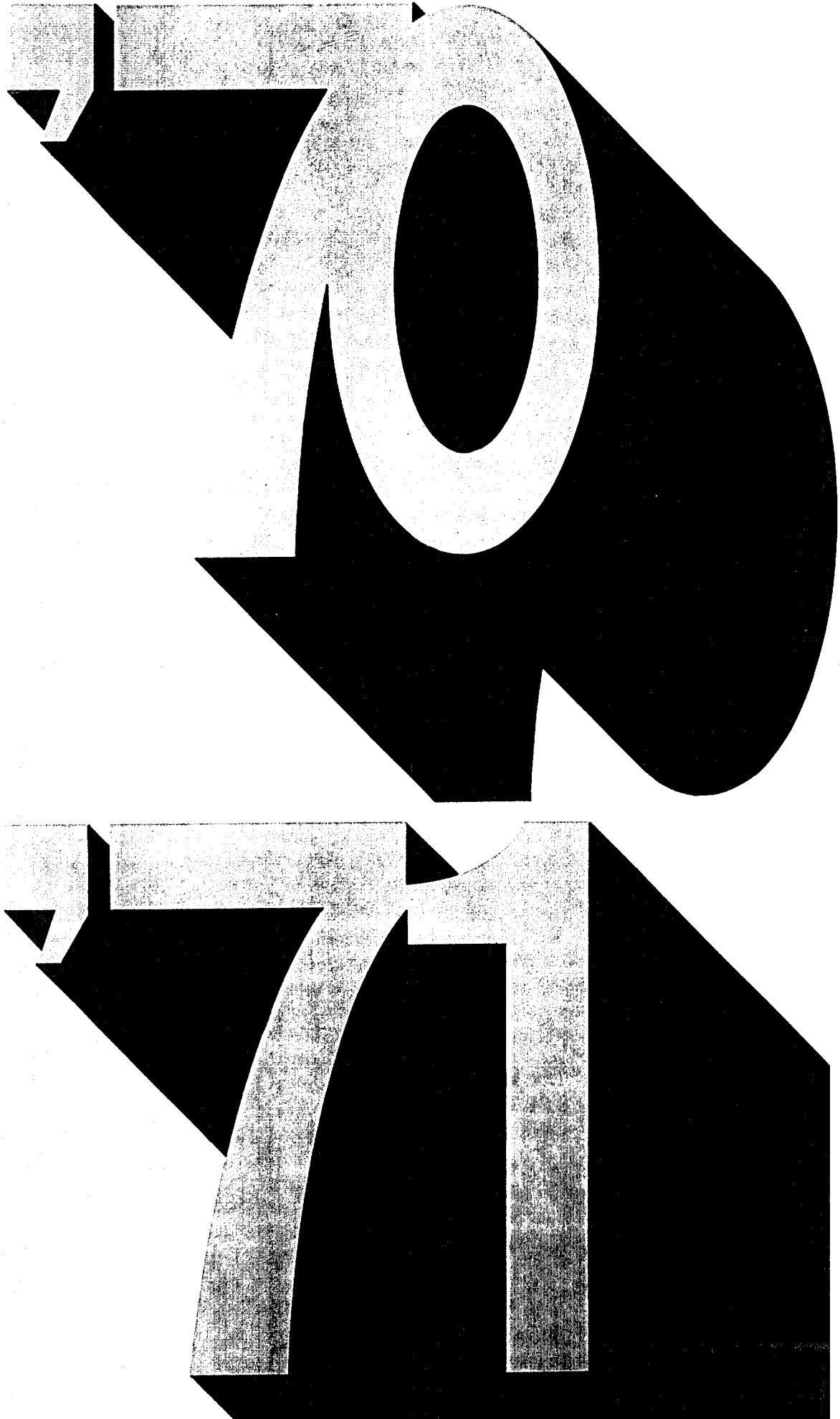




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REGIONAL MEDICAL PROGRAM FOR WESTERN NEW YORK ANNUAL REPORT



“

My thesis...has been that the concept of a community trusteeship is the most viable element in our society, and Government must be willing to deal on a local basis with issues that can be identified and corrected locally. My responsibility is to make it possible for that to happen. I believe we should move away from Federally directed activities and towards really autonomous responsibilities on the part of the Regional Medical Programs.

”

Harold Margulies, M.D.
Acting Director, Regional Medical
Programs Service

from a talk on "Trends in Health Care,"
given at the Annual Meeting of the Iowa
RMP on June 26, 1970.

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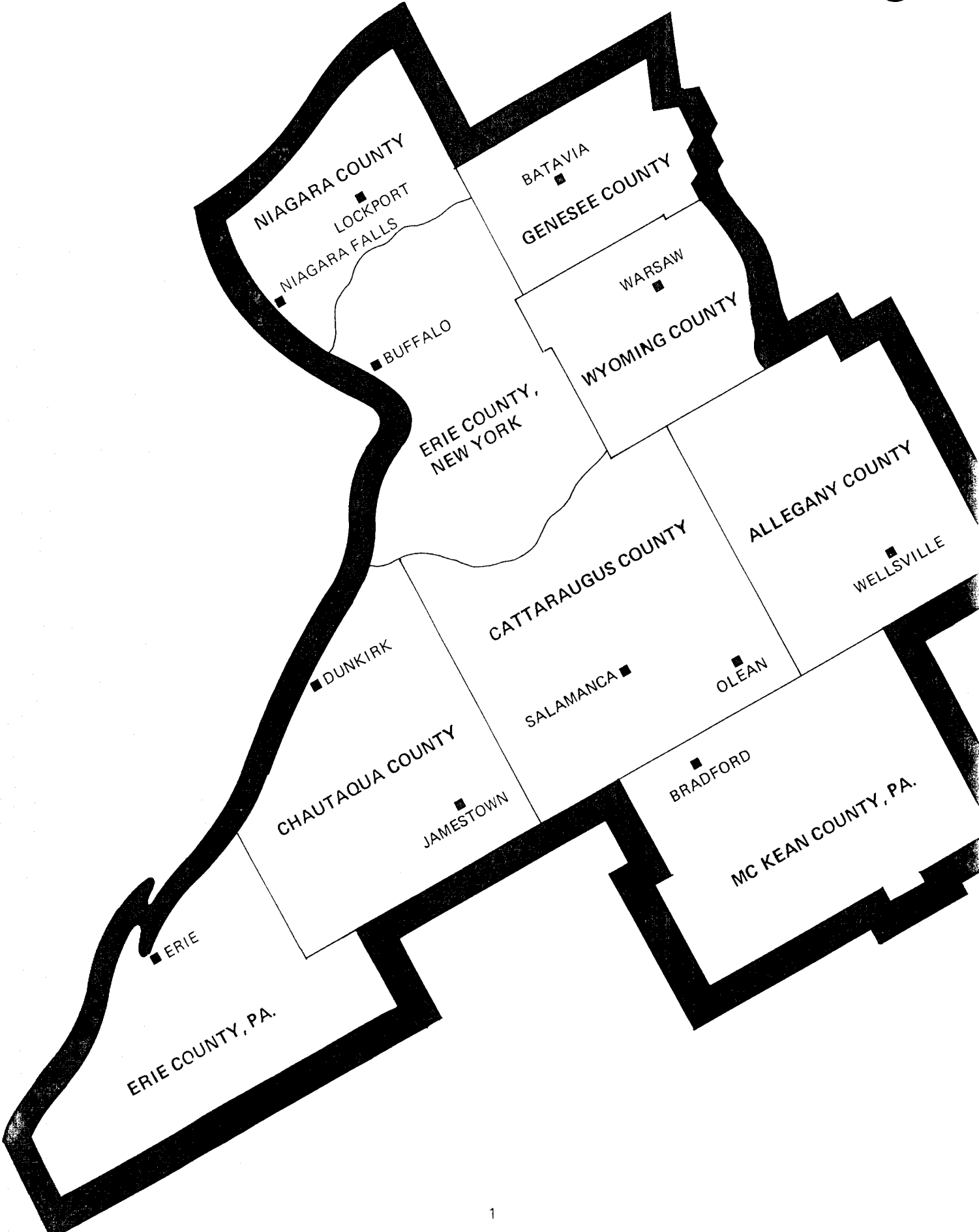
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Overview of the Region



Features and Services

The estimated population of the nine-county area of RMP for WNY is two million. Over half of this population resides in Erie County (N.Y.), and one-quarter of the total population, or one-half million people, reside in the city of Buffalo and its immediate suburbs. Personnel-population ratios are a dramatic illustration of the disparities in distribution of health personnel within the area. For instance, the number of staff nurses available varies from two nurses per 1,000 population in the metropolitan Buffalo area to less than one-quarter of a nurse per 1,000 population in a disadvantaged area south of the city. Rural areas lack personnel in many job categories, suggesting that residents of these areas must necessarily travel considerable distances for many health services. This variation in accessibility necessitates careful planning to insure better health care for *all* persons in the region.

Relationship with Neighboring Regions

TO THE NORTH - The southwestern peninsula of Ontario, including the two major towns of Hamilton and Toronto, is our nearest northern neighbor. Our relationship with the Canadians is most cordial, especially in the area of continuing medical education. The RMP for WNY's Nursing Program in Coronary Care has attracted many Canadian nurses. Sponsoring Canadian institutions have paid the full costs for their participants, foreshadowing a self-supporting status for the nursing project. The Telephone Lecture Network has received, though not yet accepted, a number of applications for outlets from Ontario hospitals. We seek to encourage this relationship which transcends artificial territorial borders.

TO THE SOUTH AND EAST - The Coordinator of the RMP for WNY has maintained friendly, personal relationships with Dr. Ralph Parker and Dr. Robert Carpenter, his counterparts in Western Pennsylvania and Rochester.

The Telephone Lecture Network has provided outlets in hospitals of both these neighboring regions.

The implementation of RMP for WNY has coincided geographically with the establishment of three different Comprehensive Health Planning "b" agencies--Western New York, Rochester and Pennsylvania. Such overlap is inevitable since RMP has a flexible, regional perspective whereas "b" agencies tend to be restricted within state boundaries and funding mechanisms. Also, the same planning area is not necessarily optimal for both organizations. We have made specific contacts with the CHP of Erie, Pennsylvania and representatives of the adjacent Comprehensive Health Planning agencies overlapping our region. It is too early to give a detailed description of this relationship, since these agencies have yet to define themselves operationally. However, it is apparent that more formalized and tangible working relationships will be evolved in the near future.

ACROSS THE STATE - Discussions with neighboring RMPs across the state have been very important to good inter-regional cooperation; these discussions can be extended through the Northeastern group of RMP coordinators.

Housing of RMP for WNY

The core staff is housed at 2929 Main Street in Buffalo, New York. We now possess two conference rooms which are heavily used by committees of the program, both official and ad hoc, and which have immeasurably improved our role as an enabling agency.

Furthermore, core staff offices provide housing for the Telephone Lecture Network (TLN). As the vehicle for information, both academic and administrative, TLN has been the means of maintaining continual community involvement. The RMP headquarters now has the capacity through TLN to link with all communications media in the Western New York-Pennsylvania region.

THE REGIONAL MEDICAL PROGRAM FOR WESTERN NEW YORK



TORONTO

LAKE ONTARIO

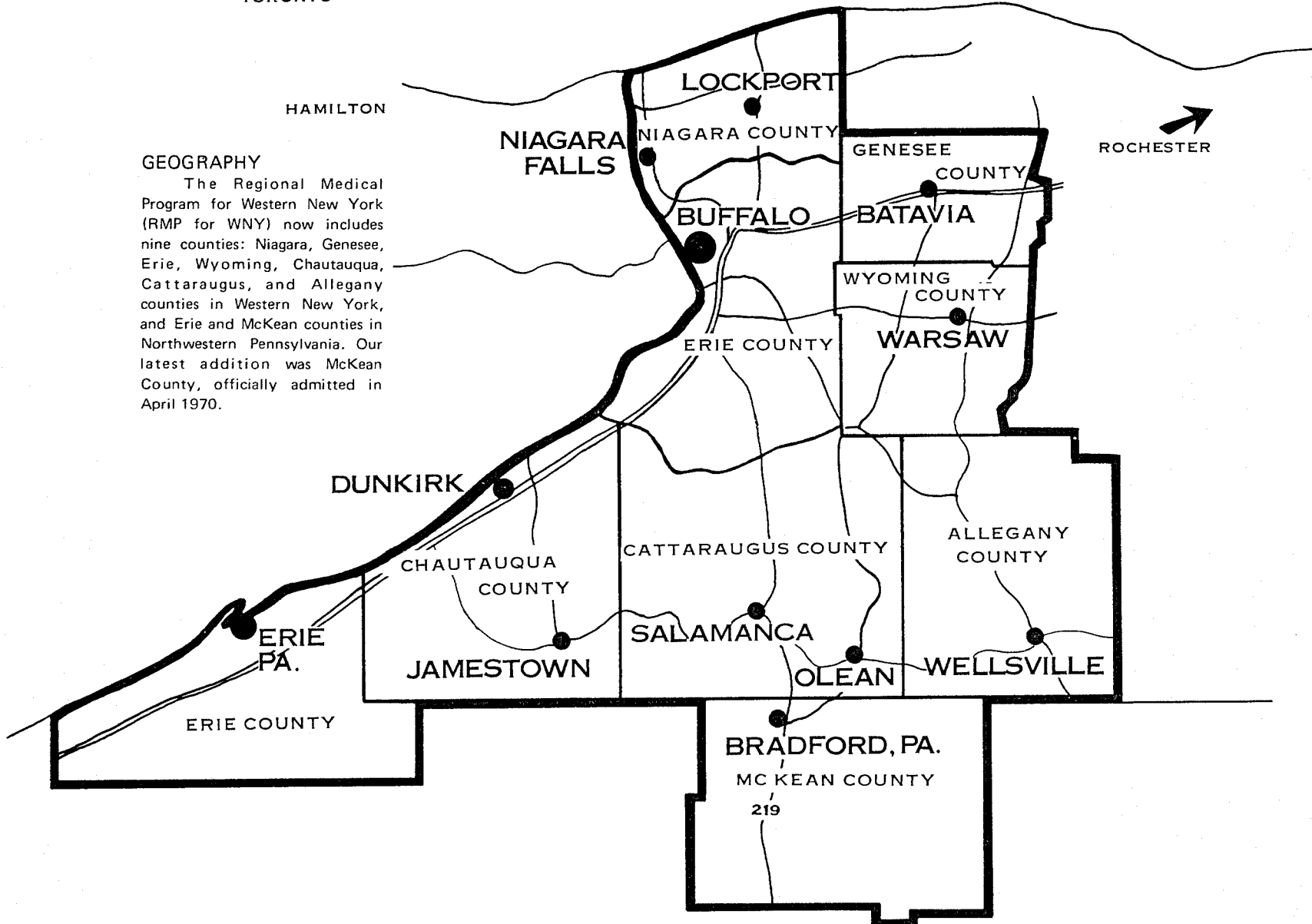
HAMILTON



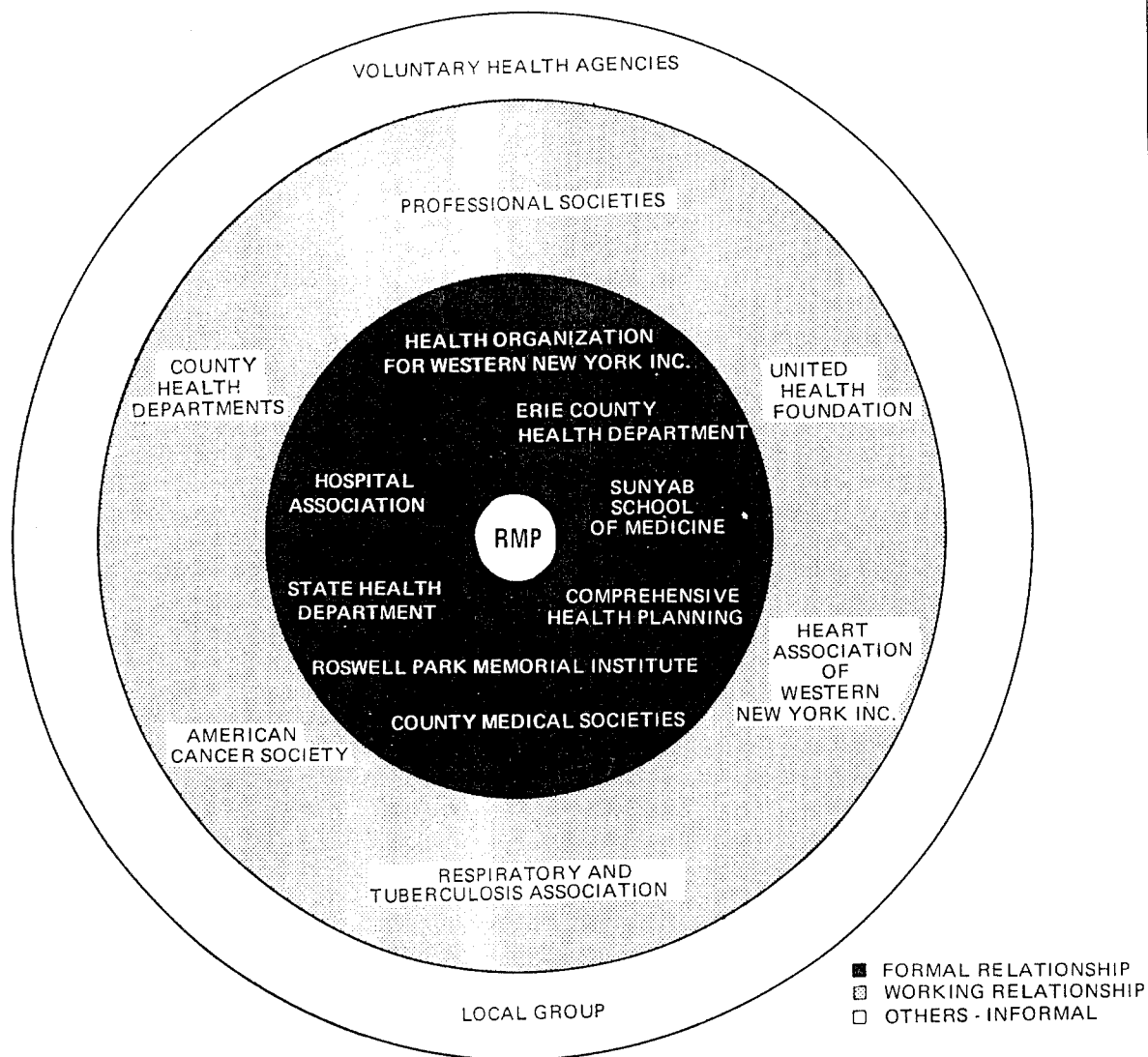
ROCHESTER

GEOGRAPHY

The Regional Medical Program for Western New York (RMP for WNY) now includes nine counties: Niagara, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, and Allegany counties in Western New York, and Erie and McKean counties in Northwestern Pennsylvania. Our latest addition was McKean County, officially admitted in April 1970.



RMP for WNY Relationship to Other Health-Related Organizations



The relationship between various health-related organizations and the RMP for WNY may be divided into three categories: formal, working, and informal. Formal status entails representation on the Board of Directors of RMP's Regional Advisory Group, the Health Organization of Western New York, Inc. (H.O.W.N.Y.), as mandated in the by-laws of the Regional Medical Program.

Working relationships involve a continuing cooperation in areas such as awarding continuing education credit for participation in TLN programs, co-sponsorship of teaching days, or joint planning for community health.

Those organizations with which RMP has informal relationships are a rather broad group. Concerned agencies tend to band together to deal with a particular program or problem. For example, the American Cancer Society, the Respiratory and TB Association, the Heart Association, and the Erie County Health Department formed an Inter-agency Council to deal with smoking.

Figure 2. RMP for WNY Relationship to Other Health Related Organizations

Organization and Structure



The Volunteer's Contribution

Volunteers from every part of the region, serving on the Regional Advisory Group, its Board of Directors and county committees, as well as on RMP standing committees, have contributed greatly to the grass-roots, regional character of the RMP for WNY.

Our sponsoring institution, the State University of New York at Buffalo, has extended help of every kind -- from audio-visual equipment, graphic arts and photography services, information services, and library facilities to the roster of experts who have contributed their talents to Telephone Lecture Network presentations.

Display space and meeting rooms have been made available to RMP for WNY throughout the region.

The voluntary agency is a valuable component of the health care system. RMP for WNY has benefited from voluntary participation by the established agencies. Members of the Regional Advisory Group and core staff have been able to reciprocate, enabling the kind of voluntary cooperation and interdependence which can most economically implement the best measures for the maximum number of people.

Regional Advisory Group

The Health Organization of Western New York, Inc. (H.O.W.N.Y.), Regional Advisory Group for the RMP for WNY, is responsible for defining program objectives, determining priorities, implementing policies, approving grant applications, and evaluating ongoing projects. The membership of H.O.W.N.Y. is large, namely 228 members. We have encouraged, and will continue to recruit, those in the total region who can provide comment, time, and interest in matters pertinent to the Regional Medical Program for Western New York.

An organization of these dimensions requires an executive, which in our case is known as the Board of Directors of H.O.W.N.Y. This body now numbers 29 people. A representative of the Veterans Administration will be included this coming year, in conformance with the new legislation. Regional representation on this body is undoubtedly dominant.

The Board of Directors of H.O.W.N.Y. has met twelve times in the past twelve months. Meetings have averaged between four and five hours, and attendance has, with one exception, always fulfilled the quorum requirements.

The Board has required the Coordinator of the RMP to submit to them a monthly report. This is distributed to all Board members and county committee chairmen. It 1) documents the Coordinator's activities during those four weeks, 2) explains new legislation pertinent to the RMP, 3) provides a diary of projects, current and planned, and 4) lists a number of questions on which the Coordinator seeks the Board's advice.

County Committees

The county committees have expanded their role and activity over the last year. All have now established bylaws consistent with those of the parent Regional Advisory Group, namely H.O.W.N.Y. These subregional components of the total advisory group have provided substantial prereview for all projects by virtue of their committee reports to the Technical Advisory Committee (Proposal Committee) and the Board of Directors of H.O.W.N.Y. The cumbersome appearance of our Board review process is more than compensated for by the involvement it promotes in regionalization, education, and review process. The review process itself is now an important continuing education device for both the committees involved and the grant authors subjected in person to their scrutiny.

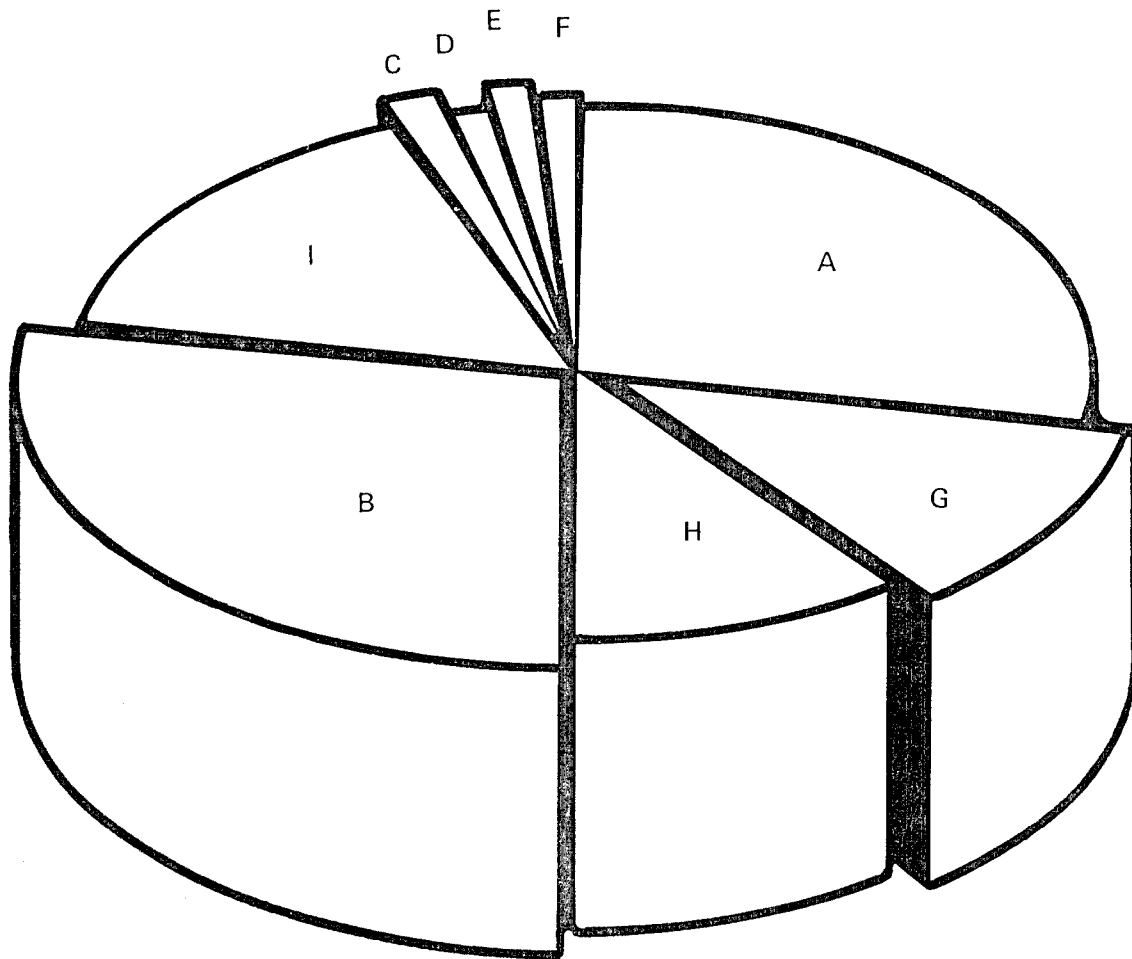
Standing Committees

Those who serve on H.O.W.N.Y. committees must hold H.O.W.N.Y. membership.

RMP committees, on the other hand, can utilize the expertise of consultants who are interested in certain aspects of the program, but not necessarily in the program as a whole.

Core Staff

All members of the core staff are now full-time Regional Medical Program for Western New York employees. They are predominantly young and a well



- A 3 M.D.'s from the 9 counties, representing the Medical Societies
- B 3 others as "county" members
- C 1 member from Comprehensive Health Planning - the executive director
- D 1 member from the State Health Department, currently the director of the six-county Western New York area
- E 1 member from the health department of the most populous county, currently the Health Commissioner of Erie County
- F 1 member from the Western New York Hospital Association
- G 2 members from the State University of New York at Buffalo
- H 2 members from the Roswell Park Memorial Institute
- I 3 members at large who represent urban minority interests

Figure 3. Composition of Board of Directors of the Health Organization of Western New York

BOARD OF DIRECTORS HEALTH ORGANIZATION OF WESTERN NEW YORK November, 1970

Name	Organizational Affiliation or Occupation	County of Residence
Lester H. Block	Attorney at Law 1	Erie, N. Y.
Theodore Bronk, M.D.	Niagara County Medical Society	Niagara
Evan Calkins, M.D.	Chairman, Faculty of Medicine, School of Medicine State University of New York at Buffalo	Erie
LaVerne E. Campbell, M.D. (Treasurer, H.O.W.N.Y.)	New York State Department of Health	Erie
Vincent Ciampa, M.D.	Cuba Memorial Hospital	Allegany
William H. Ennis (Secretary, H.O.W.N.Y.)	Administrator, Hamot Hospital	Erie, Pa.
Irwin Felsen, M.D. (President, H.O.W.N.Y.)	Medical Society, Allegany County	Allegany
Father Cosmas Girard, O.F.M., Ph.D. (Vice-President, H.O.W.N.Y.)	St. Bonaventure University	Cattaraugus
Rosario Gulfo, M.D.	Western New York Hospital Association	Erie
Herbert E. Joyce, M.D.	Erie County Medical Society	Erie
Edward E. Kemble, M.D.	Erie County Medical Society	Erie, Pa.
Martin E. Meier, F.A.C.H.A.	Administrator, W.C.A. Hospital	Chautauqua
John A. Mirmak	Administrator, Bradford Hospital	McKean, Pa.
William E. Mosher, M.D.	Commissioner, Erie County Health Department	Erie
Gerald P. Murphy, M.D.	Director, Roswell Park Memorial Institute	Erie
Mrs. Mary Northington	Component Manager for Health and Social Service - Model Cities	Erie
John C. Patterson, M.D.	Roswell Park Memorial Institute	Erie
LeRoy Pesch, M.D.	Dean, School of Medicine, State University of New York at Buffalo	Erie
Fred O. Rush	Director, Gannon College Bayfront Neighborhood Development Center	Erie, Pa.
Mrs. Patricia Stopen, R.N.	Director, Public Health Nursing	Wyoming
Harry Sultz, D.D.S., M.P.H.	Department of Social and Preventive Medicine, State University of New York at Buffalo	Erie
H. Gregory Thorsell, M.D.	President, Jamestown Medical Society	Chautauqua
Donald R. Watkins, M.D.	McKean County Medical Society	McKean, Pa.
Charles Wellner	Editor, Lockport Union Sun Journal	Niagara
Paul Welsh, M.D.	Genesee County Medical Society	Genesee
R. T. Williams, M.D.	Wyoming County Medical Society	Wyoming
Duncan Wormer, M.D.	Cattaraugus County Medical Society	Cattaraugus
George Young, M.D.	Genesee County Medical Society	Genesee

Figure 4. Board of Directors, Health Organization of Western New York, Inc.

educated group, both academically and in terms of RMP concepts. Each staff member has a well-defined role in the organization and a voice in the development of the total program. According to his specific area of competence, each has an obligation to one or more cooperating agencies.

Specific areas of staff expertise include business and personnel, communications, scientific writing, systems development, planning, community liaison,

grant development, nursing and allied health affairs, and research and evaluation.

A management assessment visit to the program earlier in the year provided the Coordinator with a critical appraisal of his own role and that of staff members. Subsequent increase in the staff has greatly facilitated our change in emphasis towards an active enabler of health-related activities.

COUNTY COMMITTEE CHAIRMEN

Chairman	Organizational Affiliation or Occupation	County
Irwin Felsen, M.D.	Allegheny County Medical Society	Allegheny
Duncan C. Wormer, M.D.	Cattaraugus County Medical Society	Cattaraugus
Wilson Shaw, M.D.	Chautauqua County Medical Society	Chautauqua
Max Cheplove, M.D.	Erie County Medical Society	Erie, N. Y.
Vacant		Erie, Pa.
Vacant		Genesee
John A. Mirmak	Administrator, Bradford Hospital	McKean, Pa.
J.C. Read, M.D.	Niagara County Medical Society	Niagara
Harold Hinman, M.D.	Commissioner of Health, Wyoming County Health Department	Wyoming

Figure 5. County Committee Chairmen

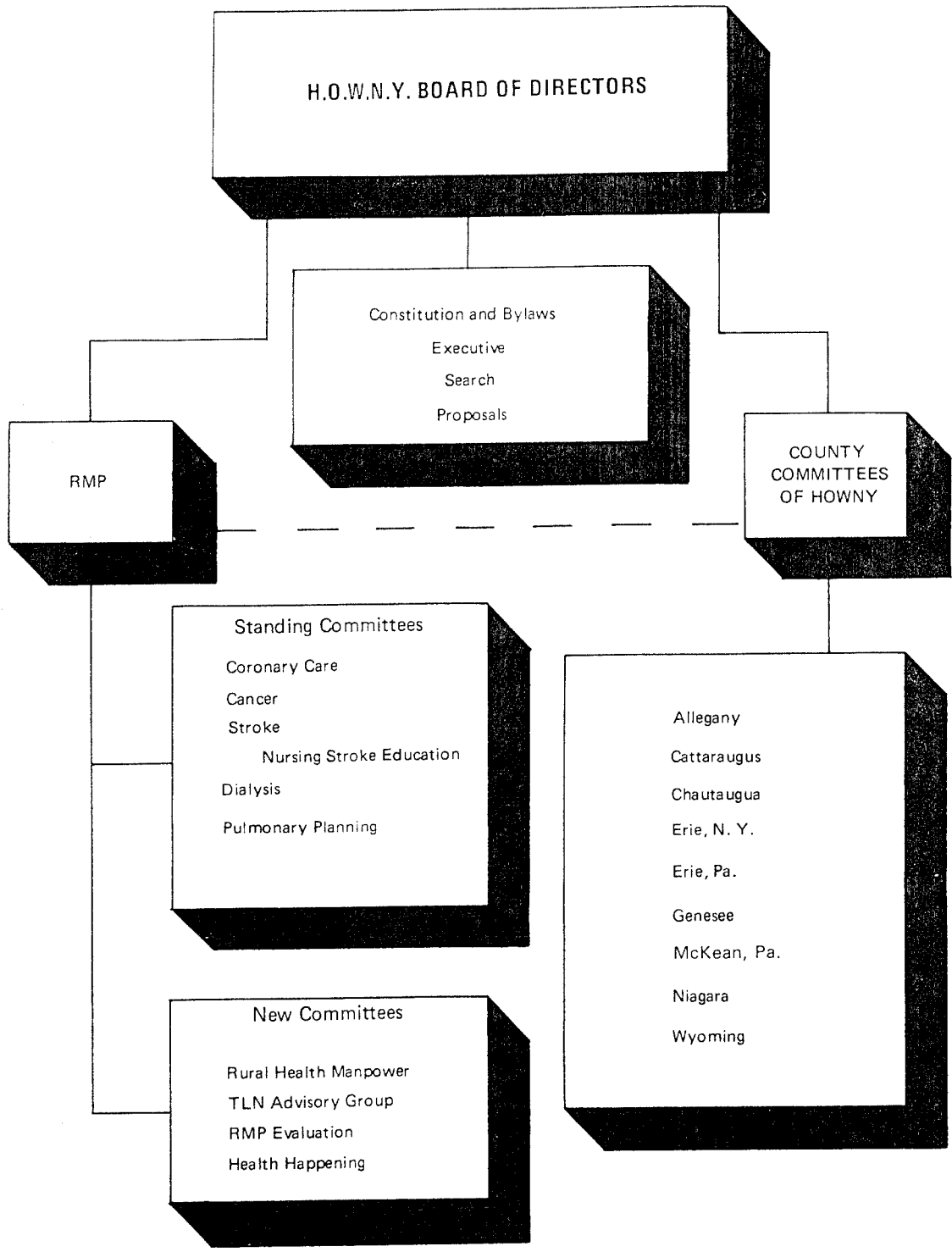


Figure 6. Standing Committees

Core Staff Activities



Core staff activities this past year reflect an emphasis on a) obtaining data which permit identification of regional needs and assessment of resources, b) manpower problems, c) research and evaluation, d) communications and e) continuing education.

Data Collection

Community Health Information Profile Data System

Baseline data provides both the justification of RMP activities and a basis for evaluation of RMP impact. Core funds supported a program for establishing a community-data bank to provide a central regional service. This project was initiated July 1, 1970, for the purpose of establishing a data base from existing sources and developing a system for incorporating new data as it becomes available for health service planning and evaluation in the nine county area of the Regional Medical Program for Western New York. An expert advisory committee was composed of representatives of the major social, demographic, environmental, and community health data sources to consult with the staff of the project who are working within the Community Services Research and Development Program, Department of Social and Preventive Medicine, School of Medicine, State University of New York at Buffalo. A Dual Independent Map Encoding technique (DIME) has been developed for the Western New York region. Computer technology is used to create maps showing the geographic linkage of data. These maps present data in an easily grasped form which permits response in terms of planning.

Four community studies are benefiting from the data-handling capability of the DIME technique. Studied were:

- ambulatory care services available in the emergency rooms and outpatient departments of the seven major hospitals serving residents of the inner city
- the service effectiveness of Meyer Memorial Hospital for the care of diabetes patients
- utilization patterns and diagnostic variability for childhood cardiac conditions, for the Children's Hospital of Buffalo

- the outpatient service of Children's Hospital, to determine its effectiveness in providing services to the various subpopulations of the area, particularly disadvantaged groups.

The 1970 census data, collected and presented on the block level rather than the census tract level, will be much more sophisticated and revealing than previous census material. Methodology and tools appropriate to our area are being devised to deal with this new data. Continued support of the data bank will allow RMP for WNY to act in terms of regional diagnosis.

Ambulance Service

Problems of efficiency and overlap of ambulance service have been defined and improved under the aegis of Buffalo city government and other well-motivated groups in Erie County. RMP for WNY is actively facilitating the defining, planning, and implementing of a unified ambulance service of high standard.

Kidney Disease Services, Facilities, and Programs in the United States

Participating in a national survey conducted by the Regional Medical Programs Service, staff collected information concerning facilities available in our region for the treatment of kidney disease. Both detection and end-stage kidney disease programs (including artificial kidney treatment and training programs, kidney transplantation programs, and tissue typing laboratories) were surveyed. Information such as institution, name of director, training for home patients, beds in unit, and number of transplants performed was obtained. Availability of financial assistance and kidney donation for the patient as well as plans to develop new kidney disease activities in our region were documented.

Material for this survey was obtained from the RMP for WNY Dialysis Program document and an up-dating questionnaire. The Dialysis Program has been approved but is, as yet, unfunded.

Manpower Problems

Buffalo Summer Student Program

This project sought to motivate students from minority groups towards careers in medicine and the allied health professions. Sixty students received classroom and laboratory instruction, supplemented with clinical and community-health field experiences. Second and third year medical students supervised. Evaluation of the direction and degree of change in the students' knowledge, attitudes, and behavior related to specific health careers has been undertaken. A long-term follow-up to see if high school students enrolled in the program do actually choose careers in medicine and allied health professions is planned. This project was based at the facilities of the School of Medicine, State University of New York at Buffalo, and received fiscal and in-kind support from many agencies.

Rural Externship Program

The RMP for WNY participated in the organization and evaluation of the rural externship program, which will place medical and allied health students with preceptors in the rural areas of our region.

In the summer of 1970, the Student American Medical Association (SAMA) Appalachia Student Health Program placed eight students on rural externships in three of our counties--Chautauqua, Cattaraugus, and Allegany. The purpose of this program was to introduce medical and other health students to the problems of the rural areas. The students and preceptors were interviewed by RMP for WNY staff. Recommendations for improving the program were abstracted from these interviews. Based on the very worthwhile Appalachia Program experience, the RMP for WNY staff, together with the Student Coordinator from SAMA, drew up a proposal for extending rural externships to the entire RMP for WNY region. This program has received the enthusiasm of both the students and the medical community. Possible sources of funding are presently being investigated.

Interested groups have established the Rural Health Manpower Committee under the aegis of RMP for WNY and the chairmanship of Dr. J. Warren Perry, Dean of the School of Health Related Professions, State University of New York at Buffalo.

Research and Evaluation

In addition to the aspects of project and total program evaluation described in Section VII (Evaluation), two studies have been undertaken:

Coronary Care Unit Nurse Profile

A study was designed to determine the coronary care unit nurse profile as opposed to that of the nurse working in other areas of nursing. A questionnaire of approximately fifteen minutes in length was used to interview thirty coronary care nurses and thirty nurses in other areas of nursing care located in fifteen hospitals throughout the area served by the Regional Medical Program for Western New York. The interviewing was conducted through the Telephone Lecture Network (a two-way telephone system). The questions were pre-taped on a ten-minute cartridge which was automatically set to stop after the completion of each question. This procedure allowed for probing of answers when deemed necessary.

The following two papers have emerged from this study:

- *The Coronary Care Nurse Profile* by Elsa R. Kellberg (to be submitted to "Nursing Research")

A sub-unit has formed within the nursing profession with different attitudes about nursing care. The coronary care unit nurse seems to have a different frame of reference than other types of nurses in respect to a higher aspiration level. She needs greater responsibility, opportunity for use of her judgment, and challenge; she prefers a team approach to patient care.

- *The TLN System - an Interviewing Technique* by Elsa R. Kellberg and Joseph Reynolds (to be submitted for publication)

A unique method employing the interview approach was utilized to collect data for a study whose purpose was to determine how nurses working in a coronary care unit perceive themselves in their profession. Interviews were conducted over the Telephone Lecture Network system of the RMP for WNY. Some advantages of this technique are the verbal standardization and uniformity in asking of questions, the amount of travel time saved by the interviewer, reduced cost, and the much more efficient scheduling of interviews.

Telephone Lecture Network System Evaluation

After the Telephone Lecture Network (TLN) system had been in operation for two years, it was decided to poll program participants for the purpose of gaining insight into effectiveness of presentation, direction programs should take, and the possibility of self-support in the future. It will be possible to continually reevaluate future programs by regular use of questions directed to the participants.

RMP for WNY staff together with an independent group, Survey Research, State University of New York at Buffalo, worked for four months to complete this three-phase survey. The information obtained is now being collated and analyzed, and an interim report was submitted to the TLN Evaluation Committee on November 17, 1970. This, together with critical visits by outside consultants familiar with communication mechanisms, will provide us with a good frame of reference on which to base financially independent operation of the network.

Communications

Establishing a good image among our colleagues and the general public and keeping them well-informed about developments in our program require much personal contact and a variety of approaches.

Newsletters: Twenty-one H.O.W.N.Y. Newsletters have been published since the program was organized. The mailing list has grown from 5,000 to approximately 13,000 names.

News Releases: News releases are prepared and distributed to every newspaper, radio and television station in the region. Feature articles about the RMP for WNY have appeared in almost every daily newspaper.

Television: Television coverage has been arranged for major RMP events: the H.O.W.N.Y. Annual General Meeting; the September 1970 visit of acting director, Harold Margulies, M.D.; open house of the respiratory teaching lab; openings of the coronary and the respiratory training programs; and special TLN programs.

Radio: Radio stations have extended the use of their facilities for region-wide announcements to encourage public participation in RMP functions and to enlarge public knowledge of RMP.

Exhibits: Four different exhibits have been designed and displayed at conferences and meetings.

Brochures: Colorful and informative brochures describe various aspects of the RMP program. A brochure on the total RMP for WNY program is currently being produced.

RMP for WNY has always supplied the news media with accurate and honest information on the premise that good communication is the prerequisite to cooperative enterprises in improving health care and eliminating duplication.

Finally, the day-to-day personal contact of H.O.W.N.Y. members and RMP staff with the community numbers among our most valuable public relations assets.

Continuing Education

Through workshops and institutes, physicians, nurses, and allied health professionals in the Western New York and Northwestern Pennsylvania area are kept abreast of the most up-to-date information about medical care. Core staff has actively cooperated with other agencies in the presentation of continuing education programs, both over the Telephone Lecture Network and in meetings held throughout the region.

RMP for WNY provides a forum for discussion of controversial, pertinent issues. A Group Practice Symposium was sponsored by the RMP in conjunction with the Erie County (Pa.) Medical Society and Erie County (Pa.) Osteopathic Association. Approximately 80 persons--physicians, administrators, insurance people, and others--attended the Symposium held on October 21, 1970 in Erie, Pennsylvania.

The RMP for WNY will continue to facilitate communication among all those involved in the delivery of medical care, aiming programs at the multi-disciplinary audience. We seek to encourage new programs for new needs in education.

CONTINUING EDUCATION

PROGRAM	DATE	LOCATION	REGISTRANTS	CO-SPONSORS
Stroke †	April 2, 1970	St. Jeromes Hospital Batavia, New York	103	Heart Association of W.N.Y., Inc., Continuing Medical Education, State University of New York at Buffalo
* Stroke †	February 11, 1971	Hotel Statler Hilton, Buffalo		Heart Association of W.N.Y., Inc., Continuing Medical Education, State University of New York at Buffalo
Modern Concepts in Coronary Care †	April 23, 24, 1970	Sisters of Charity Hospital, Buffalo	64	Continuing Medical Education, State University of New York at Buffalo
Modern Concepts in Coronary Care †	November 19, 20, 1970	Sisters of Charity Hospital, Buffalo	56	Continuing Medical Education, State University of New York at Buffalo
Geriatric Medicine †	May 27, 28, 1970	Hotel Statler Hilton, Buffalo	78	Continuing Medical Education, State University of New York at Buffalo, The Rosa Coplon Jewish Home and Infirmary
Fifth Annual Buffalo Pulmonary Disease Conference †	October 14, 16, 1970	Hotel Statler Hilton, Buffalo	216	Continuing Medical Education, State University of New York at Buffalo
* Cardiac Clinics and Physical Examination of the Cardiac Patient † (24 Thursday evenings)	February 11 - July 22, 1971	Sisters of Charity Hospital, Buffalo		Continuing Medical Education, State University of New York at Buffalo
* Family Management of the Chronically Ill	February 25, 1971	Statler Hilton Hotel, Buffalo		Continuing Medical Education, State University of New York at Buffalo
Pulmonary Disease †††	January 15, 1970	Hamburg, New York	** 300	T.B. & Respiratory Disease Association of W.N.Y.
Pulmonary Disease †††	April 17, 1970	Canandaigua, New York	** 200	T.B. & Respiratory Disease Association of W.N.Y.
Pulmonary Disease †††	April 23, 1970	Alfred, New York	** 125	T.B. & Respiratory Disease Association of W.N.Y., State University of New York Agricultural and Technical College, Alfred, New York
Pulmonary Disease †††	May 22, 1970	Batavia, New York	** 200	T.B. & Respiratory Disease Association of W.N.Y.

PROGRAM	DATE	LOCATION	REGISTRANTS	CO-SPONSORS
Pulmonary Disease †††	June 5, 1970	Jamestown Community College Jamestown, New York	** 100	T.B. & Respiratory Disease Association of W.N.Y. Jamestown Community College
Pulmonary Disease †††	October 9, 1970	Niagara Falls, New York	** 200	T.B. & Respiratory Disease Association of W.N.Y.
Spinal Cord Injuries ††	October 22, 23, 1970	E.J. Meyer Memorial Hospital Buffalo, New York	** 200	E.J. Meyer Memorial Hospital Rehabilitation Department
Cancer Teaching Day	December 2, 1970	Dunkirk, New York	234	Chautauqua County Unit, American Cancer Society
Cancer Teaching Day	March 7, 1970	Niagara Falls, New York	** 200	N.Y.S. Division of American Cancer Society, Niagara Falls Academy of Medicine
Cancer Teaching Day †	May 7, 1970	Jamestown, New York	57	N.Y.S. Division of American Cancer Society, Jamestown General Hospital
Refresher Revitalization Courses †† (10 courses)	September 15 - November 17, 1970	Buffalo, New York	Total 697	District Nurses Association of W.N.Y. Hospitals in Erie County, New York
Utilization of Allied Professions Assistants in the Delivery of Health Care	April 16, 17, 1970	Buffalo, New York	** 300	School of Health Related Professions, State University of New York at Buffalo, United Health Foundation

* Currently planned

** Approximate number

† Primarily for physicians

†† Primarily for nurses

††† Primarily for nurses, inhalation therapists, and physical therapists

Figure 7. Continuing Education

CHI SQUARE = 234.335
 DEGREES OF FREEDOM = 14
 P < 0.05
 TAU-SQ = 0.095
 TAU-SQ = 0.095
 GAMMA = 0.095
 EXPECTED FREQUENCIES
 MATRIX
 MATRIX
 MATRIX

Evaluation

Core staff in conjunction with the Regional Advisory Group (RAG) is involved in evaluation of the over-all program as well as its specific components such as proposals and funded projects. The new annual review system places on the region ever greater responsibility for self-evaluation.

Program

Since September 1970, RMP for WNY has been participating in an Information Support System (ISS) study conducted by the Harvard University Center for Community Health and Medical Care. Interviews with key people throughout the region have been conducted. The purpose of this study is to develop a socio-political data base that will allow evaluation of the short-term and potential long-term effects of RMP activities in terms of:

1. Assessment of the status of a region
2. Identification of changes in the medical care system that have resulted from RMP activities
3. Determination of those organizational processes which are most effective in promoting change.

The ISS study will also be used to determine similarities among RMPs, enabling comparison of the performance of the various RMPs and, in time, of non-RMP health agencies.

The Grand Design will be reviewed at least four times a year by the Board together with health planning consultants. These one-day workshops, as well as information obtained from the ISS study, will help RMP for WNY retain flexibility and priorities which are germane to the emerging needs of the region.

Projects

The staff member for evaluation sees all projects, at whatever stage they are initially presented to RMP, to separate means from ends and to insure inclusion of an effective evaluation component. An evaluation committee has been formed to advise on feasible and effective evaluation methods. The committee consists of ten multi-disciplinary professionals, and is being expanded to include an economist, a social psychologist, and a statistician. Together with the RAG, this committee is developing a rating system which will give stability to judgment without impractical rigidity.

We have recently initiated a system of one or two day site-visits to funded projects. Site-visit teams consist of two outside consultants, two members of the H.O.W.N.Y. Board of Directors, and one staff member. Their recommendations will assist the Board in making decisions concerning future funding of operational projects. Forms have been devised to aid team members in evaluating both the project and the procedure of the site-visit itself.

Studies

In the past, studies such as the Manpower Study, Stroke Study, and Myocardial Infarction Study have supplied baseline information for support of future proposals. More studies of this type will be developed to supply data not only in support of proposals but also as information necessary for the establishment of regional program priorities.

The site-visit as part of our project evaluation system together with regular review of our overall program will 1) allow continuing reassessment of priorities; 2) by involving outside consultants and competent regional opinion, assist in promoting intelligent participation in the RMP regionalization process; and 3) protect against an inbred view of the RMP for WNY operation.

The Program



New Legislation

Public Law 91-515, signed October 30, 1970 by President Nixon, extends and amends the legislation of the Regional Medical Program as well as that of Comprehensive Health Planning, the National Center for Health Services Research and Development, and the National Center for Health Statistics.

The bill, collectively referred to as the Health Services Improvement Act, incorporates several important changes in emphasis for Regional Medical Programs nationally, and reflects strong impetus for new directions and extended activities regionally within the RMP for WNY area.

Grand Design

The Regional Medical Program for Western New York is presently undergoing an important transition from "consensus planning" to planning based on clearly defined regional needs; from project-oriented to total program planning. Entry into this new phase of coordinated planned response to regional problems will be facilitated by the strengthening of the Western New York Comprehensive Health Planning Agency, by the growing amount of baseline planning data emerging out of RMP support of the Center for Community Services Research and Development, and by the increased planning capabilities within the core staff of RMP for WNY. The emerging data base concerning health needs and patterns of care in the region will subserve RMP's deliniation of program objectives and their priorities. These priorities will be reflected in more selective project support.

An initial attempt has been made to take a broad look at RMP for WNY in relation to some major goals for health care in the region. This outline of major policy directions we have called the "Grand Design." It is intended as an emerging, flexible response to changing regional needs and project impact, as a guide to RMP efforts at achieving meaningful health care objectives in the RMP for WNY region.

RMP for WNY is concerned that primary as well as specialized service be available to all persons in the region. We seek excellence with equity. Overall program goals are to 1) facilitate access, 2) improve

quality, and 3) decrease cost of health services.

To guide program planning and project formulation towards the three overall goals, some interim objectives have been developed:

- RMP will encourage the development of specific inter-institutional and inter-professional relationships at all levels, for the purpose of more coordinated, efficient, and effective delivery of medical care.
- RMP will sponsor efforts to increase the manpower resources of the region, including physicians and other health personnel.
- RMP will sponsor means of increasing the effectiveness of regional manpower resources.
- RMP will assist in defining and correcting maldistribution of health personnel in the region.
- RMP will seek means to continually upgrade the abilities and training of the region's health personnel--and to achieve more uniform quality in care.
- RMP will promote improved access to specialized diagnostic and treatment centers, while seeking to identify and discourage wasteful duplication where additional services and facilities are not justified.
- RMP will encourage the development of family-centered comprehensive care, neighborhood health facilities, and the increased availability and utilization of primary and preventive care on an ambulatory basis.
- RMP will encourage and promote the development of comprehensive rehabilitation services and the trained personnel needed for them to operate effectively.
- RMP will promote efforts at continuity of care within the region, though coordination of preventive medicine, diagnosis and treatment, rehabilitation, home-care, return visit follow-up, and other critical stages in the delivery of progressive patient care.
- RMP will assist physicians with information and services of definite and demonstrable value to them in their practice.
- RMP will encourage projects of patient education.
- RMP will seek to promote area-wide planning and coordination of health services within the region, to assist in defining area-wide and community health service needs, and in each case to identify the most

feasible mechanism for solution.

- RMP will promote projects designed to improve the management of the health problems of the aged in our society.

Developmental Component

RMP for WNY has applied for a new category of funding, initiated nationally to enhance the trend towards greater autonomy for each region. A sum equal to 10% of the RMP for WNY's total annual appropriation can be awarded to the program, as a developmental component. These monies would be immediately available for short-term projects not to extend beyond the one-year period, under regulation of the local review processes and approval by the Board of Directors of H.O.W.N.Y.

One use of the developmental component will be to support those studies that can provide baseline data for establishment and evaluation of program priorities.

RMP for WNY is making the transition to a more aggressive role in project formulation. The developmental component will allow exploration of project alternatives without a large or long-term commitment of funds. It could, in fact, be more successful than three-year funding in encouraging projects to think in terms of self-support.

The developmental component is envisioned as responding to the immediate need to explore new modes of health care delivery. Funds have already been precommitted to a rural health manpower project (\$6,000). A continuing migrant health program, ambulatory care in the region, ambulance service, and a regional disaster plan have been pinpointed as other areas that demand immediate attention.

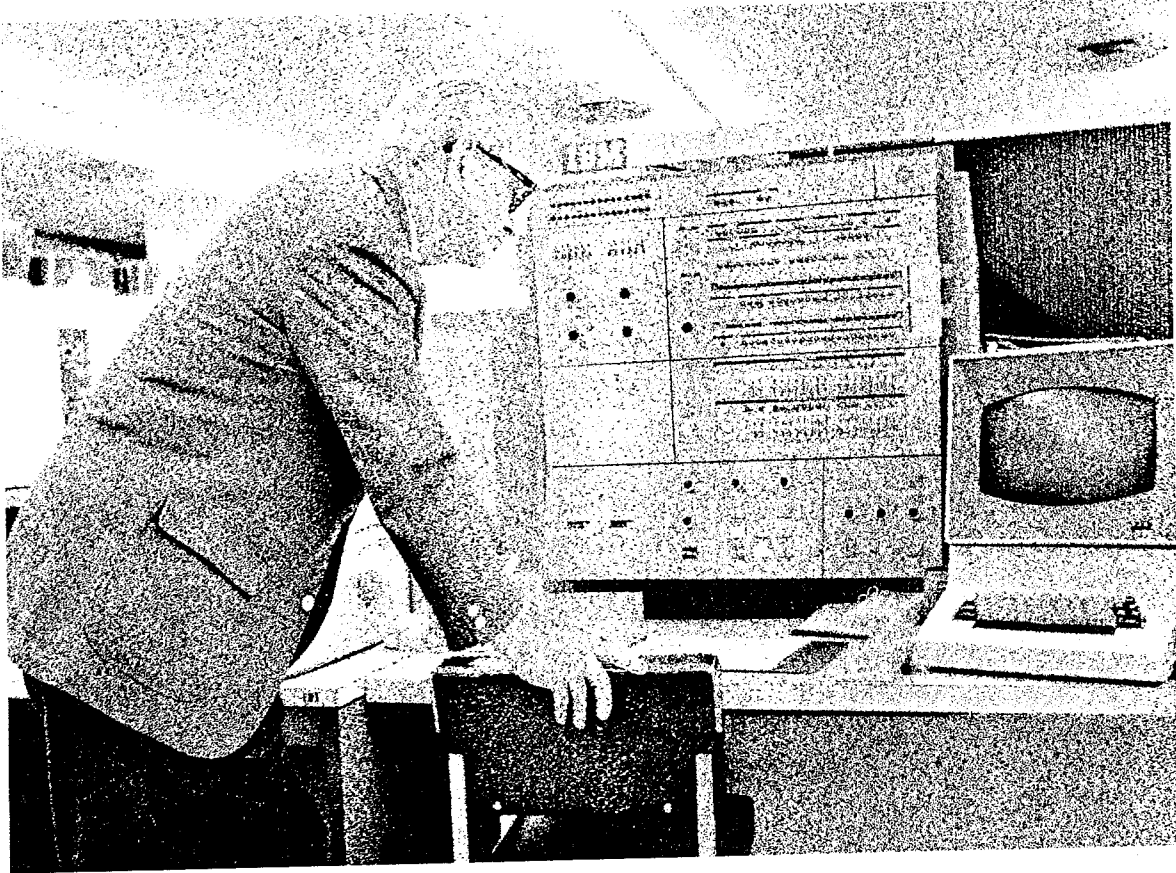
Proper use of developmental funds requires considerable pre-planning. It is the conviction of the Coordinator of RMP for WNY that these funds must be committed within the first three months, thus allowing enough time for planning and implementation of one-year projects.

NEW LEGISLATION

SUBJECT	PREVIOUS LEGISLATION P.L. 89-239	NEW LEGISLATION P.L. 91-515
CATEGORICAL EMPHASIS	Heart disease, cancer, stroke, and related diseases.	Adds kidney disease, and other related diseases.
ADDITIONAL EMPHASIS	Emphasis on making available the latest advances in diagnosis and treatment, and on cooperative arrangements for research, training, and related demonstrations of patient care.	<p>Promotes medical data exchange as well as research, training, and demonstrations of patient care.</p> <p>Adds prevention and rehabilitation.</p> <p>Gives additional emphasis to regionalization of health care resources and services in order to strengthen and improve primary care and the relationship between primary care and specialized care.</p> <p>Concerned with increasing capacity as well as quality of health manpower and facilities. Directs RMP attention specifically to improvement of services in areas with limited health services.</p>
RELATIONSHIPS TO COMPREHENSIVE HEALTH PLANNING	None specified in law.	Requires that the appropriate regional, metropolitan, or local area-wide Comprehensive Health Planning Agency 314(b), have an opportunity to consider operational grant proposals before the RAG may recommend approval.
FUNDING MECHANISM	Grants, with two-year availability of funds.	Adds contract authority as well as RMP grant authority and permits regions to obtain services in-kind from federal agencies. One-year availability of funds.
REGIONAL ADVISORY GROUPS	<p>Composition:</p> <p>There must be included practicing physicians, medical center officials, hospital administrators, representatives from appropriate medical societies, voluntary health and other health-related agencies, and members of the public familiar with health needs.</p>	<p>Requires official health and health planning agency representation on such advisory groups; requires that public members include persons familiar with the financing of as well as the need for, services, and that such public members be sufficient in number to insure adequate community orientation.</p> <p>Also includes a representative of the Veterans Administration as an ex officio member, if there is a VA institution in the region.</p>

Figure 8. New Legislation

Program Operation



Finances

Financial Management

Under the concept of level funding developed by the Regional Medical Programs Service about a year and one-half ago, the Regional Medical Program for Western New York can anticipate no increase in funds. At present new projects can be financed only by making existing ones self-supporting or by phasing out those that have achieved their purpose. Thus the effectiveness of projects must be reviewed and expenditures examined in relation to the program as a whole. It is the responsibility of the H.O.W.N.Y. Board to pass upon recommended transfers or to initiate transfers of funds from one approved project to another, in such a way as to best attain the goals of the Regional Medical Program for Western New York.

Proposal Review Process

The author of a project idea or proposal may approach RMP via the county committees, Dr. John R.F. Ingall, or liaison staff. Alternatively, RMP may invite the development of a proposal to redress a recognized deficit in the region. The entire core staff reviews the proposal to advise what is allowed under the new legislation and how well the proposal might fit into priorities established by the Regional Advisory Group. A staff member then assists the author in developing the letter of intent, a one-page lay summary which represents an understanding between staff and author of the intent of the proposal. Staff members continue to assist the author as he further develops and organizes his proposal, and sees it through the RMP for WNY review process.

The proposal begins its review process in the county committees. The author must be prepared to appear before the county committees to further their understanding of his proposal. After a thirty-day aging process, county committee recommendations are forwarded to the Proposals Committee.

The Proposals Committee has become a very strong body representing the region at large, with liberal co-option of experts in areas under discussion. It benefits from the expertise of a number of outside agencies as well as the independent review of the New York State Health Department. Following the

Financial Statement:

March 1, 1970 - February 28, 1971

For the year March 1, 1970 - February 28, 1971, the Regional Medical Program for Western New York was awarded \$1,962,097, including carryover funds.

From this total, the following projects were budgeted:

Core Program	\$569,884
Telephone Lecture Network	202,207
Coronary Care Training Program	191,041
Chronic Respiratory	
Disease Program	743,945
Immunofluorescent Service	
and Training Program	45,994
Tumor Registry	70,760
Topical Chemotherapy Treatment for	
Precancerous Lesions and Cancer	
of the Skin	59,830
Information Dissemination Service	40,246
Continuing Education	38,190
	\$1,962,097

The following were financed from Core funds or re-distribution of project funds:

Hematology Center, Blood Coagulation	
Reference Laboratory	\$27,700
Community Health Information Profile	
Data System	58,667
Ambulatory Care Services Study	15,000
Buffalo Summer Student Program	20,800

Figure 9. Financial Statement:
March 1, 1970 - February 28, 1971

suggestions of a federal site-visit team, RMP for WNY plans to bring in even more outside consultants to the Proposals Committee. These experts will be available to help the county committees in their deliberations.

Criteria for proposal evaluation include relevance to RMP, relation to a documented need in the region, technical competence of the region to fulfill the proposal, lack of duplication, contribution to improvement of patient care, presence of an evaluation component, compatibility with existing health-care patterns, promotion of regional cooperation, and possibility of becoming self-supporting. The proposal must be submitted in a form that is amenable to federal review.

The Proposal Committee has reviewed thirteen proposals this year. Of these, six have been approved and recommended for new funds. Recommendations of the Proposals Committee are submitted to the Board of Directors of H.O.W.N.Y. for final RMP for WNY approval.

Operational Projects

Our mission is to engineer change. The RMP for WNY is an "enabler," an organization that helps initiate projects and encourage cooperative arrangements which will improve the delivery of health care in our region. Although certain categories of disease (heart disease, cancer, stroke, kidney disease, and related diseases) are emphasized, we have always considered individual projects as part of our total program. Inter-relation between projects and the kinds of cooperative, regional arrangements which they foster have been primary considerations. Increasingly we stress our overall goals: to 1) facilitate access, 2) improve quality, and 3) decrease cost of health services to all persons in our region.

1. Funded and On-Going

Component No. 1 - Telephone Lecture Network

The Telephone Lecture Network (TLN) is the voice of the RMP for WNY program. The unique feature of the network is that it allows two-way communication--what is said at one point is heard at all points.

A pilot study was conducted in the spring of 1968 to determine the feasibility of using the

telephone to expand existing continuing education programs at the Health Sciences Center, State University of New York at Buffalo. Fifteen representative hospitals of the region were involved. Twenty-six lectures were presented, seventeen for physicians and nine for nurses.

A telephone network appeared to be the most suitable means of communication for the compressed geographic area served by the RMP for WNY. The most distant location is approximately one hundred miles from Buffalo, New York.

The Telephone Lecture Network, a *dedicated** network, became operational on September 17, 1968. Thirty-six hospitals were interconnected to participate in hour-long continuing education programs.

At the present time the network interconnects sixty locations in eight Western New York counties and three Northwestern Pennsylvania counties. Each receiving location is provided with a loudspeaker and a telephone handset. The loudspeaker amplifies the incoming program and the handset permits the listening audience to comment on the program or ask a question of the lecturer.

Programs normally originate from studio facilities located in the Regional Medical Program for Western New York offices at 2929 Main Street, Buffalo, New York. However, programs can and do originate from locations on the network. Lectures can also be conferenced via a long distance telephone connection.

Each lecture is accompanied by visual aids in the form of 35 mm slides and/or handout materials. Since the start of the Telephone Lecture Network, over three hundred specially designed programs for professional and technical personnel in health related fields have been presented by leading teachers and practitioners.

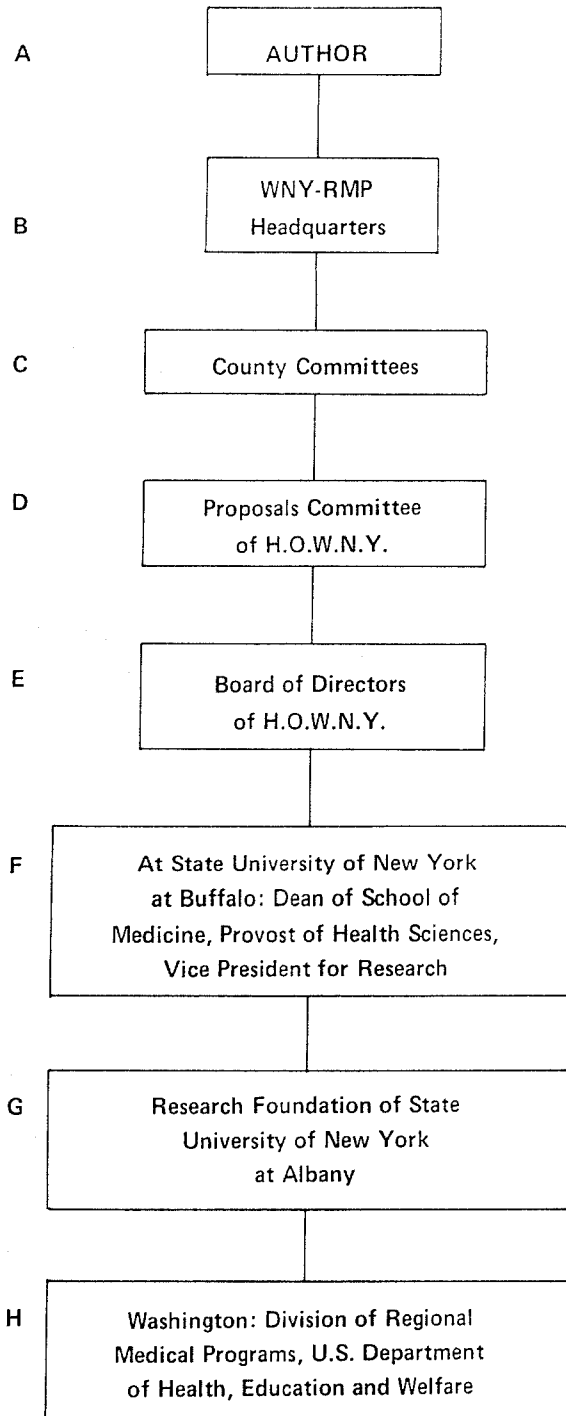
The network is currently involved in three types of educational programs:

1. continuing education of health professionals
2. courses for academic credit
3. patient, family, and community education.

A number of our projects are now dependent on the TLN. Core staff and various committees have come to rely on it for surveys, meetings, and regional conferences. The Telephone Lecture Network is the communication mechanism that has underscored the regional nature of the RMP for WNY.

*Closed circuit audio network available 24 hours a day.

PROPOSAL REVIEW PROCESS



As in the past, proposals will be considered in order of submission from steps A through E. However, effective November 1, 1970, proposals are processed as a group from steps F through H, once a year.

Figure 10. Proposal Review Process

Component No. 2 Coronary Care Training Program

NURSES

The program seeks to develop skilled approaches to patient and family care through the synthesis of medical and nursing knowledge. The Coronary Care Training Program for nurses has been operational since March 1968. From March 1968 through December 1970, two hundred and sixty-one registered nurses have completed the six week course on intensive care of patients with acute cardiac problems. The basic format encompasses three weeks of classroom instruction and three weeks of clinical application of nursing principles and practical skills taught in Buffalo area hospitals.

Objectives for 1970 were:

1. Evaluation of the curriculum and the practicum
2. Increase in the number of courses presented yearly
3. Admittance of Canadian nurses to the teaching programs in late 1969 and in 1970.

Goals include offering advanced programs in cardiac nursing care for registered nurses who have completed the *basic* courses of instruction.

PHYSICIANS

Three separate programs in "Modern Concepts in Coronary Care" were offered to physicians during 1969-70. Each program was greatly over-subscribed; the third presentation was the result of requests and over-subscription. A total of about 200 physicians and some medical students and nurses attended the presentations last year. At least 300 physicians have been trained since the project's inception.

The status of the extremely popular Coronary Care Training Program is currently under discussion; it may become the first self-supporting project of the RMP for WNY.

Component No. 3 Chronic Respiratory Disease Program

Fully funded in July 1969, this many-faceted, comprehensive project has experienced rapid development in the past year. Five physicians serve on the guiding committee, representing the five participating hospitals. The Erie County Health Department (especially the Visiting Nurses), Erie Community College, the health-related departments of the State University, and the voluntary

Tuberculosis and Respiratory Disease Association of Western New York all cooperate in various facets of the project.

Sixteen thousand people were screened this year at a cost of \$40,000 or \$3.00 per screening.

Hospital personnel are being trained in a general intensive care unit pending establishment of a model seven-bed pulmonary unit. The fully-equipped hospital pulmonary function laboratory trains students, physicians, and nurses of the entire area.

Outpatient service has stressed home inhalation therapy. A home care program and an emphysema club were started in 1970.

Education is a vital part of the project. An associate degree program in inhalation therapy has been developed at Erie Community College. Six different multi-disciplinary teaching days held in outlying hospitals have attracted a total of 922 nurses and allied health personnel. Twenty-three of the twenty-four nurses who participated in an intensive four-week course in pulmonary disease are working in the field. Forty additional nurses will complete the course by March 1, 1971. The program's scope has been enlarged to encompass preventive care and rehabilitation.

A major accomplishment was the post-graduate course in emphysema, offered for physicians. Over 200 physicians attended this year; a similar program will be offered again next year. TLN programs and support of two pulmonary fellows this past year and four fellows next year are also included in the continuing education program for physicians.

Training programs, consultation, and regional teaching days held under the aegis of this project provide a long-needed service and have contributed to improving the region's approach to respiratory disease.

Component No. 4 Immunofluorescent Service and Training Program

Between three and six percent of all hospital patients within our region suffer from diseases for which either the only, or the best, laboratory diagnostic tests entail FA (fluorescent antibody) analyses for tissue antibodies. One of the important FA tests, the ANF (antinuclear factor) is being requested about twenty times per week per 1000 hospital beds.

The project was first funded in June 1969. In addition to providing a regional laboratory service, project staff have been involved in teaching activities. The education of physicians as to the diagnostic

utility of the project continues, as does the training of laboratory technicians from throughout the region in procedures involving immunofluorescence. One hundred persons were instructed in the use of immunofluorescent tests for tissue antibodies; ten hospital technologists received individual bedside instruction; two teaching programs for pathologists were presented, one at Pathology Society meetings and one over the Telephone Lecture Network; seven pathologists and/or laboratory directors received personal conferences on specialized problems; thirty-seven practicing physicians participated in clinical pathologic conferences.

Consultation with the laboratory staff is increasing as the program becomes better known. Cooperative relationships are now starting to yield geographic coverage for tissue immunofluorescent test services and training. Direct service by the central reference laboratory is provided, as well as cooperation with interested regional hospital laboratories in improving their own performance.

Component No. 5 - Tumor Registry

This project is seen as a major catalyst to regionalization and a means of improving the quality of patient care. The overall objective of the Regional Tumor Registry is to improve cancer control in the nine counties which are presently serviced by the Regional Medical Program for Western New York. The objective will be accomplished by:

1. Promoting improved patient care through regular, periodic follow-up
2. Assisting physicians in determining the efficacy of treatment modalities
3. Providing a valuable resource for continuing cancer education.

The Registry has accessioned approximately 300 patients. With this minimal case load it has already become apparent that the Registry will serve as a valuable tool in determining areas where continuous physician and allied health education is needed. Review of these cases indicates the wide range of quality of medical care presently being given to cancer patients. The input to date is inadequate to arrive at any meaningful statistics and the time lapse has been insufficient to warrant patient follow-up. Completion of the Registry Abstract Form by personnel in the participating hospitals has resulted in a general upgrading of the hospital charts of cancer patients.

The project was compromised in its initial phase by constraints on funds and the need for

extensive modifications of the original proposal prior to implementation. The registry is expected to be functioning fully by the end of February 1971, and self-supporting by February 1972. Twenty to twenty-five hospitals and 6,000 new cases are expected to be handled in the next year. The project has regional hospital support and the assistance of the Management Engineering Program of the Western New York Hospital Association.

2. Approved but Unfunded by RMPS (Locally supported for one year through carryover or rebudgeted funds)

Component No. 13 Topical Chemotherapy Treatment for Precancerous Lesions and Cancer of the Skin

Each year in the United States four thousand people die from skin cancer. There is an annual incidence of 100,000 new cases of skin cancer and at least five to ten million cases of pre-malignant keratoses.

Topical anti-cancer agents, which are about 90% effective for treatment of pre-malignant keratoses and 80% effective for superficial skin cancers, have been developed at Roswell Park Memorial Institute in Buffalo. Topical chemotherapy is diagnostic as well as therapeutic; it picks up the very early lesions that are not yet recognizable clinically. Replacing a laborious surgical procedure, application of cream containing an anti-cancer drug, topical 5-Fluorouracil, and cures skin lesions in four weeks or less.

Since this simple procedure is readily usable by the community physician, the RMP for WNY is supporting a project funded as of March 1, 1970 to disseminate the method and materials on a large scale throughout our area, and through analysis of data received, to develop this region as a model in skin cancer treatment for the entire nation.

The project is to be developed in three phases:

1. The Buffalo-Rochester Dermatologic Society has formed a "Liaison Committee" of six members.
2. Liaison Directors are now being oriented to link regional physicians with the Buffalo center.
3. Although topical therapy as a treatment method was to be deferred until the completion of phases one and two, a number of physicians in various parts of the

region who already have specialized training with topical chemotherapy have requested the materials and offered to provide the information required for evaluation. This initial approach will be useful as a pilot project for providing information to guide the more general implementation of phase three.

Implementation of the initially proposed plan is proceeding more rapidly than envisaged, largely due to the interest and support of the physicians in the RMP for WNY region.

Component No. 14 Information Dissemination Service

This project was approved and funded for the period of March 1, 1970 through February 28, 1971. The objective is to establish in the RMP for WNY area an information dissemination service to provide physicians and allied health professionals with printed information from a broad spectrum of medical and scientific journals and books, and to alert them to new developments in their field of interest through a current awareness service. The existing Telephone Lecture Network is the communication link used to receive requests. The Health Sciences Library at the State University of New York at Buffalo is designated as the resource medical library. High speed duplicating machines provide copies of journal articles, which are sent by mail on request. Material not available at the Health Sciences Library is secured through referral to other libraries. Although mailing of journal articles answers the bulk of requests, a bibliographic service utilizing the facilities of the SUNYAB Biomedical Communications Network is also available.

Seven thousand requests per year were originally envisioned. The project director's policy of personally visiting all institutions linked to the TLN, to acquaint them with services and means of operation, has resulted in 5,000 requests for informational material in the period between June and November. Requests from nurses and allied health personnel, as well as physicians, testify that the service is reaching the entire spectrum of medical personnel. The deluge of requests indicates that the Information Dissemination Service is meeting a previous deficit in the community.

Component No. 16 - Hematology Center, Blood Coagulation Reference Laboratory

This project was started with partial funding on September 1, 1970. A laboratory has been organized which is capable of diagnosing all--including the rare--hemorrhagic and thromboembolic problems on a twenty-four hour day basis. Between September 1 and December 29, diagnostic work-ups have been performed for 111 patients. In September, for example, a total of 662 blood coagulation studies were carried out for the thirty-two patients referred to the center. Two nurses care for patients who come to the Center and handle follow-up procedures. Physicians associated with the Center were available for consultation on hemorrhagic and thromboembolic problems twenty-four hours a day in person or through the telephone, and have participated in forty consultations during the past months. Research projects initiated in the Center include:

1. Development of diagnostic methods to differentiate between disseminated intravascular coagulation, fibrinolytic hemorrhage, and combinations thereof
2. Study of changes in the blood coagulation, fibrinolysin and kinin systems during attacks of hereditary angioneurotic edema
3. Development of diagnostic methods to predict susceptibility in women to hypercoagulable states induced by oral contraceptive agents
4. Development of improved methods for the purification of human fibrinogen as a reagent for diagnostic tests to determine members of the fibrinolysin system.

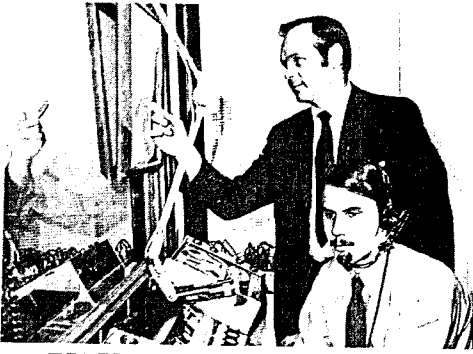
The Center trains both technicians and physicians. Inexperienced technicians work several weeks to months in the laboratory, being trained by the staff and involved in all laboratory activities. In addition, a one-week advanced refresher course will be presented in March 1971.

Physician training includes support of one hematology fellow in the laboratory who cares for patients and gives consultations in other hospitals. A postgraduate course for physicians will be given this spring. Two film strips, *Hemorrhagic Disease One and Two*, have been prepared.

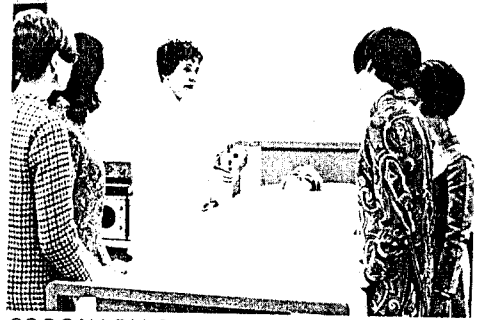
Reference standards and reagents not commercially available have been prepared for Center use. The Center hopes to be able to provide these standards and reagents free of charge to other hospitals and laboratories in the region.

The Blood Coagulation Reference Laboratory serves as a continual contact and reference center for the entire region.

OPERATIONAL PROJECTS



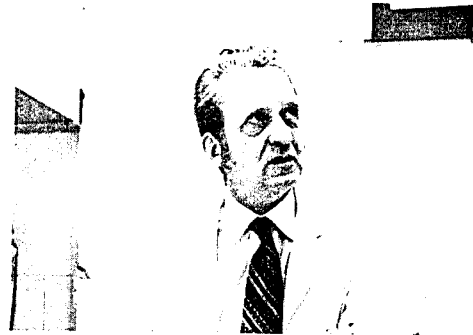
TELEPHONE LECTURE NETWORK



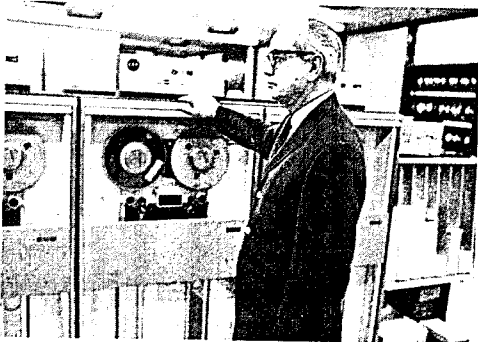
CORONARY CARE TRAINING PROGRAM



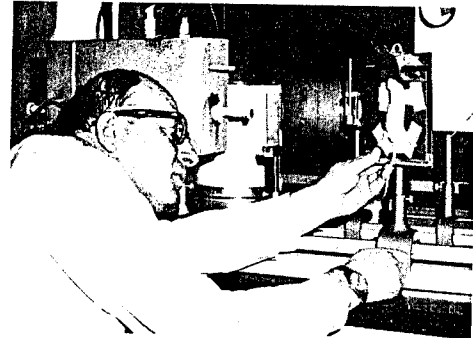
CHRONIC RESPIRATORY DISEASE PROGRAM



IMMUNOFLUORESCENT SERVICE



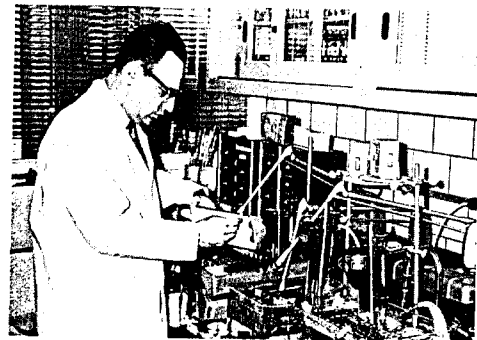
TUMOR REGISTRY



TOPICAL CHEMOTHERAPY



INFORMATION DISSEMINATION SERVICE



HEMOTOLOGY CENTER

STATUS OF PROPOSALS

Proposal No. Title	Author	Staff Work-up	H.O.W.N.Y. Review	Submitted for Federal Review	Amount	Period
No. 33 Cooperative Dialysis Program	Kidney and Dialysis Committee: W. Staubitz, M.D. S. Anthon, M.D. R. Anthon, M.D. J. Lasher, M.D. J. Hodson, M.D. J. Gerbasi, M.D. G. Murphy, M.D. et al	Complete	Approved	Tentatively Approved -unfunded for the first year	Reduced to \$250,000 (Direct Costs) for initial budget period. Amount of funding not specified for remaining two years.	3 years
No. 46 Prevention and Treatment of the Respiratory Distress Syndrome Due to Hyaline Membrane Disease in Infants	C. Ambrus, M.D.	Complete	Approved	September 1970	\$388,534	3 years
No. 47 A Model Program for Comprehensive Family Family Health	E. Haynes, M.D.	Complete	Approved	September 1970	\$588,677	3 years
No. 48 Computer-Based Area-Wide Health Data System	E. Gabrieli, M.D.	Complete	Approved	November 1970	\$437,017	2 years
No. 49 Demonstration Laboratory Computer System	C. Bishop, M.D.	Complete	Returned to author for major revision	Not applicable	\$206,234	3 years
No. 50 Comprehensive Continuing Care for Chronic Illness	E. Wagner, M.D. E. Noble, M.D.	Complete	Approved	November 1970	\$750,099	3 years

No. 51 Health Planning and Resources Development	H. Patton	Complete	Returned to author for major revision	Not applicable	\$906,193	3 years
No. 52 Choriocarcinoma and Related Trophoblastic Disease	M. Hreshchyshyn, M.D.	Complete	Approved	November 1970	\$210,758	3 years
No. 53 Screening of Indigent Hospital Dependent Women for Cervical Carcinoma	R. Moesch, M.D.	Complete	Returned to author for major revision	Not applicable	\$467,719	3 years
No. 54 A Regional Bone Pathology Laboratory	E. Mindell, M.D.	Complete	Approved	November 1970	\$205,317	3 years
No. 55 Endoscopic Techniques for the Diagnosis of Esophageal and Gastric Diseases	L. Berman, M.D.	Complete	Returned to author for major revision	Not applicable	\$95,954	1 year
No. 56 Hospital Based Comprehensive Care Clinic for Women	N. Courey, M.D.	Complete	Returned to author for major revision	Not applicable	\$657,429	3 years
No. 57 Mobile Health Clinic for Allegany County	V. Barker, R.N.	Complete	Returned to author for major revision	Not applicable	\$164,638	3 years
Small Community Hospital Becomes a Regional Comprehen- sive Health Center: (Wyoming County)	E. Hinman, M.D.	In Progress	Pending	Not applicable	\$382,000	3 years
Allentown Community Health Center	D. Breen	In Progress	Pending	Not applicable	\$150,000	3 years

Figure 11. Status of Proposals

The Regional Medical Program for Western New York gratefully acknowledges the support of the Division of Regional Medical Programs Service, Health Services and Mental Health Administration, U. S. Department of Health, Education and Welfare. The findings and conclusions in this publication do not necessarily represent the views of the sponsoring agencies.