MEMPHIS REGIONAL MEDICAL PROGRAM

8/69.1 and 8/69.2 - Renewal of Core and Supplemental Operational Projects - Approval in the time and amount and with the conditions recommended by Review Committee.

01 - \$1,190,805 02 - \$1,103,703 03 - \$554,823
 Doctor Cannon was not present during the deliberations.

METROPOLITAN D. C. REGIONAL MEDICAL PROGRAM

8/69.1 - Operational Supplement - Deferral of the entire application, as recommended by the Review Committee, for further development of the projects, site visit, and resubmission to the Committee and Council.

5/69.1 - (Special Action by August Council) - The Council agreed with the staff's decision to delay funding of this project until a qualified director is recruited and approved by the site visitors to whom the original decision was delegated.

After re-studying the project, the Council further recommended that the RMP contribution to the acquisition of fixed equipment be limited to not more than half of the total equipment budget of the facility; the portion being roughly equivalent to the amount of use of the equipment for teaching and demonstration.

Mrs. Mahoney was not present during the deliberations.

MICHIGAN REGIONAL MEDICAL PROGRAM

8/69.1 - Renewal and new operational projects - Approval in the time and amounts as follows and with the conditions and recommendations of the site visitors and the Review Committee (* exceptions)

	<u>01</u>	<u>02</u>	<u>03</u>
#13	Special review - no new dollars requested		
#15R	\$ 64,840	\$ 68,025	-0-

NEW JERSEY REGIONAL MEDICAL PROGRAM

8/69.1 - Supplement to operational core - Approval in the time and amount requested with the contingency recommended by the Review Committee.

*#12
van Health*

01 - \$184,276 02 - \$205,700 03 - \$134,677

NEW YORK METROPOLITAN REGIONAL MEDICAL PROGRAM

8/69.1 - Initial operational and renewal of core - Approval in the time and amounts and with the conditions recommended by the site visitors and the Review Committee.

	<u>01</u>	<u>02</u>	<u>03</u>
Core	\$1,060,454	\$1,082,789	\$1,087,070
Projects	<u>602,027</u>	<u>570,999</u>	<u>519,504</u>
	\$1,662,481	\$1,653,788	\$1,606,574

Special Action: The Council considered a special request from the Region for funds to participate in the planning of the New York Health and Hospitals Corporation. They recommended that it be returned for further consideration; that a delegation of Council, Committee and staff visit the Region to assess the progress of the new Corporation and the Region's participation in its goals; and that this or a revised application be submitted through regular review channels, both local and national.

The Council further recommended that the Region be authorized to rebudget currently available planning funds to allow staff to be assigned to the planning as deemed appropriate by them.

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

8/69.1 - Revised supplemental operational project - (#15R) - Approval in the time and amount and with the conditions recommended by the Review Committee.

01 - \$183,321 02 - \$169,662 03 - \$114,220

NORTH DAKOTA REGIONAL MEDICAL PROGRAM

8/69.1 - Initial operational and renewal of core - Approval in the time and amounts and with the conditions recommended by the site visitors and the Review Committee; and with the added contingency that no funds

budgeted for "in-State Consultants" be paid to members of the Planning Committee and other Committees for their services as members of those groups.

	<u>01</u>	<u>02</u>	<u>03</u>
Core*	\$255,942	\$255,942	\$255,942
Projects	<u>58,874</u>	<u>54,741</u>	<u>-0-</u>
	\$314,816	\$310,683	\$255,942

*Core budget to be negotiated downward by elimination of one contract study as specified by the site visitors and Review Committee.

OHIO STATE REGIONAL MEDICAL PROGRAM

8/69.1 - Supplemental Operational Project (#14) - The Council recommended approval of this project in the time and amounts requested and, recognizing the potential problems noted by the Review Committee, suggested that these be pointed out to the Region along with advice on further planning and careful development of projects as an approach to improving health care delivery in a community away from a medical center.

01 - \$39,018 02 - \$38,521 03 - \$40,050

ROCHESTER REGIONAL MEDICAL PROGRAM

8/69.1 - Supplemental operational project (#19) - Disapproval with advise to revise as suggested by the Review Committee and resubmit.

The Council questioned the intrinsic value of a project of this kind but would be willing to consider a revision which is acceptable to the Review Committee.

No new funds to be awarded.

8/69.2 - Supplemental operational projects - Approval in the time and amounts and with the conditions recommended by the site visitors.

	<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	<u>05</u>
#11B Transmission EKG	\$ 74,840	\$ 95,389	-0-	\$ -0-	\$ -0-
#12 Auto Cancer Registry	<u>110,000</u>	<u>112,570</u>	<u>\$117,615</u>	<u>\$60,000</u>	<u>40,000</u>
	\$184,840	\$207,959	\$117,615	\$60,000	\$40,000

SOUTH CAROLINA REGIONAL MEDICAL PROGRAM

8/69.1 - Supplemental operational projects and renewal of core - Approval in the time and amounts and with the conditions recommended by the Review

Committee.

01 - \$554,693

02 - \$591,590

03 - \$622,727

TENNESSEE MID-SOUTH REGIONAL MEDICAL PROGRAM

8/69.1 - Supplemental Operational Projects - Approval for one year only with the conditions and recommendations of the site visitors and Review Committee, as follows:

	<u>01</u>	<u>02</u>	<u>03</u>
#42	Disapproved, use of RMP grant funds prohibited		
#43*	\$150,000	-0-	-0-
#45	<u>Withdrawn</u>		
	\$150,000	-0-	-0-

*The Council concurred with the site visitors and Review Committee in viewing this activity as a planning study rather than an operational project and recommended that a commitment for funding beyond the planning phase would be inappropriate. The Council has requested a staff presentation on library projects in RMPs in order to consider a position on appropriate RMP participation in library activities generally.

#5 Chronic Chest Disease 107,085
#6 Diet Counseling Service 45,634

TRI-STATE REGIONAL MEDICAL PROGRAM

8/69.1 - Supplemental Operational Projects - Approval in the time and amounts and with the conditions recommended by the Review Committee. The Council noted that the contingency on the approval of project #5 had been satisfactorily met.

01 - \$152,719

02 - \$125,411

03 - \$50,872

WASHINGTON/ALASKA REGIONAL MEDICAL PROGRAM

8/69.1 - Renewal of Operational Project (#19R) - Approval in the time and amounts and with the conditions recommended by the Review Committee. The Council strengthened the recommendation to the extent that the Region be informed that a request for further renewal of RMP support of this study would not be considered.

01 - \$74,577 (14 months)

Doctor Hogness was not present during the deliberations.

WEST VIRGINIA REGIONAL MEDICAL PROGRAM

8/69.1 - Initial operational and renewal of core - Approval in the time and amounts as follows with the conditions and recommendations of the

site visitors and Review Committee (* exceptions)

	<u>01</u>	<u>02</u>	<u>03</u>
Core	\$384,661 + 17,000 (planning of project #3)	\$467,713	\$555,953
#1	30,963		
#2	Disapproval in present form		
#3	Disapproval in present form - further planning by core staff		
#4	26,716	15,054	
#5	31,400		
#6*	Approved without funds		
#7	<u>Disapproval - use of RMP funds prohibited</u>		
	\$490,740	\$482,767	\$555,953

*The Council is impressed with the need for and appropriateness of at least a few studies of the kind proposed here. They agree with the reservations expressed by previous reviewers regarding the project as proposed, however, & recommend that the Region be encouraged to submit a revised and more detailed proposal for consideration by staff for funding under the delegated authority.

Council noted that a communication from the National Institute of Neurological Disease and Stroke has served to meet the contingency imposed on approval of project #5.

WESTERN NEW YORK REGIONAL MEDICAL PROGRAM

8/69.1 - Supplemental operational projects - Project #11 - Defer for further study by Council. Based on the obvious uncertainty on the part of the Review Committee as well as among its own members regarding the appropriateness of RMP funding of genetics studies, the Council requests that staff obtain an opinion from the National Heart Institute or other NIH scientists on the direct usefulness of genetic studies in the care of patients.

Project #12 - Disapproval. The Council agreed generally with the recommendation of the Review Committee, but expressed strong reservations regarding the potential of this project as ever having high priority as an RMP activity.

No new funds to be awarded.

Doctor Roth was not present during the deliberations.

WISCONSIN REGIONAL MEDICAL PROGRAM

8/69.1 - Renewal and supplemental operational projects - Approval in the time and amounts as follows with the conditions and recommendations of the Review Committee.

	<u>01</u>	<u>02</u>	<u>03</u>
#3S	Disapproval - use of RMP funds prohibited		
#5A	\$ 18,550	\$ 16,900	-0-
#5B	19,470	19,020	\$18,620
#5C	20,500	20,500	15,500
#5D	Disapproval - with advice to resubmit		
#5E	Disapproval - with advice to resubmit		
#14	Disapproval - use of RMP funds prohibited		
#15*	Deferral for further study by Council		
#16	16,950	16,525	-0-
#17	<u>100,589</u>	<u>119,613</u>	<u>64,000</u>
	\$176,059	\$192,558	\$98,120

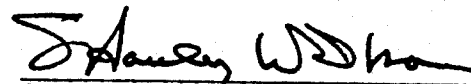
*The Council recognized the merit of the project, as pointed out by the Review Committee and other expert reviewers. It was the consensus however that approval of such a project at this time not be in keeping with the present policy guideline and would create a precedent which, if followed by other Regions, could obscure the position of the Council (and probably of HSMHA) in developing a reasonable funding resource for renal disease programs. (See Section VI - Minutes).

Doctor Curreri was not present during the deliberations.

XII. ADJOURNMENT

The meeting was adjourned at 2:00 on August 27, 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

August 26-27, 1969

RMPS STAFF ATTENDING

Dr. Donald R. Chadwick, Deputy Director, DRMP
Miss Cecilia Conrath, Chief, Continuing Education & Training Branch
Dr. Lester Evans, Special Consultant to the Director
Dr. Sam Fox, Chief, Heart Disease & Stroke Control Program
Mr. Edward Friedlander, Assistant Director for Communications & Public Information
Mr. Charles Hilsenroth, Assistant Director for Management
Mr. Robert Jones, Chief, Programs Assistance Branch
Mr. Robert Lawton, Consultant to RMPS
Mr. Gregory Lewis, Chief, Grants Management Branch
Dr. Richard Manegold, Associate Director for RMP Operations & Development
Mr. Roland Peterson, Assistant Director for Planning & Evaluation
Mrs. Martha Phillips, Associate Director for Grant & Contract Policy
Dr. Miloslav Rechcigl, Special Assistant to the Director
Dr. William Ross, Chief, Cancer Control Program
Mrs. Judy Silsbee, Assistant Director for Grants Review
Dr. Charles Sisk, Acting Chief, Arthritis Section
Dr. Margaret Sloan, Associate Director for Organizational Liaison

OTHERS ATTENDING

Dr. Ann Kaufman, National Library of Medicine
Dr. Charles Rosenberg, Veterans Administration
Mr. Charles Rosenberger, National Cancer Institute
Mr. Ralph Sloat, National Center for Health Services & Research & Development
Mr. Roy Wilson, Community Health Service
Mr. William J. Zukel, National Heart Institute

NATIONAL ADVISORY COUNCIL ON
REGIONAL MEDICAL PROGRAMS

BRENNAN, Michael J., M.D. (72)
President, Michigan Cancer Foundation
311 John R Street
Detroit, Michigan 48201

Professor of Medicine
Wayne State University

CANNON, Bland W., M.D. (69)
910 Madison Avenue
Memphis, Tennessee 38103

Division of Neurosurgery
University of Tennessee
College of Medicine

CROSBY, Edwin L., M.D. (71)
Director
American Hospital Association
Chicago, Illinois 60611

CURRERI, Anthony R., M.D. (69)
Professor and Head
Department of Surgery
University of Wisconsin
Madison, Wisconsin 53706

DEBAKEY, Michael E., M.D. (72)
President and Chief Executive Officer
Baylor College of Medicine
Houston, Texas 77025

Professor and Chairman
Department of Surgery
College of Medicine

EVERIST, Bruce W., M.D. (71)
Chief of Pediatrics
Green Clinic
709 South Vienna Street
Ruston, Louisiana 71270

HOGNESS, John R., M.D. (70)
Executive Vice President
University of Washington
301 Administration Bldg.
Seattle, Washington 98105

MAHONEY, Mrs. Florence S. (69)
3600 Prospect Avenue, N.W.
Washington, D. C. 20007

MILLIKAN, Clark H., M.D. (72)
Consultant in Neurology
Mayo Clinic
Rochester, Minnesota 55902

PELLEGRINO, Edmund D., M.D. (70)
Vice President for the Health
Sciences and Director of the Ct.
State University of New York
Stony Brook, New York 11790

POPMA, Alfred M., M.D. (70)
Regional Director
Regional Medical Program
525 West Jefferson Street
Boise, Idaho 83702

ROTH, Russell B., M.D. (69)
240 West 41st Street
Erie, Pennsylvania 16508

Vice Speaker of the House of
Delegates of the American
Medical Association

SHANHOLTZ, Mack I., M.D. (70)
State Health Commissioner
State Department of Health
Richmond, Virginia 23219

TREEN, Mr. Curtis (71)
United Rubber, Cork, Linoleum,
and Plastic Workers of America
87 S. High Street
Akron, Ohio 44308

Director
Pension and Insurance Department

WYCKOFF, Mrs. Florence (72)
243 Corralitos Road
Watsonville, California 95076

CHAIRMAN

Dr. Joseph T. English
Administrator
Health Services and Mental
Health Administration
9000 Rockville Pike