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A N D W E L F A R E

National Institutes of Health

Division of Regional Medical Programs

National Advisory Council on Regional Medical Programs

Minutes of Meeting

May 22-23, 1967

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 Eighth Meeting 1/ 2/
May 22 - 23, 1967

The National Advisory Council on Regional Medical Programs convened for its eighth meeting at 8:40 a.m., Monday, May 22, 1967, in Conference Room 4, Building 31, National Institutes of Health, Bethesda, Maryland. Dr. Robert Q. Marston, Associate Director, NIH, and Director, Division of Regional Medical Programs, presided for Dr. William H. Stewart, Surgeon General, who was unable to be present for all of the meeting.

The Council members present were:

Dr. Leonidas H. Berry (5/22/67 only)
Dr. Michael E. DeBakey (5/22/67 only)
Dr. Bruce W. Everist
Dr. John R. Hogness
Dr. James T. Howell
Dr. Clark H. Millikan
Dr. George E. Moore (5/22/67 only)
Dr. Edmund D. Pellegrino
Dr. Alfred M. Popma
Dr. Mack I. Shanholtz
Dr. Cornelius H. Traeger

The Council member absent was:

Mr. Charles J. Hitch

Public Health Service members attending some of the sessions included:

Mr. Arthur Bissell, Office of the Surgeon General
Dr. Wilfred D. David, National Center for Chronic Disease Control, Bureau of Disease Prevention and Environmental Control
Dr. Clarence A. Imboden, National Center for Chronic Disease Control, Bureau of Disease Prevention and Environmental Control
Dr. Paul Q. Peterson, Bureau of Health Services
Dr. Marjorie P. Wilson, National Library of Medicine

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

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.

Liaison members attending:

Dr. Murray M. Copeland, NCI Council (absent)
Dr. Edward W. Dempsey, NIGMS Council
Dr. John B. Hickam, NHI Council (absent)
Dr. A. Earl Walker, NINDB Council

Others attending:

Dr. J. H. U. Brown, NHI-NIGMS
Dr. Burnett M. Davis, NLM
Dr. Carl D. Douglas, NLM
Dr. Gerald Esconitz, BHM
Mrs. Elizabeth C. Hartman, NIH-NINDB
Mr. John L. Pendleton, NC CDC
Dr. R. L. Ringler, NIH-NHI
Miss Pauline Stephan, NIH-NCI

DRMP Staff

Mr. Stephen J. Ackerman, Chief, Planning & Evaluation Branch
Mr. James Beattie, Chief, Grants Management Branch
Mrs. Eva M. Handal, Committee Management Officer
Mr. Charles Hilsenroth, Executive Officer
Mr. James D. Lawrence, Financial Management Officer
Dr. William D. Mayer, Associate Director for Continuing Education
Mr. Maurice E. Odoroff, Assistant to Director for Systems & Statistics
Dr. Martha Phillips, Chief, Grants Review Branch
Dr. Margaret H. Sloan, Chief, Program Development & Assistance Branch
Mr. Storm H. Whaley, Associate Director for Organizational Liaison
Mr. Karl D. Yordy, Assistant Director

Miss Rhoda Abrams, Planning and Evaluation Branch
Mr. Ira Alpert, Program Development and Assistance Branch
Mr. Robert C. Anderson, Program Development and Assistance Branch
Mr. Nick Cavorocchi, Grants Management Branch
Mr. Larry Coffin, Grants Management Branch
Miss Cecelia Conrath, Continuing Education Branch
Dr. James Dyson, Continuing Education Branch
Mrs. Joyce Hoopengardner, Committee Management Office
Dr. Frank Husted, Continuing Education Branch
Mr. Robert Jones, Grants Review Branch
Dr. Ian Mitchell, Program Development and Assistance Branch
Miss Marjorie Morrell, Continuing Education Branch
Miss Elsa Nelson, Continuing Education Branch
Mr. Roland Peterson, Planning and Evaluation Branch
Miss Leah Resnick, Systems and Statistics Branch
Dr. George Retholtz, Grants Review Branch
Mrs. Theresa Ridgley, Grants Review Branch
Mrs. Jackie Rosenthal, Systems and Statistics Branch
Mrs. Jesse Salazar, Grants Review Branch
Dr. Stephen Scheiber, Continuing Education Branch
Miss Charlotte Turner, Continuing Education Branch

I. CALL TO ORDER AND OPENING REMARKS

Dr. Marston called the meeting to order at 8:40 a.m.

II. ANNOUNCEMENTS

Dr. Marston made general announcements about the Service Desk and luncheon arrangements. Also, he called attention to the statements on, "Conflict of Interest," and "Confidentiality of Meetings."

This is the last meeting which Dr. William D. Mayer will be with us as a member of the staff. He returns to Missouri as Dean of the School of Medicine, and as Director of the Medical Center. (Subsequently, during the meeting the Council expressed its appreciation to Doctor Mayer for his many contributions, and an appropriate certificate was presented to Doctor Mayer.)

The National Advisory Council on Neurological Diseases and Blindness passed a resolution at its March 1967 meeting concerning the importance of including adequate representation on the advisory groups and putting more emphasis on stroke and cancer. This resolution is being sent to Program Coordinators, Council, and Committee members. The resolution points out a question which was brought up at the last Council meeting of the concern that this not be a program which ignores the areas of cancer and stroke which have been difficult in the past. This resolution seemed to express the concern which our Council had expressed, and we are giving this widespread distribution.

III. CONSIDERATION OF FUTURE MEETING DATES

The Council reaffirmed the following dates for meetings in 1967:

August 28-29, 1967
8:30 a.m.
Conference Room 4, Building 31

November 20-21, 1967
8:30 a.m.
Conference Room "C", Stone House

Sunday evening meetings will no longer be scheduled.

The following dates for 1968 were tentatively approved:

February 26-27, 1968
May 27-28, 1968
August 26-27, 1968
November 25-26, 1968

IV. CONSIDERATION OF MINUTES OF FEBRUARY 1967 MEETING

The Council unanimously recommended approval of the Minutes of the February 19-21, 1967, meeting as written.

V. "SURGEON GENERAL'S REPORT TO THE PRESIDENT AND THE CONGRESS"

A status report was given, and Dr. Stewart made brief comments. The Council members made individual comments, and were asked to submit any other comments which might be helpful, prior to submission to the President and the Congress. We have received comments from every Council member, past and present, and all members of the Review Committee.

An outline draft of the report was also submitted to the 650 people who attended the National Conference in January, and we received a great number of comments from that group. At this Council meeting, the Surgeon General will have fulfilled the requirement in the Law to consult with the Council prior to forwarding the report.

VI. COMMENTS FROM LIAISON MEMBERS

Dr. Dempsey stated that the National Advisory Council on General Medical Sciences (NIGMS) has contact with many areas which should involve the Regional Medical Programs in basic science and in the support of certain clinical activities which cross the boundaries between two or more institutes. These include diagnostic and therapeutic radiology and clinical anesthesiology for which NIGMS has training programs both in retraining and clinical training. The clinical anesthesiology program would be of interest to the Regional Medical Programs.

A supplemental appropriation was made by Congress two years ago to support some programs in heart disease, cancer, and stroke. One such program dealt with the shortage of clinical anesthesiologists, and recently the NIGMS Council awarded a series of grants to support training in this area. This program is in addition to the retraining program which also is carried on by NIGMS. As a result of this new program, 67 additional anesthesiologists will receive training this year. These will be located geographically across the country.

The NIGMS Council is interested in its relationship to the Regional Medical Programs, and, in this connection, is anxious to speed the application of research to patient care. To accomplish this, the administrative, scientific, and medical contacts must be maintained at every level. Many of the local advisory committees lack representatives from basic science which is necessary to speed the application of research. The Regional Medical Programs may wish to secure a better scientific input into the regional plans.

Automation in clinical laboratories is of great importance in medical programs, and close liaison between the staff of NIGMS and that of the Division of Regional Medical Programs is required for the most effective application of research to patient care. Close liaison with related activities in other operating agencies is also necessary.

Dr. Walker mentioned that at the March meeting of the National Advisory Council on Neurological Diseases and Blindness (NACNDB) the Council expressed delight that things were moving so rapidly in the Regional Medical Programs.

The NACNDB inaugurated another program at its March meeting concerning traumatology, with particular reference to head injuries. Funds had been made specifically for this area, and in March the NACNDB awarded four planning grants. These grants are for three years, and are related to the development of programs for the prevention, care, and rehabilitation of patients suffering from head injuries. At the end of the three year period, it is hoped that operational grants for these centers, and probably another six or eight centers, will be available.

VII. REPORT ON ALL APPLICATIONS WHICH WERE CONSIDERED AT THE FEBRUARY COUNCIL MEETING

Mrs. Phillips reported that the following awards have been made following the recommendation at the February Council meeting:

APPLICATION NUMBER	REGION
3 S02 RM 00003-01S1	Vermont
1 S02 RM 00012-01R	Oregon
3 S02 RM 00019-01S1	California
1 S02 RM 00026-01R	Philadelphia-Greater Delaware
1 S02 RM 00051-01	Memphis
1 S02 RM 00052-01	Arkansas
1 S02 RM 00053-01	Michigan
1 S02 RM 00053-01S1	Michigan
1 S02 RM 00054-01	Maine
1 S02 RM 00055-01	Arizona
1 S02 RM 00056-01	St. Louis-Bi-State Area
1 S02 RM 00058-01	Greater New York
1 S03 RM 00002-01 (Operational)	Kansas
1 S03 RM 00004-01 (Operational)	Albany
(1 S03 RM 00009-01 (Operational)	Missouri)
(1 S03 RM 00009-01S1	Missouri)
(1 S03 RM 00009-01S2	Missouri)
1 S03 RM 00015-01 (Operational)	Intermountain Region

VIII. REPORT ON CONTINUATION GRANT REQUESTS

Dr. Marston reported that the continuation grant requests have been received, and are now being processed by our staff.

IX. ADMINISTRATIVE CHANGES IN ON-GOING GRANTS

A report is being prepared concerning on-going grants and will

X. VOCATIONAL REHABILITATION ADMINISTRATION PROGRAMS AND THEIR RELATIONSHIP TO THE DRMP

Miss Mary E. Switzer, Commissioner, Vocational Rehabilitation Administration (VRA) discussed some of the accomplishments in the general field of rehabilitation. The coordination of the VRA programs with the DRMP and other programs of the Public Health Service in the medical area is of interest and an area in which VRA is concerned and concentrating its efforts.

One interesting development in the VRA program has been the responsiveness of the State Rehabilitation Agencies to finance new facilities especially in the areas of heart disease, cancer, and stroke. VRA believes that the rehabilitation program could be a means for getting medical programs to the communities, since emphasis is primarily one of facilitating services to people where they live. In the past, the VRA efforts in these areas were limited, but it is now expected to change. This has resulted in a very continuous and fast-moving training program to acquaint the people who are working in the rehabilitation program with the problems of these three disabilities. Training programs have been held in almost all parts of the country. Research seminars have been held at the regional research and training centers in Baylor, New York University, and Tufts. These conferences highlighted the problems which need to be solved. In 1966, 6,000 cardiac cases were rehabilitated. This will increase to about 7,500 in 1967, and 9,000 in 1968. The number for the cancer and stroke areas was around 1,200 in 1966 and 1967, and this will increase in 1968. The stroke and cancer areas have received general acceptance by State rehabilitation agencies.

Approximately $20-million a year has been spent for these services. One of the problems in the past has been the difficulty of the public rehabilitation program to decide when a person with one of these severe disabilities is suitable for vocational rehabilitation in that he has a good vocational potential. Most of the rejections in the past have been due to the fact that counsellors and others concerned could not give a definitive answer.

The 1965 amendments authorized the State rehabilitation agencies to accept certain cases and to give them service for as much as 18-months so that they could learn how far they could go toward a vocational objective. This provision has not been in force long enough to be a tradition and has not been used as widely as it will be after it becomes better accepted.

The VRA research and demonstration program has a variety of programs going on, and the State agencies are willing to work out cooperative agreements to support facilities where these cases may be treated more effectively. It would seem that by the time the Regional Medical Programs are fully established that the area of rehabilitation can make a contribution of filling the gaps in terms of the kinds of people who need rehabilitation.

Last year's legislation provided very comprehensive, far-reaching programs in the development of workshops which may become an essential part of a regional medical progra. Consideration needs to be given as to where this work experience needs to be brought into a patient's life and whether there is an advantage to encouraging experimentation in a medical setting or whether the accepted principle that the farther away you get from the hospital setting the better you are when you get into the work situation. This will require much study, particularly in those cases where the medical complexes are attempting to meet community needs and where there is a limit to the number of different kinds of facilities and where talent can be brought to bear in one given place. Encouragement is being given to the development of new kinds of workshop arrangements. VRA comprehensive legislation permits almost anything from planning to construction to paying stipends and maintenance costs for people in workshops, and this may turn out to be one of the important resources of the future.

The President's Commission on Heart Disease, Cancer, and Stroke stressed the importance of the workshop in the rehabilitation of heart, stroke, and cancer patients, and VRA is interested in the developmental process and plans for the regional medical programs.

There has been a tremendous interest in the VRA international research program, particularly in heart disease. India, Pakistan, and Israel are committed to working with both stroke and cardiovascular conditions.

VRA has supported a good deal of short-term training directed towards improving the handling of heart disease, cancer, and stroke. VRA has been please at the degree to which it has been possible to get rehabilitation people, especially physicians, on the regional and local advisory committees. It is important to have individuals in our respective programs who know the agency people, and contact with the, and who know some of the experiences of each in developing the kinds of relationships which we are trying to get. It is hoped that this will be continued and improved.

XI. CONSIDERATION OF GRANT APPLICATIONS

1 S02 RM 00059-01, Pennsylvania Medical Society (Susquehanna Valley Regional Medical Program)

The Council recommends approval of this application pending clarification of the following:

1. Identification and clarification of the role of the new medical school;

2. Assurance of involvement of other allied health components--especially training programs which will grow up around the Hershey Medical Center;

3. Clarification of the administrative and staffing patterns;

4. Justification and some downward adjustment of the budget;

5. Reservation was expressed about the lack of liaison by Committee or other such administrative arrangement to work with the State Department of Health; and

6. Location of program headquarters.

Council was optimistic about the development of this region, and viewed the proposal as a fine opportunity for simultaneous strengthening and growth of the new medical school and the regional medical programs.

The over-all approach is impressive and the involvement of organizations from which a large number of committees will be drawn to study and identify needs in continuing education, manpower communications, etc., is commendable. There is indication of cooperative relations with surrounding regions.

The amounts requested were: $254,030, first year; and $249,550, second year, plus appropriate indirect costs.

1 S02 RM 00060-01, North Dakota Regional Medical Programs

The Council agreed with the recommendation of the Review Committee for conditional approval after the following have been met:

1. To explore again, the strength of their conviction to establish an independent region, rather than to join the Northlands or another of the neighboring regions;

2. Suggest the broadening RAG representation for better balance with the large number of physicians;

3. The inclusion of certain missing strengths available in the region;

4. To encourage the appointment of a vigorous, full-time, planning coordinator; and

5. To suggest how some of their proposed activities may be carried out and refer them to sources of help with the planning process.

A site visit was made by DRMP staff and members of the Council and Review Committee prior to the May Council meeting.

The North Dakota State Medical Association is determined to plan for a Regional Medical Program within the State of North Dakota. A discussion with key personnel involved in the preliminary planning elicited the information that planning will be directed toward establishing as much of the RMP within the State of North Dakota as is possible, and looking toward other regions on the east, south, and west, for guidance and assistance in developing such programs as may not be feasible to develop in the State of North Dakota.

The application was drafted by a committee from the State Medical Association, which, although interested in the RMP, lacked sophistication in the preparation of such proposals.

There is an acknowledged prevailing medical manpower and allied medical manpower shortage. However, no specific plan or program is proposed to remedy this situation. In fact, it appears that very little thought has been given as to how the RMP will be planned. The group in North Dakota contends that the mechanism for carrying out the planning study will be originated largely by the Coordinator and the Program Director in collaboration with the Steering Committee of the Advisory Group. The proposal, then, is for preplanning rather than planning a program.

There was agreement that despite the "weakness" of the application as presented, the State has some excellent medical centers based on private practice groups with very competent men, and the program will go forward.

Another positive factor is the plan for an interregional coordinator who will spend about 30% of his time to develop programs in collaboration with institutions in continguous areas.

The amounts requested were: $188,010, first year; and $198,459, second year. Indirect costs were not requested.

1 S02 RM 00061-01, University of Chicago, (Regional Planning Grant - Illinois)

The Council recommends approval in the amount and time requested, pending transmission of its concerns to the region.

The first application from this area was disapproved by the Council as being inadequate. The Advisory Group was not named in the first version, and there was very little evidence of involvement of non-university medical center facilities and personnel.

Council agreed that the revised proposal, although showing marked improvement, still shows certain deficiencies, and expressed the desire that these be communicated to the region:

1. The two proposed surveys, budgeted at $25,000 each, are unexplained in the narrative portion of the application;

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1. The two proposed surveys, budgeted at $25,000 each, are unexplained in the narrative portion of the application;

2. The administrative structure of the region seems somewhat cumbersome;

3. The application appears heavily medical-school oriented with minimal involvement of other health-care areas;

4. The Advisory Group still seems to be heavily physician-oriented, and it was noted that the only Negro member is elderly and out of touch with planning in the region; and

5. The statement to the effect that each participating institution will submit operational requests does not explain how these will be coordinated.

It was pointed out that while the above concerns are justified they are not of such an irremediable nature as to warrant another negative action. On the contrary, the feeling was expressed that the most feasible means of encouraging the region is to support this request with communication to the applicant of Council's concerns as outlined above. It is also evident that recognition is now given to inter-relationships in the region.

It is anticipated that a new private, non-profit corporation to handle basic financial matters of the program will be created in the near future. There was one negative vote, with the stated reason therefore because of (1) a lack of information about involvement of the central part of the State, (2) the maximal involvement of the medical schools, and (3) insufficient information about how they will handle the core area medical problems.

The amounts requested were: $304,629, first year; and $244,175, second year, plus appropriate indirect costs.

1 S02 RM 00062-01, Massachusetts, New Hampshire, and Rhode Island

The Council recommended by a majority vote that the application be returned for revision. Two Council members (Dr. Hogness and Dr. Traeger) registered dissenting votes in terms of this motion because they felt that the application should be disapproved.

Upon the recommendation of the Review Committee at its April 18-19, 1967, meeting, a joint Council-Committee site visit was made to this region for the purpose of clarifying points of concern raised by the Review Committee pertinent to this proposal. The site-visitors concurred with the Committee recommendation that the proposal was not ready for implementation and should be returned for revision.

The Council was in agreement that this planning proposal did not represent the type of effort that would be expected from this academically and medically sophisticated region. It was the consensus of Council that the organization and administrative structure of the program was impractical. In evidence of this point is the fact

that the applicant is located in New Hampshire, the Program Coordinator is located in Rhode Island, and the Fiscal Agent is located in Massachusetts. Furthermore, three Advisory Groups were identified: one each for Massachusetts, Rhode Island, and New Hampshire. The application did not contain evidence that these groups had ever met together or had developed a mechanism whereby they could be advisory to the program. The budget is high, and the items of most concern to the Council were the amounts requested for personnel, travel, surveys, and planning programs.

It was also pointed out that numerous research programs are presently being carried out in this region dealing with heart disease, cancer, and stroke. The application made no reference to these studies. This was viewed as a weakness, because it was felt these already existing programs might very well contain information which the Regional Medical Program staff is seeking to uncover during the planning phase. Council also wished the applicant to identify more clearly the specific steps of the planning process as well as to delineate what cooperative ventures will be carried out which will lead to the establishment of cooperative arrangements.

1 S02 RM 00042-01R, New Jersey Regional Medical Program

The Council recommends approval with a 50% reduction of the requested budget. The opinion was expressed that the region aspires to goals, which, although worthy and laudable, will be unobtainable in the period for which support is requested. The budget was believed to be unusually high and unrealistic.

A DRMP staff member visited the New Jersey Region recently and reported that interfaces with adjoining regions are matters of concern to the area, and that they are sensitive to these relationships. It is expected that the Acting Coordinator will be a very positive factor in working well with all areas.

Council wanted staff to communicate to the region the following concerns about the revised proposal:

1. The indication that the role of the two medical schools has diminished somewhat in favor of a separate group of professional people who will spearhead the planning was reviewed as an improvement;

2. How program objectives will be achieved is not clearly indicated;

3. There was very little indication of how evaluation will be accomplished; and

4. The proposal indicates that future planning may dictate dividing the area into new regions for operational phase. In this event, the question is raised as to disposition of staff and equipment.

The amounts requested were: $548,833, first year; and $614,162, second year, plus appropriate indirect costs.

1 S02 RM 00057-01R, Mississippi Regional Medical Program

The report of the site visit team was given, and illuminating as to the concerns originally expressed about the first application.

It was obvious to the site visitors that the authors of the proposal are acutely aware of the medical needs of the State. The concern about minority representation on the advisory group was well received and at the suggestion of the visitors, two professionals (a nurse and an educator) have been added. They are both representatives of educational institutions.

Another original concern about this proposal was the stroke phase, and it was clarified to the satisfaction of all that this was a necessary and important project.

The regional representatives were quite receptive to recommendations and the new application reflects a much better perception of area needs and approaches to planning. The determination of the representatives of the region to make the program successful; the interaction of the group; and the relatively new leadership are all positive assurances of achieving the program objectives.

Council was in accord that a strong RMP for the State of Mississippi is probably one of the greatest opportunities for a step forward in the solution of these problems and that recognition of their existence in no way denotes lack of confidence in the region's ability to come to grips with them.

The Council recommends approval in the amount and time requested. The amounts requested were: $263,886, first year; and $295,825, second year, plus appropriate indirect costs.

Dr. Berry opposed.

3 S02 00003-01S2, Northern New England

Council recommends that this supplemental request be deferred for further clarification and information.

Concern was expressed as to the role Systems Analysis should and could play in regional medical program activities. Council's concern here seemed to be more in terms of their lack of knowledge rather than a weakness in the proposal. Also, Council was concerned as to the use of the Professional Activity Study (PAS) data in this type of program. It was suggested that the applicant delineate further the role of this protocol in the planning process. The recommendation was then made that final action in terms of this supplement be deferred until the Division of Regional Medical Programs has finalized its position relative to data collection.

3 S02 RM 00006-02S1, North Carolina Regional Medical Program

The Council recommends approval of $75,000 for the employment of a central administrative staff. The Council agreed that the need for key administrative and operational personnel had to be met, or the North Carolina Regional Medical Program would lose momentum. It was pointed out that the program itself now is administered by the Program Coordinator, Dr. Marc J. Musser, and his secretary. At present, there is no central group for providing staff assistance and coordination among advisory groups, medical schools, and the project task forces.

The remaining part of the application, for several pilot studies, was not approved. The pilot studies should be substantially revised and submitted in another form. It was noted that the library feasibility study had not been considered professionally sound by the library consultant on the most recent site visit. It is expected that the employment of the administrative staff will enable those concerned with this regional program to develop projects in terms of the over-all regional planning goals.

The amounts requested were: $425,718, first year; and $430,106, second year, plus appropriate indirect costs.

3 S02 RM 00019-01S2, California

This supplement to the planning grant for the Davis area was unanimously approved on the condition that the budget be reduced by negotiation to provide support for a central core planning staff. Also, it was recommended that all operational aspects of the program be deleted.

In view of the fact that the University of California School of Medicine at Davis and the regional medical program are developing simultaneously, Council was of the opinion that unusual opportunities of mutal benefit exist. It was pointed out that the applicant had its own Advisory Group, director, and budget, and these facts elicited concern from Council as to the concept of "autonomous regional development." Council did feel, however, that it was difficult to judge the situation at present. It was then recommended that the application be approved with the following conditions:

1. The award to be scaled down through negotiation to fund the central core staff;

2. The amount requested for travel to be reduced; and

3. The operational aspects of the program to be deleted.

The amounts requested were: $208,637, first year; and $205,830, second year, plus appropriate indirect costs.

1 S03 RM 00003-01, Northern New England

Council recommends that this operational supplement be deferred for further clarification and information.

It was the consensus of Council that this project was diffuse and they had difficulty in determining its place in the "grand plan" for the region. The feeling was expressed that the applicant had not made the case for establishing two Coronary Care Units in the Burlington area. It was felt that if at least one of these units were to be placed in a hospital in the periphery of the region, the ground work might be laid for implementing a communications mechanism. It also seemed that the development and demonstration of this Basic Model of Patient Care might, at the present time, be more appropriately considered as a feasibility study for purposes of further planning, rather than as a pilot project in a fully operational regional medical program. Also, it was recommended that more detail be ascertained as to the evaluation procedures to be utilized in determining the effectiveness of the program.

1 S03 RM 00034-01, New Mexico

The Council recommends disapproval but stated that the applicant should be given encouragement and assistance as appropriate. The following major concerns in terms of the total application were raised:

1. The four proposals appear disjointed and apparently did not grow out of a sound planning process;

2. Budgetary concepts and staffing patterns were viewed as being inadequate; and,

3. Evaluation procedures appeared weak.

Project I, "The Establishment of a Medical Information Network for Albuquerque Hospitals," did seem to Council to relate to the educational TV network at the University of New Mexico. Also, it was suggested that consideration be given to developing this program with hospitals in the periphery of the region as well as hospitals in Albuquerque. It was felt that this project reflected an unfamiliarity with the procedures to be followed in preparing and producing a program of this nature.

It appeared to the Council that Project II, "The Establishment of Itinerant Cardiac Clinics, " was not ready for implementation. The feeling was expressed that the proposal was developed by a special interest group, the New Mexico Heart Association, and not by the regional medical program planning staff. Numerous statements of "intent" contained in the proposal were viewed by Council as being indicative of the fact that only superficial planning had taken place.

The Council agreed that Project III, "The Establishment of a Coronary C re Training Unit," was underdeveloped and did not evidence the fact that it was not the result of a well thought-out planning process. Again, budgetary concepts, staffing patterns, and evaluation were points of concern raided by Council.

In addition, Council was of the opinion that Project IV, "The Establishment of a Rheumatic Fever Registry," was premature in terms of a sound planning process and, therefore, was not ready for implementation. Further documentation was felt to be needed as to the cooperative efforts deemed necessary to collect the appropriate data. The apparent non-participation in the program by both the State Health Department and State Medical Association was noted as a weakness.

1 S03 RM 00037-01, Wisconsin

The Council recommends approval of all four projects, subject to a joint Council-Committee-Staff site visit to more clearly review and define the matrix of this proposal.

Council also requested that the following points be clarified on project four:

1. Protocol as to definition of the patients to be included in the study;

2. Clarification of the protocol as to how the X-ray therapy is to be given, etc.; and,

3. Protocol for evaluation programs.

A site visit by DRMP staff prior to Council meeting was made to determine from regional representatives the readiness of the region to become fully operational. The site visit occurred on the same day that the regional planning committee met and the site visitors were invited to attend. It was evident to the RMP staff that planning has progressed even beyond the point at which the operational proposals were prepared. A model has been constructed for their regional medical program, and an interlocking network of study groups organized to consider applications that emerge for operational projects from all over the region has been developed. All resources are considered for their full utilization. There was abundant evidence of thorough planning and a project-by-project review points up the preplanning and evaluation process already in operation.

There was general agreement of Council that this application is meritorious. However, there was some feeling that the proposal fails to project a cohesive quality, applicable to the region as a whole, in a coordinated attack on the problems of heart disease, cancer, and stroke.

Council members again dealt with general questions common to all

RMP operational proposals, and there was consensus that this State is capable of an operational program more generally representative and more broadly based. At the same time, it was thought to be unrealistic to expect a region to present a finite program at this stage, and there was a call for encouragement to develop and broaden the scope of the operational phase.

The amounts requested were: $111,080, first year, and $144,364, second year, plus appropriate indirect costs.

3 S03 RM 00015-01S1, Intermountain Regional Medical Program

The Council recommends approval of this supplemental request in the amount and time requested.

The feeling was expressed that this proposal would dovetail neatly into the over-all operational matrix. While the proposal did not seem to contain anything creative or imaginative in the stroke field, Council felt that it would add to what presently exists in this region. The only concern raised in terms of budget was the amount requested for consultant services.

The amounts requested were: $137,832, first year; and $97,885, second year, plus appropriate indirect costs.

The Council discussed and approved actions on the Missouri grant (1 S03 RM 00009-01) and the Utah, Intermountain grant (1 S03 RM 00015-01) which were completed following Council's previous instructions and these will reslut in amended awards in both instances.

XII. ADJOURNMENT

The meeting was adjourned at 11:40 a.m., May 23, 1967.

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

Robert Q. Marston

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