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DEPARTMENT OF HEALTH, EDUCATION,

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PUBLIC HEALTH SERVICE

National Institutes of Health

Division of Regional Medical Programs

National Advisory Council on

Regional Medical Programs

cc:
Dr. Lessons
Dr. Parker
Dr. Marston
Karl
OD Staff

Minutes of Meeting

December 21-22-1965

National Institutes of Health
Conference Room "A"
Stone House

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL ADVISORY COUNCIL ON REGIONAL MEDICAL PROGRAMS

Minutes of 1st Meeting[1/]
December 21-22, 1965

The National Advisory Council on Regional Medical Programs convened for its first meeting at 9:40 a.m., Tuesday, December 21, 1965, in Conference Room A, Stone House, National Institutes of Health, Bethesda, Maryland. Dr. William H. Stewart, Surgeon General, Public Health Service, and Chairman, ex officio, presided.

The Council members present were:

Dr. Leonidas H. Berry
Mr. Gordon R. Cumming
Dr. Michael E. DeBakey
Dr. Bruce W. Everist
Dr. James T. Howell
Dr. John W. Hurst
Dr. Clark H. Millikan
Dr. George E. Moore
Dr. William J. Peeples
Dr. Robert J. Slater
Dr. Cornelius H. Traeger

The Council member absent was:

Dr. Mary I. Bunting

Public Health Service members attending some of the sessions included:

Dr. Leo J. Gehrig, Deputy Surgeon General, PHS
Dr. Ernest M. Allen, Grants Policy Officer, OSG, PHS
Dr. Bert Cole, Deputy Grants Policy Officer, OSG, PHS
Dr. James A. Shannon, Director, NIH
Dr. Stuart M. Sessoms, Deputy Director, NIH
Dr. Robert Q. Marston, Consultant, OD-NIH
Mr. Karl D. Yordy, Chief, Legislative Reference and Liaison Branch, OPP-OD-NIH

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

Liaison members:

Dr. Edward W. Dempsey, NIGMS Council
Dr. Sidney Farber, NCI Council
Dr. John B. Hickam, NHI Council
(Dr. John S. Meyer, NINDB Council--absent)

Others present were:

Dr. F. A. Arnold, Jr., Director, NIDR
Dr. Kenneth M. Endicott, Director, NCI
Dr. Richard L. Masland, Director, NINDB
Dr. Frederick L. Stone, Director, NIGMS
Dr. William J. Zukel, Acting Director, NHI
Dr. Samuel Fox, BSS
Dr. Murray Goldstein, NINDB
Dr. Eugene A. Confrey, Chief, DRG
Dr. Jerome Green, NHI
Dr. Henry T. Clark, Jr., Consultant, OD-NIH
Dr. R. B. Stephenson, OD-NIH
Mr. Stephen J. Ackerman, PHS-BSS
Mr. Charles Hilsenroth, PHS-BMS
Dr. Carl Brewer, NIH Consultant
Mr. Ralph R. Mueller, BOB

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I. OPENING REMARKS

Dr. William H. Stewart, Surgeon General, Public Health Service, and Chairman, ex officio, called the meeting to order at 9:40 a.m. This was the first meeting of the Council, and Dr. Stewart swore them in simultaneously. (Drs. Bunting and Peeples were absent and will be sworn in later.) Dr. Stewart said the Council will have two principal functions. One is to advise us on policies and planning as this program is initiated and matures. Secondly, it will be necessary for the Council to recommend appropriate action on the applications because the law requires an affirmative recommendation from this Council before the Surgeon General can make a grant.

The Public Health Service, and the NIH staff were then introduced to the Council.

Dr. Stewart gave a brief summary of the legislative history of the Bill upon which this program is based. Most of the changes occurred in the House Committee. An area given considerable attention by the House was local initiative in the implementation of this program. The Act requires that there be a local advisory group, and the law spells out a great deal about the membership of this group. This group must be in existence as one of the

qualifying provisions for a planning grant. In order that we might consider an operational grant application, there must be a positive recommendation by this local advisory group. Another emphasis made by the House concerned flexibility--that there be no hard and fast rules developed initially by the NIH, in order that a variety of approaches be permitted to emerge. Other changes included (1) a report be made to the Congress by June 30, 1967, and (2) a deletion of the authority for new construction.

II. GENERAL ORIENTATION TOWARD THE PUBLIC HEALTH SERVICE

Because several members have never served on a Council before, and have not received the usual orientation, a slide talk on the Public Health Service was then presented by Mr. J. Stewart Hunter, Assistant to the Surgeon General for Information.

III. REGIONAL MEDICAL PROGRAMS AND THE NATIONAL INSTITUTES OF HEALTH--Dr. James A. Shannon, Director, NIH

Dr. Shannon commented briefly on some of the tasks that will face the Council. The activities of Regional Medical Programs will relate to parallel activities of certain of the NIH Institutes as well as some of the activities in the Bureau of State Services.

This new program is aimed at extending to the community the rapid advances in the diagnosis and treatment of some very important diseases. It is to provide a framework for what everyone realizes is the important function of continuing education that is so important, and will become increasingly important to the modern physician as he goes into the next several decades. Also, it will provide a mix with established but modifiable programs that already exist within these Institutes and Divisions.

IV. ANNOUNCEMENTS

Dr. Stewart made general announcements about the Service Desk, luncheon, and the dinner for the Council members tonight. He also read the statements on, "Conflict of Interest," and "Confidentiality of Meetings."

V. CONSIDERATION OF FUTURE MEETING DATES

The Council approved the following dates for future meetings:

February 24-25, 1966, and April 8-9, 1966.

VI. BACKGROUND REPORT, THE PRESIDENT'S COMMISSION ON HEART DISEASE, CANCER, AND STROKE

Dr. Edward W. Dempsey, Consultant to the Secretary, DHEW, gave a brief history on the background of this Commission. This was supplemented by presentations by Dr. Michael E. DeBakey, Professor and Chairman, Department of Surgery, College of Medicine, Baylor University, and Dr. Sidney Farber, Director of Research, Children's Cancer Research Foundation, Boston. The Commission made 35 specific recommendations which included provisions for the establishment of new programs and strengthening already existing programs. Regional Medical Programs reflect the first three recommendations made by the Commission. Other parts have been implemented by other legislation, i.e., the Health Professions Educational Assistance Act and the Library Act, or proposed by providing support under existing authorities.

Dr. Farber stated that this is the most important challenge which has been presented to the medical community. He expressed pleasure at the increased opportunity which the Cancer Council and the Cancer Institute will have in working with those responsible for the regional centers. This will add real meaning to many of the programs of the Cancer Institute as well as the the Heart and the Neurological Diseases Institutes.

The Commission as a whole was concerned with the establishment of certain principles which, while new, were really very old in their basis. The main goal of the Cancer Subcommittee on the Commission was the bringing to every patient in the country, through his doctor, everything that can be obtained from any laboratory, any hospital, or any medical school, or any source of knowledge in behalf of that patient.

Only a small percentage of the total population is able to receive the benefit of everything that is known in the prevention of cancer, in the early diagnosis of cancer, and in the utilization of all of the knowledge that is available today. One reason for this is the lack of resources. In the presently established cancer institutes around the country there is a greater fund of knowledge concerning cancer than in any university department. This is due to the magnitude of the task that has been given to the medical schools of this country. At the present time, so far as is known, there is no cancer institute in the country which has a completely satisfactory relationship with the medical schools. This is one of the challenges that this Council will have to consider when the applications are reviewed. During the Commission's study, thought was given not to the name of an institution but of the problem of the patient, and every patient in a given region.

The opportunity for working together with other Councils is going to be present in the case of every single center that is set up by this Council. The function of the Regional Medical Programs Council is to provide a center.

It is believed that the bulk of the patients will be treated in the community hospitals and at home as part of this regional system. And the center should have as its function, not the handling of the vast majority of the patients, but the handling of those patients with difficult problems, problems which cannot be solved by the knowledge that is presently available, where more clinical investigation, and perhaps more basic research, must be carried on.

VII. LEGISLATIVE HISTORY OF P.L. 89-239, THE HEART DISEASE, CANCER, AND STROKE AMENDMENTS OF 1965--Mr. Karl D. Yordy

Mr. Yordy discussed the legislative process of this Bill including the changes made by the Congress. Two legislative items were included in the Agenda book--one is the Public Law, and the other is the House Report. These were discussed in great detail.

VIII. Comments from Dr. John S. Meyer, Professor and Chairman, Department of Neurology, College of Medicine, Wayne State University, Detroit

Dr. Meyer, Liaison member with the NINDB Council, was unable to attend the meeting, but sent his comments by Dr. Masland. Dr. Meyer believes it would be difficult to move this program forward without the construction funds and authorities that were originally recommended by the President's panel, and he hoped that everything possible would be done by the Administration to support this approach.

Dr. Meyer's second concern has to do with the interrelationship between Regional Medical Programs and the programs of the several categorical institutes which have developed research centers in their area of categorical responsibilities. Dr. Meyer hopes a means can be found to provide a healthy interaction between Regional Medical Programs and the several Institutes, in order to effectively utilize the programming which they are doing at the same time. Also, he hopes when a regional medical program is being planned that the categorical aspects might be brought to the attention of the Council of the appropriate Institute, in order to have the benefit of their evaluation.

IX. REVIEW OF APPLICATIONS, LIAISON, AND COMMUNICATIONS--Dr. Sessoms

We are planning a dual review system for applications in this program. The initial review will be done by a committee, either standing or ad hoc, similar to a Study Section.

Regarding liaison and communication, we do have Council liaison representation from the four Councils concerned with this program. These individuals will meet with this Council and will be in a position to bring to this Council views or recommendations from their Councils and will be able to take back to their own categorical Councils the reports, recommendations, or inquiries that may come up here.

Dr. Sessoms introduced Dr. Marston who will become Associate Director, NIH, for Regional Medical Programs. Dr. Marston will enter on duty February 1, 1966. Dr. Marston gave general comments concerning this program.

X. PLANNING FOR A REGIONAL MEDICAL PROGRAM: SUMMARY OF INTEREST SHOWN

Each Council member presented a brief report on what is developing in their part of the country on this program.

Dr. Sessoms introduced Dr. Henry Clark who has been serving in a consulting capacity with NIH for several months and has been focusing his attention on the regional type of medical activities that have been going on in some parts of this country for several years. Dr. Clark gave the background of his involvement in this program, and will send a copy of his report to the Council members when it is completed.

XI. PRESENTATION AND DISCUSSION OF DRAFT REGULATIONS FOR REGIONAL MEDICAL PROGRAMS--Dr. Sessoms

The Council members had received a copy of the regulations prior to the meeting. Dr. Sessoms pointed out the changes which have been made and then the group was asked to raise any specific questions that they might have. The only change made by the Council concerned Section 66.2, page 2, "Definition," Item (g). It was unanimously agreed that the phrase, "who is primarily engaged in the diagnosis and treatment of patients" be deleted. There was general consensus among the Council members that it was desirable to avoid undue specificity in the regulations. Premature specifics might serve to restrict, in an unforeseen manner, desirable developments in regional medical programs.

Copies of the Regulations, as published in the Federal Register, will be sent to the Council members when published.

XII. ADJOURNMENT

The meeting was adjourned at 12:30 p.m., December 22, 1965.

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

Stuart M. Sessoms, M. D.
Deputy Director, NIH

Eva M. Handal, Recording Secretary
Secretary to Deputy Director, NIH

REGIONAL MEDICAL PROGRAMS
COUNCIL MEMBERS
1/7/66

Dr. Leonidas H. Berry
Professor, Cook County Graduate
School of Medicine, and
Senior Attending Physician,
Michael Reese Hospital
412 E. 47th Street
Chicago, Illinois 60653

Dr. Mary I. Bunting
President,
Radcliffe College
Cambridge, Massachusetts

Mr. Gordon R. Cumming
Administrator,
Sacramento County Hospital
2315 Stockton Boulevard
Sacramento, California

Dr. Michael E. DeBakey
Professor and Chairman
Department of Surgery
College of Medicine
Baylor University
Houston, Texas 77025

Dr. Bruce W. Everist
Green Clinic
709 South Vienna Street
Ruston, Louisiana 71270

Dr. James T. Howell
Executive Director,
Henry Ford Hospital
Detroit, Michigan

Dr. John Willis Hurst
Professor and Chairman,
Department of Medicine,
Emory University School
of Medicine,
Atlanta, Georgia 30303

Dr. Clark H. Millikan
Consultant in Neurology
Mayo Clinic
Rochester, Minnesota

Dr. George E. Moore
Director,
Roswell Park Memorial Institute
666 Elm Street
Buffalo 3, New York

Dr. William J. Peeples
Commissioner of Health
State Department of Health
State Office Building
301 West Preston Street
Baltimore, Maryland 21201

Dr. Robert J. Slater
Dean, College of Medicine
University of Vermont
Burlington, Vermont

Dr. Cornelius H. Traeger
799 Park Avenue
New York, New York

Ex Officio Member

Dr. William H. Stewart (Chairman)
Surgeon General
Public Health Service
Washington, D. C. 20201